

IN THE SUPREME COURT OF THE STATE OF NEVADA

BRADLEY JOHN BELLISARIO

Appellant,

v.

EMILY BELLISARIO,

Respondent.

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Elizabeth A. Brown
Clerk of Supreme Court

Supreme Court No.: 84128

District Court No.: D605263

**APPEAL FROM FINDINGS OF FACT, CONCLUSIONS OF LAW, AND
DECREE OF DIVORCE**

Eighth Judicial District Court of the State of Nevada

In and for the County of Clark

THE HONORABLE MARY PERRY

DISTRICT COURT JUDGE

APPELLANT APPENDIX – VOL. 17

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15	12/20/2021	Plaintiff's Exhibit 25	AA3681
15	12/20/2021	Plaintiff's Exhibit 26	AA3682-3720
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16	12/20/2021	Plaintiff's Exhibit 28	AA3800-3802
16	12/20/2021	Plaintiff's Exhibit 29	AA3803-3805
16	12/20/2021	Plaintiff's Exhibit 30	AA3806-3824
16	12/20/2021	Plaintiff's Exhibit 31	AA3825-3841
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16	12/20/2021	Plaintiff's Exhibit 58	AA3964-3966
16	12/20/2021	Plaintiff's Exhibit 59	AA3967-3971
16	12/20/2021	Plaintiff's Exhibit 60	AA3972-3982
16	12/20/2021	Plaintiff's Exhibit 61	AA3983-3984
16	12/20/2021	Plaintiff's Exhibit 62	AA3985
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17	12/20/2021	Plaintiff's Exhibit 106	AA4100-4102
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17	12/20/2021	Plaintiff's Exhibit 108	AA4124
17	12/20/2021	Plaintiff's Exhibit 109	AA4125-4177
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19	12/20/2021	Plaintiff's Exhibit 122	AA4606-4608
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2	12/01/2020	Affidavit of Sandra L. Pomrenze	AA0334-336
5	02/08/2021	Affidavit of Service	AA1044
8	03/03/2021	Affidavit of Service	AA1755
2	11/25/2020	Affidavit Regarding Grounds for Disqualification of Judge	AA0327-333
6	02/10/2021	Affidavit Regarding Grounds for Disqualification of Judge	AA1272-1351
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5	02/07/2021	Bradley Bellisario's Financial Disclosure Form	AA1034-1040
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7	03/02/2021	Order Shortening Time	AA1745-1747
3	01/11/2021	Peremptory Challenge	AA0582-583
14	12/20/2021	Plaintiff's Exhibit 1	AA3477-3480
15	12/20/2021	Plaintiff's Exhibit 10	AA3540-3546
17	12/20/2021	Plaintiff's Exhibit 100	AA4079-4080
17	12/20/2021	Plaintiff's Exhibit 101	AA4081-4082
17	12/20/2021	Plaintiff's Exhibit 102	AA4083-4087
17	12/20/2021	Plaintiff's Exhibit 103	AA4088-4097
17	12/20/2021	Plaintiff's Exhibit 105	AA4098-4099
17	12/20/2021	Plaintiff's Exhibit 106	AA4100-4102
17	12/20/2021	Plaintiff's Exhibit 107	AA4103-4123
17	12/20/2021	Plaintiff's Exhibit 108	AA4124
17	12/20/2021	Plaintiff's Exhibit 109	AA4125-4177
15	12/20/2021	Plaintiff's Exhibit 11	AA3547-3556
17	12/20/2021	Plaintiff's Exhibit 110	AA4178-4192
17	12/20/2021	Plaintiff's Exhibit 111	AA4194-4205
17-18	12/20/2021	Plaintiff's Exhibit 112	AA4206-4267
18	12/20/2021	Plaintiff's Exhibit 113	AA4268-4319
18	12/20/2021	Plaintiff's Exhibit 114	AA4320-4339
18	12/20/2021	Plaintiff's Exhibit 115	AA4340-4355

18	12/20/2021	Plaintiff's Exhibit 116	AA4356-4415
18	12/20/2021	Plaintiff's Exhibit 117	AA4416-4495
18-19	12/20/2021	Plaintiff's Exhibit 118	AA4496-4541
19	12/20/2021	Plaintiff's Exhibit 119	AA4542-4559
15	12/20/2021	Plaintiff's Exhibit 12	AA3557-3580
19	12/20/2021	Plaintiff's Exhibit 120	AA4560-4603
19	12/20/2021	Plaintiff's Exhibit 121	AA4604-4605
19	12/20/2021	Plaintiff's Exhibit 122	AA4606-4608
19	12/20/2021	Plaintiff's Exhibit 123	AA4609-4613
19	12/20/2021	Plaintiff's Exhibit 124	AA4614-4617
15	12/20/2021	Plaintiff's Exhibit 13	AA3580-3591
15	12/20/2021	Plaintiff's Exhibit 14	AA3592-3602
15	12/20/2021	Plaintiff's Exhibit 15	AA3603-3613
15	12/20/2021	Plaintiff's Exhibit 16	AA3614-3625
15	12/20/2021	Plaintiff's Exhibit 17	AA3626-3638
15	12/20/2021	Plaintiff's Exhibit 18	AA3639-3646
15	12/20/2021	Plaintiff's Exhibit 19	AA3647-3653
14	12/20/2021	Plaintiff's Exhibit 2	AA3481-3488
15	12/20/2021	Plaintiff's Exhibit 20	AA3654-3659

15	12/20/2021	Plaintiff's Exhibit 21	AA3660-3669
15	12/20/2021	Plaintiff's Exhibit 22	AA3670-3677
15	12/20/2021	Plaintiff's Exhibit 23	AA3678-3679
15	12/20/2021	Plaintiff's Exhibit 24	AA3680
15	12/20/2021	Plaintiff's Exhibit 25	AA3681
15	12/20/2021	Plaintiff's Exhibit 26	AA3682-3720
15-16	12/20/2021	Plaintiff's Exhibit 27	AA3721-3799
16	12/20/2021	Plaintiff's Exhibit 28	AA3800-3802
16	12/20/2021	Plaintiff's Exhibit 29	AA3803-3805
14	12/20/2021	Plaintiff's Exhibit 3	AA3489-3493
16	12/20/2021	Plaintiff's Exhibit 30	AA3806-3824
16	12/20/2021	Plaintiff's Exhibit 31	AA3825-3841
16	12/20/2021	Plaintiff's Exhibit 32	AA3842-3853
16	12/20/2021	Plaintiff's Exhibit 33 (video)	
16	12/20/2021	Plaintiff's Exhibit 34	AA3853-3859
16	12/20/2021	Plaintiff's Exhibit 35	AA3860-3862
16	12/20/2021	Plaintiff's Exhibit 36	AA3863-3864
16	12/20/2021	Plaintiff's Exhibit 37	AA3865-3866
16	12/20/2021	Plaintiff's Exhibit 38	AA3867-3869
16	12/20/2021	Plaintiff's Exhibit 39	AA3870-3873
14	12/20/2021	Plaintiff's Exhibit 4	AA3494-3497

16	12/20/2021	Plaintiff's Exhibit 40	AA3874-3935
16	12/20/2021	Plaintiff's Exhibit 41 (video)	
16	12/20/2021	Plaintiff's Exhibit 42	AA3937-3940
16	12/20/2021	Plaintiff's Exhibit 43 (video)	
16	12/20/2021	Plaintiff's Exhibit 44 (video)	
16	12/20/2021	Plaintiff's Exhibit 45A (video)	
16	12/20/2021	Plaintiff's Exhibit 45B (video)	
16	12/20/2021	Plaintiff's Exhibit 45C (video)	
14-15	12/20/2021	Plaintiff's Exhibit 5	AA3498-3508
16	12/20/2021	Plaintiff's Exhibit 53	AA3943-3945
16	12/20/2021	Plaintiff's Exhibit 54	AA3946
16	12/20/2021	Plaintiff's Exhibit 55	AA3947-3952
16	12/20/2021	Plaintiff's Exhibit 56	AA3953
16	12/20/2021	Plaintiff's Exhibit 57	AA3954-3963
16	12/20/2021	Plaintiff's Exhibit 58	AA3964-3966
16	12/20/2021	Plaintiff's Exhibit 59	AA3967-3971
15	12/20/2021	Plaintiff's Exhibit 6	AA3509-3515
16	12/20/2021	Plaintiff's Exhibit 60	AA3972-3982
16	12/20/2021	Plaintiff's Exhibit 61	AA3983-3984
16	12/20/2021	Plaintiff's Exhibit 62	AA3985
16	12/20/2021	Plaintiff's Exhibit 64	AA3986-3994
16	12/20/2021	Plaintiff's Exhibit 65	AA3995
16	12/20/2021	Plaintiff's Exhibit 66	AA3996-3997
16	12/20/2021	Plaintiff's Exhibit 67 (video)	
16	12/20/2021	Plaintiff's Exhibit 68 (video)	
16	12/20/2021	Plaintiff's Exhibit 69 (video)	

15	12/20/2021	Plaintiff's Exhibit 7	AA3516-3525
16-17	12/20/2021	Plaintiff's Exhibit 72	AA4000-4009
17	12/20/2021	Plaintiff's Exhibit 73	AA4010-4011
17	12/20/2021	Plaintiff's Exhibit 74	AA4012-4013
17	12/20/2021	Plaintiff's Exhibit 75	AA4014-4015
17	12/20/2021	Plaintiff's Exhibit 76	AA4016-4017
17	12/20/2021	Plaintiff's Exhibit 77	AA4018-4019
17	12/20/2021	Plaintiff's Exhibit 78	AA4020
17	12/20/2021	Plaintiff's Exhibit 79	AA4021
15	12/20/2021	Plaintiff's Exhibit 8	AA3526-3532
17	12/20/2021	Plaintiff's Exhibit 80	AA4022
17	12/20/2021	Plaintiff's Exhibit 82	AA4023-4026
17	12/20/2021	Plaintiff's Exhibit 83	AA4027-4030
17	12/20/2021	Plaintiff's Exhibit 84	AA4031-4035
17	12/20/2021	Plaintiff's Exhibit 89	AA4036-4064
15	12/20/2021	Plaintiff's Exhibit 9	AA3533-3539
17	12/20/2021	Plaintiff's Exhibit 91	AA4065-4068
17	12/20/2021	Plaintiff's Exhibit 92	AA4069
17	12/20/2021	Plaintiff's Exhibit 94	AA4070
17	12/20/2021	Plaintiff's Exhibit 97	AA4071
17	12/20/2021	Plaintiff's Exhibit 98	AA4072-4078
14	11/19/2021	Plaintiff's Initial List of Witnesses	AA3438-3445

20	12/21/2021	Plaintiff's Notice of Filing Exhibits Under Seal Exhibit "124"	AA4863-4865
9	03/30/2021	Plaintiff's Opposition to Defendant's Motion for a Protective Order; and Countermotion for Attorney's Fees and Costs and Related Relief	AA2121-2135
14	11/19/2021	Plaintiff's Pre-Trial Memorandum	AA3414-3437
14	12/20/2021	Plaintiff's Trial Exhibit List with Exhibits Offered/Admitted/Denied/Objections	AA3460-3476
2	04/29/2020	Reply to Counterclaim	AA0301-303
7	02/23/2021	Reply to Judge Mary Perry's Response to Defendant's Motion to Disqualify Judge	AA1662-1670
2	04/29/2020	Reply to Opposition	AA0268-283
8	03/04/2021	Reply to Opposition to Defendant's Motion to Disqualify Judge Pursuant to NCJC 2.11; Countermotion for Award of Attorney's Fees and Costs	AA1756-1797
10-11	04/29/2021	Reply to Plaintiff's Opposition to Defendant's Motion for Relief From Order After Hearing Regarding Hearing on January 25, 2021 and Motion for Leave to File Renewed Motion to Disqualify Judge Mary Perry; and Countermotion for Leave of Court to Refinance, to Deem Defendant Vexatious Litigant, Waive Donna's House Fees, and for an Award of Attorney's Fees and Costs	AA2479-2508
11	04/29/2021	Reply to Plaintiff's Opposition to Defendant's Motion to Reconsider Order Against Domestic Violence Entered April 6, 2021; and Countermotion for An Award of Attorney's Fees and Costs	AA2509-2516
13	05/17/2021	Reply to Plaintiff's Opposition to Defendant's Motion to Remove S.C.R.A.M. Device; And Opposition to Plaintiff's Motion to Drug Test Defendant, for an Award of Attorney's Fees and Costs, and Related Relief	AA3004-3013
7	02/16/2021	Response to Defendant's Motion to Disqualify Judge	AA1549-1554

5	02/05/2021	Schedule of Arrears for Child Support With Confirmation Pursuant to EDCR 5.508	AA1004-1013
5	02/05/2021	Schedule of Arrears for Temporary Support with Confirmation Pursuant to EDCR 5.508	AA1014-1021
2	06/10/2020	Stipulation and Order dated June 10, 2020	AA0304-307
12	05/10/2021	Supplemental [sic] to Opposition to Defendant's Motion for Relief from Order After Hearing Regarding the Hearing on January 25, 2021, and Motion for Leave to File a Renewed Motion to Disqualify Judge Perry and Countermotion for Leave of Court to Refinance, to Deem Defendant a Vexatious Litigant, Waive Donna's House Fees, and for an Award of Attorney's Fees and Costs	AA2779-2785
13	05/18/2021	Transcript from Hearing on May 18, 2021 re: All Pending Motions	AA3026-3069
19-20	12/20/2021	Transcript From Non-Jury Trial on December 20, 2021	AA4618-4862
14	09/16/2021	Transcript From September 16, 2021, Hearing re: Return Hearing	AA3354-3361
9-10	04/06/2021	Transcript re: April 6, 2021, Hearing on All Pending Motions	AA2175-2270
13	06/16/2021	Transcript re: Court Hearing on June 16, 2021, at 10:00 a.m. re: All Pending Motions	AA3159-3165
7	02/11/2021	Transcript re: Hearing on February 11, 2021, on All Pending Motions	AA1546-1548
4	01/25/2021	Transcript re: Hearing on January 25, 2021, Status Check	AA0859-863
14	07/07/2021	Transcript re: Hearing on July 7, 2021 re: All Pending Motions	AA3257-3265
9	03/17/2021	Transcript re: Hearing on Motion to Compel Discovery on March 17, 2021	AA2067-2081
10	04/07/2021	Transcript re: Hearing re: Status Check	AA2273-2284
8	03/04/2021	Transcript re: March 4, 2021, Court Hearing on All Pending Motions	AA1799-1816
12	05/11/2021	Transcripts from May 11, 2021, Hearing re: Return Hearing	AA2791-2807

CERTIFICATE OF SERVICE

I, an employee of McFarling Law Group, hereby certify that on the 8th day of April, 2022, I served a true and correct copy of this Appellant's Appendix Volume 17 as follows:

☒ via the Supreme Court's electronic filing and service system (eFlex):

Amanda Roberts, Esq.
efile@lvfamilylaw.com

/s/ Crystal Beville
Crystal Beville

1 Defendant. Pursuant to said rule, the Defendant is required to respond to Plaintiff's
2 First Set of Request for Admissions, within thirty (30) days of service of the
3 request.
4

5 **REQUEST FOR ADMISSIONS**

6 **Request for Admission No. 1**

7 Admit, since your marriage to Emily Bellisario, you committed domestic
8 violence against her as defined by *NRS* § 33.018.
9

10 **Request for Admission No. 2**

11 Admit you entered a plea to battery in case 19F19371X.
12

13 **Request for Admission No. 3**

14 Admit, in case 19F19371X, you were required to complete an impulse
15 control course.
16

17 **Request for Admission No. 4**

18 Admit in case 19F19371X you were required to complete domestic violence
19 counseling.
20

21 **Request for Admission No. 5**

22 Admit on or about August 1, 2019, you struck Emily Bellisario on the left
23 side of her cheek.
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Request for Admission No. 6

Admit on or about August 1, 2019, you caused a welt to be left on Emily Bellisario's left arm.

Request for Admission No. 7

Admit the bruises depicted in the photographs of Emily Bellisario attached hereto as Exhibit "1" were caused by you on or about August 1, 2019.

Request for Admission No. 8

Admit you threatened to place "Gabe in the ground."

Request for Admission No. 9

Admit you stated that you were going "to murder" someone known to Emily.

Request for Admission No. 10

Admit you stated that Mario would "be drinking through a straw till he dies."

Request for Admission No. 11

Admit you stated, "I am going to destroy the fuckers life."

Request for Admission No. 12

Admit you threatened to kill anyone in a relationship with Emily Bellisario.

Request for Admission No. 13

Admit you stated that you were going to "kill" Emily Bellisario.

\\
\\
\\

1 **Request for Admission No. 14**

2 Admit you caused the marital residence to be in the condition depicted in the
3
4 photographs attached as **Exhibit "2"** attached herein.

5 **Request for Admission No. 15**

6 Admit you caused physical damage to the following personal property items
7
8 in Emily Bellisario's residence located at 1913 Sondrio Drive, Las Vegas, Nevada,
9 89134:

- 10 1. Two televisions;
- 11 2. Two chairs;
- 12 3. Appliances;
- 13 4. Furniture;
- 14 5. Broken vase; and
- 15 6. Fish bowl.

16
17
18 **Request for Admission No. 16**

19 Admit you caused physical to the home where Emily Bellisario resides
20
21 located at 1913 Sondrio Drive, Las Vegas, Nevada, 89134:

- 22 1. Rear window;
- 23 2. Front door of the residence; and
- 24 3. Lighting fixtures.

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1 **Request for Admission No. 17:**

2 Admit you caused bruises to Emily Bellisario on or about September 16,
3 2019.

4 **Request for Admission No. 18:**

5 Admit on or about September 16, 2019, you caused a redness to be left on
6 Emily Bellisario's left shoulder.

7 **Request for Admission No. 19:**

8 Admit on or about September 16, 2019, you caused a redness to be left on
9 Emily Bellisario's left elbow.

10 **Request for Admission No. 20:**

11 Admit on or about September 16, 2019, you caused a redness to be left on
12 Emily Bellisario's left side of her back.

13 **Request for Admission No. 21:**

14 Admit the minor child, Brayden Bellisario, witnessed you committed
15 domestic violence against Emily Bellisario as defined by *NRS* § 33.018.

16 DATED this 10th day of June, 2020.

17 **ROBERTS STOFFEL FAMILY LAW GROUP**

18 By: Amanda M. Roberts

19 Amanda M. Roberts, Esq.
20 State of Nevada Bar No. 9294
21 4411 S. Pecos Road
22 Las Vegas, Nevada 89121
23 Attorneys for Plaintiff, Emily Bellisario

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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Roberts Stoffel Family Law Group,
and on the 10th day of June, 2020, I served by and through Wiz-Net electronic
service, pursuant to Clark County District Court Administrative Order 14-2 for
service of documents identified in Rule 9 of the N.E.F.C.R., the foregoing
Plaintiff's First Set of Request for Admissions to Defendant, to the following:

Christopher R. Tilman, Esq.
Email: CRT@christophertilman.com
Attorney for Defendant

By: 
Employee of Roberts Stoffel Family Law Group

Exhibit “1”

Exhibit “1”

Exhibit “1”

PLTF0497

AA4006

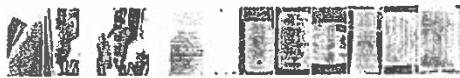
12:06 4



August 6, 2019
10:17 PM

Edit

LIVE



PLTF0001

PLTF0498

AA4007



PLTF0002
PLTF0499

AA4008

August 6, 2019
10:16 PM

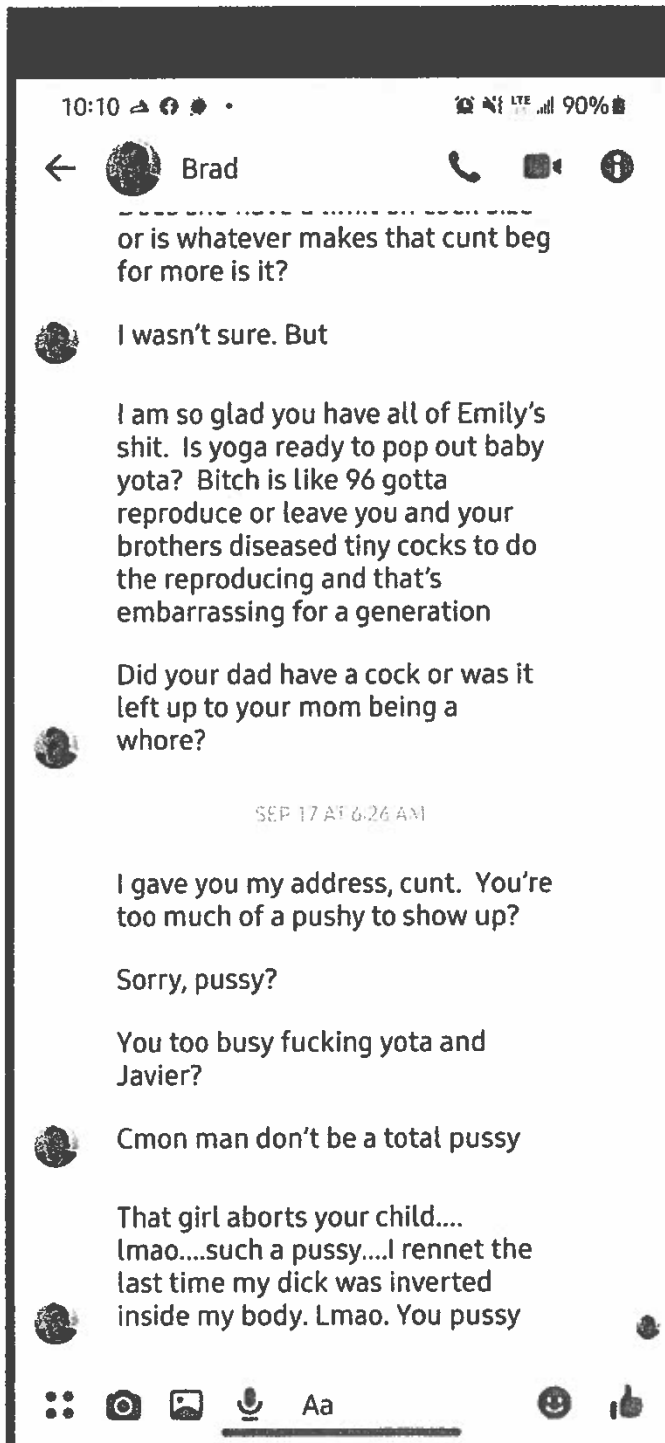
Edit



PLTF0003

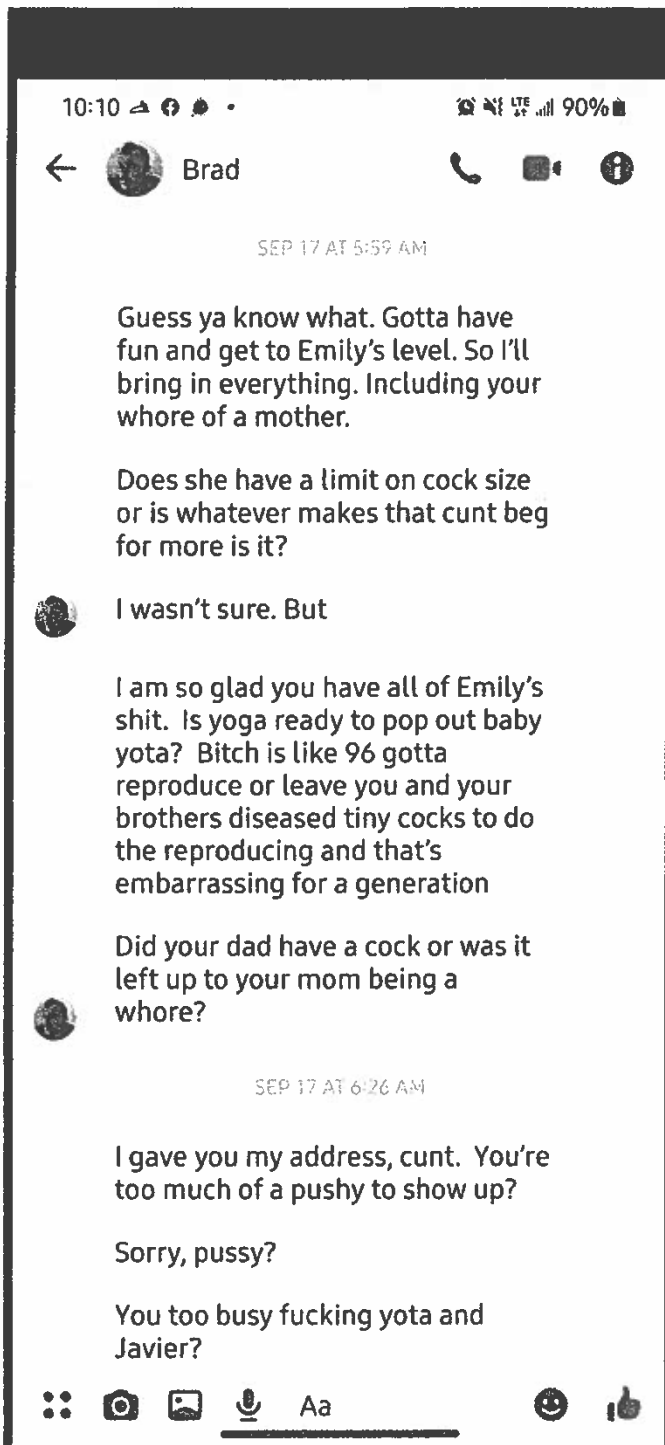
PLTF0500

AA4009



PLTF0560

AA4010



PLTF0561

AA4011

2:56

LTE

Done Screenshot 2020-09-22 at 4.12.2...



Brad Bellisario



Brad Bellisario

Brad from your phone contacts is also
on Messenger

1 mutual friend: Mike Fields

[VIEW PROFILE](#)

WED 9:55 PM

Hey when you were a whore
with Emily how much did you
make? A little less? I know
she'd tell me about the married
men that would come to Vegas
and sleep with you. I mean
part time assistants don't
make enough for o have a
house and a baby and bit work.
So let's subnoena your hitch

if you reply, Brad will be able to call you and see
information like your Active Status and when
you've read messages.

Delete

Block



Aa



PLTF0562

AA4012

9:47

LTE



Brad Bellisario



Hey when you were a whore
with Emily how much did you
make? A little less? I know
she'd tell me about the married
men that would come to Vegas
and sleep with you. I mean
part time assistants don't
make enough for o have a
house and a baby and bit work.
So let's subpoena your bitch
ass.

Want to crack on Emily or have
me tell your current dude what
you did?

He can have the hundreds of
pages of proof. You let me
know pumpkin



Also I'll let people know about
the businessmen you see/saw
at Cosmo

Don't screenshot

Don't screenshot

If you reply, Brad will be able to call you and see
information like your Active Status and when
you've read messages.

Delete

Block



Aa



PLTF0563

AA4013

9:47


LTE

<  **Brad Bellisario**



Hey when you were a whore with Emily how much did you make? A little less? I know she'd tell me about the married men that would come to Vegas and sleep with you. I mean part time assistants don't make enough for o have a house and a baby and bit work. So let's subpoena your bitch ass.

Want to crack on Emily or have me tell your current dude what you did?

 He can have the hundreds of pages of proof. You let me know pumpkin

Also I'll let people know about the businessmen you see/saw at Cosmo

If you reply, Brad will be able to call you and see information like your Active Status and when you've read messages.

Delete

Block



Aa



PLTF0564

AA4014

9:48

LTE



Brad Bellisario



She'd tell me about the married men that would come to Vegas and sleep with you. I mean part time assistants don't make enough for o have a house and a baby and bit work. So let's subpoena your bitch ass.

Want to crack on Emily or have me tell your current dude what you did?

He can have the hundreds of pages of proof. You let me know pumpkin



Also I'll let people know about the businessmen you see/saw at Cosmo

The Married ones they would fuck you while they were in town...



If you reply, Brad will be able to call you and see information like your Active Status and when you've read messages.

Delete

Block



Aa



PLTF0565

AA4015

CHILDRENS BONE & SPINE SURGERY LLP- CHY

9050 W CHEYENNE AVE, STE 110 , Las Vegas NV 89129 Phone: (702)998-5200 Fax: (702)998-5201

Receipt

Patient Name: BELLISARIO, BLAKE A
Account No: BELBLA0001
Guarantor Balance: \$0.00

Date: 08/19/2020

Co-Payment Paid: \$0.00
Patient Paid: \$40.00
Patient Deposit: \$0.00
Payment Type: CASH
Check/Credit Card No:
Payment Date: 08/19/2020

Paid

CHILDRENS BONE & SPINE SURGERY LLP- CHY

9050 W CHEYENNE AVE, STE 110 , Las Vegas NV 89129 Phone: (702)998-5200 Fax: (702)998-5201

Receipt

Patient Name: BELLISARIO, BLAKE A
Account No: BELBLA0001
Guarantor Balance: \$0.00

Date: 08/19/2020

Paid

Co-Payment Paid: \$60.00

Patient Paid: \$0.00

Patient Deposit: \$0.00

Payment Type: CASH

Check/Credit Card No:

Payment Date: 08/19/2020

9050 W CHEYENNE AVE, STE 110 , Las Vegas NV 89129 Phone: (702)998-5200 Fax: (702)998-5201

PLTF0572

AA4017

11:36

LTE

< 45 Your CVS Pharmacy® Recei... ^ v

Feb 17, 2021 06:54 PM

Qty	Item	Paid
1F	RX #: ****3900000	15.00N
1F	RX #: ****3990000	70.00N
1	Peeps Marshmallow Chicks 3 oz	2.19F
1	Peeps Rainbow Pop 1.38 oz	2.99F
1F	Tylenol Children's Pain + Fever Dissolve Packs Wild Berry 18 packets	8.69T

Discounts Applied

1	CarePass \$10 Reward CVS COUPON (#73322)	-10.00
---	---	--------

5 Items

1950 Village Center Cir
Village Center & Trailwood
Las Vegas, NV 89134
Store phone: (702) 363-5292
Helped by: KATHLEEN

Store #9967 | Register #15
Cashier #1414573 | Transaction #777



350996710480777159



PLTF0573

AA4018

11:36

LTE



45

Your CVS Pharmacy® Recei... ^ v

Returns must be made with this receipt, subject to CVS Return Policy,
thru 04/18/2021. Refund amount is based on price after all coupons &
discounts.

SUBTOTAL 88.87

NV 8.375% TAX .20

TOTAL 89.07

DEBIT 89.07

*****3331 CH

US DEBIT *****3331

REF# 157774

TRAN TYPE: SALE AID: A0000000980840

TC: C7767428877E5AC6 TERMINAL# 84688263

PIN VERIFIED ONLINE CVM: 420000

TVR(95): 8080048000 TSI(9B): 6800

CHANGE .00

State law may prohibit the return
of prescriptions. Please consult
your pharmacist.

TRIP SUMMARY:

Today You Saved 10.00

Savings Value 10%

F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)

Health Care Eligible Total 4.07

Prescription Eligible Total 85.00

.....
FSA summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.
.....

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/15

Year to Date Savings 72.86

2% of your Winter 2021 Spend

2% of your Winter 2021 Spend 153.58

Spend \$30 on Beauty. Get \$3 EB



PLTF0574

AA4019

11:36

LTE

< 60



noreply@payjunctionmail.com

11:21 AM

To: 1emilybellisario@gmail.com >

Your Signed Receipt - Kidfixers Pediatrics



02/18/2021 11:21 AM PST
10105 BAMBURY CROSS DR STE 170
LAS VEGAS, NV, 89144
702-765-5437 (Office)
702-240-7268 (Fax)
o/a
kidfixers@yahoo.com

BILLED TO
EMILY CARDONA

DETAILS

DETAILS
TYPE
APPROVAL
TRANS ID
SEQ
TID
TERMINAL
APP
AID
TVR
MAD
TBI
ARC

Approved (PR)
Charge: Capture
0139AC
15329
*****3664
2556257
157709
VISA CREDIT
AD 09.00 (00.03.10.10)
0001201000
OCBF497400620000
E800
00



02/18/21 24:29M 118 167

Customer has authorized signatory to sign this receipt and agrees to perform the signature and liability of the cardholder's signature on this receipt.

ACCOUNT	CHASE VISA . 7774
ENTRY MODE	Chp
ENV	SIGN
AMOUNT	USD\$75.49
TOTAL	\$75.49

Having trouble reading this in your email client? Click Here.

Paperless Payments *



PLTF0575

AA4020

UHS Western Region CBO
P.O BOX 31001-0827
PASADENA, CA 91110-0827



08/09/2020



010375

UPE501 1935660 875255988
EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593



Patient Name: Brayden Bellisario
Admission/Registration Date: 05/07/2020
Account Number: 000017207390
~~Account Balance: \$500.00~~
Total Charges: \$4,579.00

60 DAY NOTICE

Dear Emily Bellisario:

Our records indicate that there is currently an outstanding balance of \$500.00.

If you have recently paid the balance, please disregard this reminder. If you have not, please know that we have many options to assist you in resolving your account. Patients can send payments by mail with the detachable coupon at the end of this letter, or visit our online portal and follow the instructions to pay online. Please contact our Customer Service Department for any additional questions regarding payment arrangements or your statement. Thank you for being a valued patient/guarantor and we look forward to continuing to provide you the highest quality of care.

Important: Billing Questions or patient care concerns, bankruptcy notices and any other correspondence should be addressed to:

UHS Western Region CBO
Customer Service
2700 Fire Mesa Street
Las Vegas, NV 89128

Monday – Friday 8:00AM to 5:00PM PST
Customer Service 866-823-4250
Email: NVCBO@uhsinc.com
<http://www.summerlinhospital.com>

UHS Western Region CBO
P.O BOX 31001-0827
PASADENA, CA 91110-0827

STATEMENT DATE: 08/09/2020
DUE DATE: 08/19/2020



Check if address/insurance changes are on back.

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.	
<input type="checkbox"/> MASTERCARD EXPRESS	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	CVV CODE
SIGNATURE	EXP. DATE
PATIENT BELLISARIO, BRAYDEN	
ACCOUNT NUMBER 000017207390	AMOUNT PAID \$

REMIT AND MAKE PAYMENT TO:
SUMMERLIN HOSP MED CTR LLC
P.O BOX 31001-0827
PASADENA, CA 91110-0827



000017207390001000000500009999997000000009194

PLTF0579

AA4021

UHS Western Region CBO
P.O BOX 31001-0827
PASADENA, CA 91110-0827



08/12/2020

R: 122401778
AC 879 305 354

011622

UPE501 1940558 876789982
EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593



Patient Name: Brayden Bellisario
Admission/Registration Date: 05/14/2020
Account Number: 000017223454
Account Balance: \$359.00
Total Charges: \$475.00

122 - 3454

60 DAY NOTICE

Dear Emily Bellisario:

Our records indicate that there is currently an outstanding balance of \$359.00. If you have recently paid the balance, please disregard this reminder. If you have not, please know that we have many options to assist you in resolving your account. Patients can send payments by mail with the detachable coupon at the end of this letter, or visit our online portal and follow the instructions to pay online. Please contact our Customer Service Department for any additional questions regarding payment arrangements or your statement. Thank you for being a valued patient/guarantor and we look forward to continuing to provide you the highest quality of care.

Important: Billing Questions or patient care concerns, bankruptcy notices and any other correspondence should be addressed to:

UHS Western Region CBO
Customer Service
2700 Fire Mesa Street
Las Vegas, NV 89128

Monday - Friday 8:00AM to 5:00PM PST
Customer Service 866-823-4250
Email: NVCBO@uhsinc.com
<http://www.summerlinhospital.com>

UHS Western Region CBO
P.O BOX 31001-0827
PASADENA, CA 91110-0827

STATEMENT DATE: 08/12/2020
DUE DATE: 08/22/2020

☐ Check if address/insurance changes are on back.

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER			CVV CODE
SIGNATURE			EXP. DATE
PATIENT BELLISARIO, BRAYDEN			
ACCOUNT NUMBER 000017223454			AMOUNT PAID \$

REMIT AND MAKE PAYMENT TO:
SUMMERLIN HOSP MED CTR LLC
P.O BOX 31001-0827
PASADENA, CA 91110-0827



000017223454001000000359009999997000000009196

PLTF0580

AA4022



Your payment would be about
\$934 a month
at full retirement age

Emily Bellisario

March 15, 2021

Your Social Security Statement

Your *Social Security Statement* shows how much you have paid in Social Security and Medicare taxes. It explains about **how much you would get** in Social Security benefits when you reach full retirement age. If you become disabled and unable to work, you may be eligible for disability benefits. In addition, if the family members who depend on you outlive you, they may be eligible for survivor benefits.

Take a look at your earnings. Your earnings determine how much you get in benefits. **If you find an error, please let us know right away.**

Social Security benefits are **not intended to be your only income source when you retire**. On average, Social Security will replace about 40 percent of your annual pre-retirement earnings. You will need other savings, investments, pensions, or retirement accounts to live comfortably. Use this *Statement* as a tool for planning your financial future.

Social Security Administration

Follow the Social Security Administration at these social media sites.



PLTF0583

AA4023

Your Estimated Benefits

*Retirement	You have earned enough credits to qualify for benefits. At your current earnings rate, if you continue working until...	
	your full retirement age (67 years), your payment would be about.....	\$ 934 a month
	age 70, your payment would be about.....	\$ 1,158 a month
	age 62, your payment would be about.....	\$ 657 a month
*Disability	You have earned enough credits to qualify for benefits. If you became disabled right now your payment would be about.....	\$ 1,159 a month
*Family	If you get retirement or disability benefits, your spouse and children also may qualify for benefits.	
*Survivors	You have earned enough credits for your family to receive survivors benefits. If you die this year, certain members of your family may qualify for the following benefits:	
	Your child.....	\$ 971 a month
	Your spouse who is caring for your child.....	\$ 971 a month
	Your spouse, if benefits start at full retirement age.....	\$ 1,295 a month
	Total family benefits cannot be more than.....	\$ 1,970 a month
	Your spouse or minor child may be eligible for a special one-time death benefit of \$255.	
Medicare	You have enough credits to qualify for Medicare at age 65. Even if you do not retire at age 65, be sure to contact Social Security three months before your 65th birthday to enroll in Medicare.	

* Your estimated benefits are based on current law. Congress has made changes to the law in the past and can do so at any time. The law governing benefit amounts may change because, by 2035, the payroll taxes collected will be enough to pay only about 79 percent of scheduled benefits.

We based your benefit estimates on these facts:

Your date of birth (please verify your name on page 1 and this date of birth).....	July 24, 1988
Your estimated taxable earnings per year after 2021.....	\$10,423
Your Social Security number (only the last four digits are shown to help prevent identity theft).....	XXX-XX-1546

How Your Benefits Are Estimated

To qualify for benefits, you earn "credits" through your work — up to four each year. This year, for example, you earn one credit for each \$1,470 of wages or self-employment income. When you've earned \$5,880, you've earned your four credits for the year. Most people need 40 credits, earned over their working lifetime, to receive retirement benefits. For disability and survivors benefits, young people need fewer credits to be eligible.

We checked your records to see whether you have earned enough credits to qualify for benefits. If you haven't earned enough yet to qualify for any type of benefit, we can't give you a benefit estimate now. If you continue to work, we'll give you an estimate when you do qualify.

What we assumed — If you have enough work credits, we estimated your benefit amounts using your average earnings over your working lifetime. For 2021 and later (up to retirement age), we assumed you'll continue to work and make about the same as you did in 2019 or 2020. We also included credits we assumed you earned last year and this year.

Generally, the older you are and the closer you are to retirement, the more accurate the retirement estimates will be because they are based on a longer work history with fewer uncertainties such as earnings fluctuations and future law changes. We encourage you to use our online Retirement Estimator to obtain immediate and personalized benefit estimates.

We can't provide your actual benefit amount until you apply for benefits. And that amount may differ from the estimates above because:

- (1) Your earnings may increase or decrease in the future.
- (2) After you start receiving benefits, they will be adjusted for cost-of-living increases.

- (3) Your estimated benefits are based on current law. The law governing benefit amounts may change.
- (4) Your benefit amount may be affected by military service, railroad employment or pensions earned through work on which you did not pay Social Security tax. Visit www.socialsecurity.gov to learn more.

Windfall Elimination Provision (WEP) — In the future, if you receive a pension from employment in which you do not pay Social Security taxes, such as some federal, state or local government work, some nonprofit organizations or foreign employment, and you also qualify for your own Social Security retirement or disability benefit, your Social Security benefit may be reduced, but not eliminated, by WEP. The amount of the reduction, if any, depends on your earnings and number of years in jobs in which you paid Social Security taxes, and the year you are age 62 or become disabled. For more information, please see *Windfall Elimination Provision* (Publication No. 05-10045) at www.socialsecurity.gov/WEP.

Government Pension Offset (GPO) — If you receive a pension based on federal, state or local government work in which you did not pay Social Security taxes and you qualify, now or in the future, for Social Security benefits as a current or former spouse, widow or widower, you are likely to be affected by GPO. If GPO applies, your Social Security benefit will be reduced by an amount equal to two-thirds of your government pension, and could be reduced to zero. Even if your benefit is reduced to zero, you will be eligible for Medicare at age 65 on your spouse's record. To learn more, please see *Government Pension Offset* (Publication No. 05-10007) at www.socialsecurity.gov/GPO.

Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1997	6,000	6,000
1998	0	0
1999	0	0
2000	0	0
2001	0	0
2002	0	0
2003	0	0
2004	0	0
2005	2,812	2,812
2006	1,769	1,769
2007	1,444	1,444
2008	0	0
2009	7,800	7,800
2010	16,396	16,396
2011	42,453	42,453
2012	26,400	26,400
2013	10,000	10,000
2014	5,000	5,000
2015	10,600	10,600
2016	10,200	10,200
2017	10,400	10,400
2018	20,893	20,893
2019	20,750	20,750
2020	10,423	10,423

You and your family may be eligible for valuable benefits:

When you die, your family may be eligible to receive survivors benefits.

Social Security may help you if you become disabled—even at a young age.

A young person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social Security credits you earn move with you from job to job throughout your career.

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:

You paid: \$11,224
Your employers paid: \$12,601

Estimated taxes paid for Medicare:

You paid: \$2,939
Your employers paid: \$2,939

Note: Currently, you and your employer each pay a 6.2 percent Social Security tax on up to \$142,800 of your earnings and a 1.45 percent Medicare tax on all your earnings. If you are self-employed, you pay the combined employee and employer amount, which is a 12.4 percent Social Security tax on up to \$142,800 of your net earnings and a 2.9 percent Medicare tax on your entire net earnings. If you have earned income of more than \$200,000 (\$250,000 for married couples filing jointly), you must pay 0.9 percent more in Medicare taxes.

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

Review this chart carefully using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from last year may not be shown on your *Statement*. It could be that we still were processing last

year's earnings reports when your *Statement* was prepared. **Note:** If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

There's a limit on the amount of earnings on which you pay Social Security taxes each year. The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the maximum earnings amount began rising in 1991. Since 1994, all of your earnings are taxed for Medicare.)

Call us right away at 1-800-772-1213 (7 a.m.-7 p.m. your local time, TTY 1-800-325-0778) if any earnings for years before last year are shown incorrectly. Please have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of page 4.)

Some Facts About Social Security

About Social Security and Medicare...

Social Security pays retirement, disability, family and survivors benefits. Medicare, a separate program run by the Centers for Medicare & Medicaid Services, helps pay for inpatient hospital care, nursing care, doctors' fees, drugs, and other medical services and supplies to people age 65 and older, as well as to people who have been receiving Social Security disability benefits for two years or more. Your Social Security covered earnings qualify you for both programs. Medicare does not pay for long-term care, so you may want to consider options for private insurance. For more information about Medicare, visit www.medicare.gov or call 1-800-633-4227 (TTY 1-877-486-2048 if you are deaf or hard of hearing).

Retirement — If you were born before 1938, your full retirement age is 65. Because of a 1983 change in the law, the full retirement age will increase gradually to 67 for people born in 1960 and later.

Some people retire before their full retirement age. You can retire as early as 62 and take benefits at a reduced rate. If you work after your full retirement age, you can receive higher benefits because of additional earnings and credits for delayed retirement.

Disability — If you become disabled before full retirement age, you can receive disability benefits after six months if you have:

- enough credits from earnings (depending on your age, you must have earned six to 20 of your credits in the three to 10 years before you became disabled); and
- a physical or mental impairment that's expected to prevent you from doing "substantial" work for a year or more or result in death.

If you are filing for disability benefits, please let us know if you are on active military duty or are a recently discharged veteran, so that we can handle your claim more quickly.

Family — If you're eligible for disability or retirement benefits, your current or divorced spouse, minor children or adult children disabled before age 22 also may receive benefits. Each may qualify for up to about 50 percent of your benefit amount.

Survivors — When you die, certain members of your family may be eligible for benefits:

- your spouse age 60 or older (50 or older if disabled, or any age if caring for your children younger than age 16); and
- your children if unmarried and younger than age 18, still in school and younger than 19 years old, or adult children disabled before age 22.

If you are divorced, your ex-spouse could be eligible for a widow's or widower's benefit on your record when you die.

Extra Help with Medicare — If you know someone who is on Medicare and has limited income and resources, extra help is available for prescription drug costs. The extra help can help pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or to apply, visit www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Receive benefits and still work...

You can work and still get retirement or survivors benefits. If you're younger than your full retirement age, there are limits on how much you can earn without affecting your benefit amount. When you apply for benefits, we'll tell you what the limits are and whether work would affect your monthly benefits. When you reach full retirement age, the earnings limits no longer apply.

Before you decide to retire...

Carefully consider the advantages and disadvantages of early retirement. If you choose to receive benefits before you reach full retirement age, your monthly benefits will be reduced.

To help you decide the best time to retire, we offer a free publication, *When To Start Receiving Retirement Benefits* (Publication No. 05-10147), that identifies the many factors you should consider before applying. Most people can receive an estimate of their benefit based on their actual Social Security earnings record by using our online Retirement Estimator. You also can calculate future retirement benefits by using the Social Security Benefit Calculators at www.socialsecurity.gov.

Other helpful free publications include:

- *Retirement Benefits* (No. 05-10035)
- *Understanding The Benefits* (No. 05-10024)
- *Your Retirement Benefit: How It Is Figured* (No. 05-10070)
- *Windfall Elimination Provision* (No. 05-10045)
- *Government Pension Offset* (No. 05-10007)
- *Identity Theft And Your Social Security Number* (No. 05-10064)

We also have other leaflets and fact sheets with information about specific topics such as military service, self-employment or foreign employment. You can request Social Security publications at our website, www.socialsecurity.gov, or by calling us at 1-800-772-1213. Our website has a list of frequently asked questions that may answer questions you have. We have easy-to-use online applications for benefits that can save you a telephone call or a trip to a field office.

You also may qualify for government benefits outside of Social Security. For more information on these benefits, visit www.benefits.gov.

If you need more information — Contact any Social Security office, or call us toll-free at 1-800-772-1213. (If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.) If you have questions about your personal information, you must provide your complete Social Security Number. If you are in the United States, you also may write to the Social Security Administration, Office of Earnings Operations, P.O. Box 33026, Baltimore, MD 21290-3026. If you are outside the United States, please write to the Office of International Operations, P.O. Box 17769, Baltimore, MD 21235-7769, USA.

Colleen O'Brien

From: bradley bellisario <bradb@bellisariolaw.com>
Sent: Monday, March 29, 2021 1:23 PM
To: Colleen O'Brien
Cc: efile
Subject: Re: Bellisario

I'll read over the amended proposed order shortly to answer your questions. Thanks for being a PoS as usual.

Have a great day.

Sent from my iPhone

On Mar 29, 2021, at 1:16 PM, bradley bellisario <bradb@bellisariolaw.com> wrote:

You didn't answer my question.

Sent from my iPhone

On Mar 29, 2021, at 1:14 PM, Colleen O'Brien <colleen@lvfamilylaw.com> wrote:

Will you be signing the edited DCRR or will we be submitting absent your signature, or separately?

Thank you,

Colleen O'Brien
Legal Assistant to Amanda M. Roberts, Esq.
ROBERTS STOFFEL FAMILY LAW GROUP
4411 S. Pecos Road
(Office is located on a small side street, University)
Las Vegas, Nevada 89121
PH: (702) 474-7007
FAX: (702) 474-7477
WEB: lvfamilylaw.com

PLEASE REPLY ALL WHEN RESPONDING TO EMAILS

The contents of this electronic mail message are confidential in nature and intended solely for the individual as addressed. Should you receive this electronic mail message in error, please delete this electronic mail message and/or contact Roberts Stoffel Family Law Group immediately at the number listed above.

Due to COVID-19 and Governor Sisolak's mandate for the closure of non-essential businesses, Roberts Stoffel Family Law Group will be engaging in social distancing and taking measure to limit contact with the public. That means that we are prohibited from in-person meetings with members of the public. The firm will remain operational at the present time, but we will be working remotely with limited services in the

office. Therefore, all clients meeting and consultations will be made via telephone. We can be reached via telephone at (702) 474-7007.

Our hours will also be modified as follows: Mondays through Thursdays: 8:00 a.m. to 5:00 p.m., and Fridays: 8:00 a.m. to 4:00 p.m.

We truly apologize for any inconvenience that this has caused. As we try to work through this trying time, we will continue to provide legal services for our community to the greatest extent possible. It is very important during this time to ensure that you copy efile@lvfamilylaw.com on all emails so that your legal matters can be addressed by any staff member who is working during the limited hours of operation.

From: bradley bellisario <bradb@bellisariolaw.com>
Sent: Monday, March 29, 2021 1:14 PM
To: Colleen O'Brien <colleen@lvfamilylaw.com>
Cc: efile <efile@lvfamilylaw.com>
Subject: Re: Bellisario

Colleen,

Following up on when your client is going to stop concealing the children and conduct a visitation exchange.

Sent from my iPhone

On Mar 29, 2021, at 12:03 PM, Colleen O'Brien
<colleen@lvfamilylaw.com> wrote:

Brad,

I am following up on my email from Friday.

Will you be signing the attached?

Thank you,

Colleen O'Brien
Legal Assistant to Amanda M. Roberts, Esq.
ROBERTS STOFFEL FAMILY LAW GROUP
4411 S. Pecos Road
(Office is located on a small side street, University)
Las Vegas, Nevada 89121
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From: Colleen O'Brien <colleen@lvfamilylaw.com>
Sent: Friday, March 26, 2021 9:57 AM
To: 'bradley bellisario' <bradb@bellisariolaw.com>
Cc: efile <efile@lvfamilylaw.com>
Subject: Bellisario

Brad,

Attached please find the DCRR with the changes made by Jay Young.

I contacted Vivian Canela to confirm that it was okay that I adjust the pages so that the signature lines are on one page, as opposed to two.

I have also attached the Word document sent to us by Vivian, should you feel the need to compare the two.

Please sign and return it back to me and I will forward it to the Discovery Inbox.

Thank you,

Colleen O'Brien
Legal Assistant to Amanda M. Roberts, Esq.
ROBERTS STOFFEL FAMILY LAW GROUP
4411 S. Pecos Road
(Office is located on a small side street, University)
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<03-24-21 BELLISARIO V BELLISARIO DCRR D-20-605263-D DEPT P CR 20
EDITED.DOC>
<DCRR Bellisario.pdf>



Do not use address below:
P.O. Box 7306
Hollister, MO 65673-7306

AB 01 157506 86593 B 410 J



NEV 80828471 1002161 8588665462 R
BLAKE BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593

Laboratory Bill

For services not included in your physician's bill

Page 1 of 2

Bill Date:	Amount Due:	Due Date:
Feb. 09, 2021	\$15.00	UPON RECEIPT

Bill Number: 8588665462
Lab Code: NEV

Patient Name: BLAKE BELLISARIO
Responsible Party: BLAKE BELLISARIO
Date of Service: December 17, 2020

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Laboratory Tests Were Requested By:

Referring Physician: LEPORE, JOHN
Physician Address: 10105 BANBURY CROSS DR
LAS VEGAS, NV 89144

Most Recent Insurance Claim Filed To:

Insurance Name: HEALTH PLAN OF NV
Insurance ID: 14016714702
Group Number: 13064

Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Pay by Phone: 1-855-619-4056 (24 hours/7 days)
Questions: 1-855-610-4056
MON-TH 8:30AM-5PM; FR 9-4PM 08:30 AM - 05:00 PM PST
Se Habla Español

Please have your bill available for reference.

This invoice is for laboratory tests performed at the request of the referring physician. These charges are separate from the physician's fees. HEALTH PLAN OF NV indicated the balance is your co-payment, co-insurance, or deductible and is your financial responsibility. Prompt payment is appreciated. Thank you for using our laboratory.

Date	CPT Code*	Test Description	Charge	Adjustment	Insurance Paid	Patient Paid	Patient Responsibility	Reason
12/17/20	88030	ANA SCREEN, IFA	\$61.30					
12/17/20	80225	DNA AB, NATIVE	\$61.30					
12/17/20	82784	GAMMAGLOBULIN	\$41.24					
12/17/20	85852	SED RATE, AUTOMATED	\$23.24					
12/17/20	38415	VENIPUNCTURE	\$17.72					
12/17/20	85025	CBC, PLT, DIFF	\$30.00					
12/17/20	83516	TISSUE TRANSGLUTAMIN	\$134.88					
12/17/20	82308	25-OH VITAMIN D-3	\$217.33					
12/17/20	84075	ALK PHOSPHATASE	\$83.89					

Continued on Next Page

Tax ID: 88-0099333 ICD Codes: R23.3

Services Performed by: QUEST DIAGNOSTICS WEST HILLS WEST HILLS, CA

Services Performed by: QUEST DIAGNOSTICS/NICHOLS SJC SAN JUAN C SAN JUAN CAPISTRANO, CA

Services Performed by: QUEST DIAGNOSTICS LAS VEGAS - 4230 BURRBY LAS VEGAS, NV

* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements

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



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



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

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

Lab Code: NEV

Amount Due: \$15.00

Due Date: UPON RECEIPT Bill Number: 8588665462

Patient Name: BLAKE BELLISARIO

Amount Enclosed: \$

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

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740351
CINCINNATI, OH 45274-0351



01NEV72018588665462000015003020918914527403510000005

PLTF0734

AA4031



Kidfixers Pediatrics
10105 Banbury Cross Dr Ste 170
Las Vegas, NV 891446647
Phone: 702-765-5437

EMILY BELLISARIO
1913 SONDORIO DR
LAS VEGAS, NV 89134

Patient ID:	2621
Balance Due:	\$50.49
Amount Enclosed:	\$ _____
Please indicate method of payment:	
<input type="checkbox"/> Check # _____ (enclosed)	
<input type="checkbox"/> Credit Card	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Name on Card:	_____
Credit Card #:	_____
Expiration Date:	_____
Security Code:	_____

Patient Statement

Please detach top portion and submit with payment. Thank you!

Patient: BLAKE BELLISARIO (2621)

Birth date: 11/20/2016

Date of Service	Provider / Services	Charge	Ins Pay/ Adjust	Patient Owes	Patient Pay/Adj	Balance Due
12/08/2020	John Lepore, DO					
99213	Office visit, expanded	180.00				
	01/20/2021 Adjustment: Charges exceed contract/legislated fee		147.58			
	01/20/2021 Patient responsibility: Copayment			32.42		
	01/25/2021 Patient paid				27.09	
99072	Add'l supplies & materials due to COVID	75.00				
	01/20/2021 Adjustment: Not covered under current plan		45.00			
	01/20/2021 Adjustment: Charges exceed contract/legislated fee		30.00			
Total for Date of Service		255.00	222.58	32.42	27.09	5.33

PLTF0735

AA4032



P.O. Box 31001-0827
Pasadena, CA 91110-0827



011969

UPE501 2257850 974243379

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593



Account Summary

Patient Name: BRAYDEN BELLISARIO

Account Number: 17996265

Date(s) of Service: 02/16/2021 - 02/17/2021

Amount Due \$952.40

Need to set up a Payment Plan? Contact customer service at
866-823-4250, Monday-Friday 8:00am-5:00pm PST.

IMPORTANT:
Please note: Billing questions or patient care concerns, bankruptcy notices and any other correspondence should be addressed to:
UHS Western Region CBO
Customer Service
2700 Fire Mesa Street
Las Vegas, NV 89128



Guarantor Name: EMILY BELLISARIO
Guarantor Zip code: 89134



Check if address/insurance changes
are on back.



GO GREEN! PAY ON-LINE AND PAPERLESS OPTIONS:
Access your account 24/7! If you would like to make an on-line payment to your account, visit us at www.summerlinhospital.com. For ease, scan the above QR barcode and you will be brought to the web address directly.

Statement of Hospital Services

Statement Date: 03/31/2021

Page 1 of 3

Payment Options

- Pay Online: www.summerlinhospital.com
- Pay by Phone 24/7: 866-823-4250
- Pay by Mail using the coupon below

Customer Service Information

Customer Service Hours: Monday-Friday 8:00am-5:00pm PST
- For questions or to discuss a possible payment plan or financial assistance based on need, please call us at 866-823-4250.
- Contact us by email: NVCBO@uhsinc.com.

Thank You for choosing Summerlin Hospital Medical Center for your healthcare needs.

We are committed to providing high quality services including our billing process. This statement is intended to help you understand how that process is being handled. Any insurance balances have been resolved and the remaining balance is your responsibility. Please pay the amount due. For your convenience we accept American Express, Visa, MasterCard, or Discover.

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
03/31/2021	\$952.40	17996265
DUE DATE	SHOW AMOUNT PAID HERE	
04/15/2021		

To make a payment by credit card, please contact our Customer Services Department at 866-823-4250 or visit www.summerlinhospital.com.

MAKE PAYMENT AND REMIT TO:

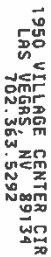
SUMMERLIN HOSP MED CTR LLC
P.O. BOX 31001-0827
PASADENA CA 91110-0827



000017996265001000000952409999997000000009199

PLTF0736

AA4033



ExtraCare Card #: 88888888887365

F1 RX #:	***2780010	8.62N
F1 RX #:	***2800010	15.00N

2 ITEMS

TAMU DEB:	23.62
XXXXXXXXXXXX	23.62
	24

US EBIT
2003-2004: 101433

6231
15701

TRAN TYPE: SALE
AID: A0000

TERMINAL# 1

PIN VERIFIED ONLINE
CVM: 420000
TEST (B): C

TWR(95): 2080048000 TSI(98): 6

CHANGE

80



3509 9671 1245 3811 54
State law may prohibit the return
of prescriptions. Please consult
your pharmacist.
Returns with receipt, subject to
CVS Return Policy, thru 07/03/2021
Refund amount is based on price
after all coupons and discounts.

МНУ 4, 2021

9:12 AM



F=FLEXIBLE	SPENDING	ACCT	SUMMARY (FSA)
Prescription	Eligible	Total	23.62

Prescription Eligible Total 23

FSF summary above includes items (and tax) that may be eligible for plan reimbursement. Restrictions may apply.

THANK YOU. SHOP 24 HOURS AT CVS.COM

Extricare Card balances as of 04/28

Year to Date Savings

145.73

2% of your Spring 2021 Spend
Spring 2021 Spendings

131.83

Fill 10 prescriptions Get \$5EB
Pharmacy and Health Extrabucks
Quantity Toward this Reward
Quantity Needed to Earn Reward

91

**Spend \$30 on Beauty, Get \$3 EB
Beauty Club
Bonus! Toward the Reward**

141 35

PLTF0737

AA4034

UCLA Health

PHYSICIAN SERVICES

Please Note: Your hospital will bill you separately for hospital services, this is for your professional fees only.

QUESTIONS?

TO PAY ONLINE, VISIT: myUCLAhealth.org
TO PAY BY PHONE: call 310-301-8860 Available 24/7

MAIL PAYMENT TO:

UCLA Medical Group Patient Pay
P.O. Box 748156
Los Angeles, CA 90074-8156

For billing questions or to make a payment, please contact us at 310.301.8860
Hours of operation: 7:00 a.m. to 7:00 p.m. PST weekdays (except holidays)

ACCOUNT SUMMARY

GUARANTOR NUMBER.....1001501261
STATEMENT DATE.....01/21/2021
FINANCIALLY RESPONSIBLE.....Emily Bellisario
CHARGES.....\$535.00
PAYMENTS.....\$120.65
ADJUSTMENTS.....\$369.35
INSURANCE RESPONSIBILITY.....\$0.00

YOUR RESPONSIBILITY TO PAY
\$45.00 DUE: 02/09/2021

PROVIDER	DATE OF SERVICE	PROCEDURE / DESCRIPTION	CHARGES	PATIENT PAYMENTS	INSURANCE BILLED/PAID	ADJUSTMENTS	PENDING INSURANCE	YOUR RESPONSIBILITY
For BELLISARIO, BLAKE at UCLA CHILDRENS HEALTH CTR								
Deborah Krakow, MD	12/07/20	99243-OFFICE CONSULT III	535.00	0.00-	120.65-	369.35-	0.00	45.00
		Total For Patient	535.00	0.00-	120.65-	369.35-	0.00	45.00

All Amounts Owed 45.00
Minimum Amount Due Now 45.00

	Current	30 Days	60 Days	90 Days	Over 120 Days
GUARANTOR RESPONSIBILITY	45.00	0.00	0.00	0.00	0.00
PENDING INSURANCE	0.00	0.00	0.00	0.00	0.00

UCLA Health

FS

TO PAY ONLINE, VISIT: myUCLAhealth.org

☐ Check this box if your address or insurance have changed. Indicate changes on the back of this page
MAKE CHECK OR MONEY ORDER PAYABLE TO: UCLA MEDICAL GROUP

USE ENCLOSED ENVELOPE TO MAIL PAYMENTS TO THE ADDRESS BELOW:

MAIL PAYMENT TO:
UCLA Medical Group Patient Pay
P.O. Box 748156
Los Angeles, CA 90074-8156

11*2919 1 MB 0.439*****AUTO**MIXED AADC 900**
Emily Bellisario
1913 Sondrio Dr
Las Vegas NV 89134-2593

1001501261000045000120216

IMPORTANT:

ABOUT YOUR PHYSICIAN ACCOUNT

If these charges are related to an Emergency Room or hospital-based physician services and you are uninsured or have high medical costs, please contact Customer Service at 310-301-8860 for information on discounts and programs for which you may be eligible, including the Medi-Cal program. If you have coverage, please let us so that we may bill your plan.

To help you better understand your UCLA Health physician's bill, please go to uclahealth.org/billing and watch our brief video.

Please remit your payment in full by going online, using our automated pay-by-phone feature, or mailing a check.

myUCLAhealth.org

To pay this bill online, go to uclahealth.org/GuestPay.

INSURANCE INFORMATION

Please confirm that this information is correct.
☐ If there are changes, and enter them on back of tear-off payment stub.

PRIMARY

INSURANCE NAME.....HEALTH PLAN OF NEVADA
POLICY NUMBER.....14016714702

SECONDARY

INSURANCE NAME.....NONE
POLICY NUMBER.....NONE

PLTF0738

AA4035

Amanda Roberts

From: Amanda Roberts
Sent: Tuesday, April 6, 2021 3:29 PM
To: efile; Stephanie Holland
Subject: Bellisario v. Bellisario (D-20-605263-D)

Importance: High

Dr. Holland:

We appeared before Judge Perry in the above referenced case today. I believe Judge Perry Ordered the following:

- THE COURT FURTHER ORDERS that each Party shall submit to a psychological evaluation. The Plaintiff shall pay for the Defendant's and the Defendant shall pay for Plaintiff. The failure of either Party to pay for the other Party's psychological evaluation shall not impede or impact the ability to move forward with the psychological evaluation that has been paid. The first choice for the psychological evaluation is Dr. Holland, and if she is not available then Dr. Holland shall submit three (3) names in alphabetical Order and Defendant shall have forty-eight (48) hours to select one of the providers and if he fails to do so then the middle name shall be used.
- THE COURT FURTHER ORDERS the purpose of using Dr. Holland is so that if a custody evaluation becomes necessary, she already have a portion completed through the psychological evaluation.

Are you available to do the psychological evaluations? If so, what is the cost for same per Party?

We have a return hearing scheduled on May 11, 2021, at 3:00 p.m.

Thank you,

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

Telephone No.: (702) 474-7007
Fax No.: (702) 474-7477

This communication is meant for the intended recipient and may contain confidential information. If you received this communication in error, please notify the sender and delete the communication.

Due to COVID-19 and Governor Sisolak's mandate for the closure of non-essential businesses, Roberts Stoffel Family Law Group will be engaging in social distancing and taking measure to limit contact with the public. That means that we are prohibited from in-person meetings with members of the public. The firm will remain operational at the present time, but we will be working remotely with limited services in the office. Therefore, all clients meeting and consultations will be made via telephone. We can be reached via telephone at (702) 474-7007.

Our hours will also be modified as follows: Mondays through Thursdays: 8:00 a.m. to 5:00 p.m., and Fridays: 8:00 a.m. to 4:00 p.m.

We truly apologize for any inconvenience that this has caused. As we try to work through this trying time, we will continue to provide legal services for our community to the greatest extent possible. It is very important during this time to ensure that you copy efile@lvfamilylaw.com on all emails so that your legal matters can be addressed by any staff member who is working during the limited hours of operation.

Amanda Roberts

From: Amanda Roberts
Sent: Tuesday, April 6, 2021 5:22 PM
To: 'Stephanie Holland'
Cc: efile; Front desk
Subject: RE: Bellisario v. Bellisario (D-20-605263-D)

Dr. Holland:

I just want to be clear that it is a psychological evaluation and not a full custody evaluation. Does the email below stand?

Thank you,

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

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Fax No.: (702) 474-7477

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From: Stephanie Holland <Drholland@desertpsynhv.com>
Sent: Tuesday, April 6, 2021 5:20 PM
To: Amanda Roberts <amanda@lvfamilylaw.com>
Cc: efile <efile@lvfamilylaw.com>; Front desk <Scheduling@desertpsynhv.com>
Subject: Re: Bellisario v. Bellisario (D-20-605263-D)

Good afternoon,

I am available BUT only if the evaluations are started by the end of next week. This only gives us about 3 weeks to conduct them.

Approximate cost is 4k/per evaluation; of course much depends on records and collaterals.

Thanks~

Dr. Holland

Stephanie Holland, Psy.D.

Dr. Stephanie Holland, Ltd. dba Desert Psychological
Board Member - Nevada State Board of Psychological Examiners

NV Licensed Psychologist , PSY0348
CO Licensed Psychologist , PSY0004844

3067 E. Warm Springs Rd.
Suite 100
Las Vegas, NV. 89120
(inside Longford Business Plaza)
(P) 702-650-6508 (F) 702-920-8865

CONFIDENTIALITY NOTICE: This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, and contain information intended for the specific individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or taking any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify me immediately by e-mail, and delete the original message and any attachments.

On Tue, Apr 6, 2021 at 4:28 PM Amanda Roberts <amanda@lvfamilylaw.com> wrote:

Dr. Holland:

We appeared before Judge Perry in the above referenced case today. I believe Judge Perry Ordered the following:

- THE COURT FURTHER ORDERS that each Party shall submit to a psychological evaluation. The Plaintiff shall pay for the Defendant's and the Defendant shall pay for Plaintiff. The failure of either Party to pay for the other Party's psychological evaluation shall not impede or impact the ability to move forward with the psychological evaluation that has been paid. The first choice for the psychological evaluation is Dr. Holland, and if she is not available then Dr. Holland shall submit three (3) names in alphabetical Order and Defendant shall have forty-eight (48) hours to select one of the providers and if he fails to do so then the middle name shall be used.
- THE COURT FURTHER ORDERS the purpose of using Dr. Holland is so that if a custody evaluation becomes necessary, she already have a portion completed through the psychological evaluation.

Are you available to do the psychological evaluations? If so, what is the cost for same per Party?

We have a return hearing scheduled on May 11, 2021, at 3:00 p.m.

Thank you,

Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

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Las Vegas, Nevada 89121

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Fax No.: (702) 474-7477

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Amanda Roberts

From: Amanda Roberts
Sent: Wednesday, April 14, 2021 3:45 PM
To: 'Stephanie Holland'; efile; Front desk
Subject: Bellisario v. Bellisario (D-20-605263-D)
Attachments: Court Minutes 040621.pdf; OAH 040821.doc

Dr. Holland and/or Hannah:

Please see the Court Minutes wherein, Dr. Holland was supposed to do the psychological evaluations. Mr. Bellisario has filed another Motion to Disqualify Judge Perry. As such, even if Mr. Bellisario signs the pending Order, there will likely be a delay in getting it finalized until the Order can be signed once a Judge is assigned (either Judge Perry or another Judge if she is disqualified). The draft of the Order After Hearing sent to Mr. Bellisario is attached.

- 04/08/2021 Motion for Relief

[View Document](#) Motion for Relief - MREL (FAM)

Comment

Defendant's Motion for Relief from Order After Hearing Regarding Hearing on January 25, 2021 and Motion for Leave to File Renewed Motion to Disqualify Judge Mary Perry

- 04/08/2021 Motion to Reconsider

[View Document](#) Motion to Reconsider - MRCN (FAM)

Comment

****No Designation Defendant's Motion to Reconsider Order Against Domestic Violence Entered April 6, 2021**

- 04/12/2021 Notice of Hearing

[View Document](#) Notice of Hearing - NOH (FAM)

Comment

Notice of Hearing

-

04/21/2021 Status Check

Hearing Time

2:00 AM

Comment

re: memo of fees and costs

-

04/21/2021 Status Check

Hearing Time

2:00 AM

Comment

re: R&R

05/11/2021 Return Hearing

Judicial Officer

Perry, Mary

Hearing Time

3:00 PM

Comment

RETURN HEARING RE: SUPERVISED VISITATIONS AT DONNA'S HOUSE

05/18/2021 Motion

Judicial Officer

Perry, Mary

Hearing Time

11:00 AM

Comment

Defendant's Motion for Relief from Order After Hearing Regarding Hearing on January 25, 2021 and Motion for Leave to File Renewed Motion to Disqualify Judge Mary Perry

Thank you,

Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

4411 S. Pecos Road

Las Vegas, Nevada 89121

Telephone No.: (702) 474-7007

Fax No.: (702) 474-7477

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D-20-605263-D

DISTRICT COURT
CLARK COUNTY, NEVADA

Divorce - Complaint

COURT MINUTES

April 06, 2021

D-20-605263-D Emily Bellisario, Plaintiff
vs.
Bradley John Bellisario, Defendant.

April 06, 2021 10:00 AM All Pending Motions

HEARD BY: Perry, Mary COURTROOM: Courtroom 23

COURT CLERK: Medina, Kyle

PARTIES PRESENT:

Emily Bellisario, Counter Defendant, Plaintiff, Present Amanda M Roberts, ESQ, Attorney, Present

Bradley John Bellisario, Counter Claimant, Defendant, Present Pro Se

Brayden Bellisario, Subject Minor, Not Present

Blake Bellisario, Subject Minor, Not Present

Brooklyn Bellisario, Subject Minor, Not Present

JOURNAL ENTRIES

MOTION...MOTION: PLTF'S NOTICE OF MOTION AND MOTION TO EXTEND PROTECTION ORDER, JOINING BRADLEY'S BUSINESS AS A PARTY TO THIS ACTION, APPOINT A RECEIVER FOR THE BUSINESS, DEEMING BRADLEY VEXATIOUS LITIGATION AND CONSOLIDATING CIVIL CASES TO THIS ACTION, MODIFYING LEGAL CUSTODY, MODIFYING VISITATION, FOR MENTAL HEALTH EVALUATION, FOR ORDER TO SHOW CAUSE AND TO HOLD BRADLEY IN CONTEMPT, TO REDUCE CHILD SUPPORT ARREARS TO JUDGEMENT, TO REDUCE TEMPORARY SUPPORT TO JUDGEMENT, FOR AN AWARD OF ATTORNEY'S FEES AND COSTS, AND RELATED RELIEF...MOTION:DEFENDANT'S MOTION FOR PROTECTIVE ORDER...OPPOSITION & COUNTERMOTION: PLTF'S OPPOSITION TO DEFT'S MOTION FOR RELIEF FROM AMENDED July 30,2020 ORDER, July 30,2020 ORDER AND October 22,2020 ORDER; AND COUNTERMOTION FOR AN AWARD OF ATTORNEY'S FEES AND COSTS...OPPOSITION & COUNTERMOTION: PLTF'S OPPOSITION TO DEFT'S MOTION FOR A PROTECTIVE ORDER: AND COUNTERMOTION FOR ATTORNEY'S FEES AND COSTS, AND RELATED RELIEF..

Court reviewed the history of the case and the pleadings on file. Parties SWORN and TESTIMONY given. Parties stated arguments in regards to the TPO case, the parties trust account and how the Defendant has not turned over records regarding to his finances. Further discussion regarding custody and visitation with the Minor Children, therapy and who shall be the therapist. Court noted that the Defendant has not paid any child support to the Plaintiff. Further discussion regarding the Defendant's Scram reports, proof of service and other relate issues.

Attorney Roberts discussed consolidating the parties case with the civil matter and Court stated that Family Court does have jurisdiction over this matter.

Printed Date: 4/14/2021

Page 1 of 2

Minutes Date:

April 06, 2021

Notice: Journal Entries are prepared by the courtroom clerk and are not the official record of the Court.

PLTF0751

AA4045

COURT stated its FINDINGS and ORDERED the following:

The Plaintiff shall have primary legal custody of the Minor Children. The Defendant shall temporarily have supervised visits with the Minor Children at Donna's House every Sunday at 9:00 am to 11:00 am. The Defendant's parents will be able to visit with the Minor Children Sunday April 11, 2021.

Motion to extend the TPO is GRANTED to May 2022.

Attorney Roberts shall give the Defendant 3 names of CPA's to do an audit on the Parties Trust account and the Defendant shall pick one. If the Defendant doesn't choose one the second name listed in alphabetical order shall be the appointed CPA.

The Defendant shall turn over his financial records to Attorney Roberts which was previously ordered by the Court. Attorney Roberts shall subpoena the banks that are under the Defendant's name .

Defendant's Motion for Protective Order is DENIED at this time. Plaintiff's motion to deem the Defendant Vexatious Litigation is DENIED, and the motion to consolidate the civil cases with this case is DENIED. Defendant's Motion for Order to show cause against Attorney Roberts is DENIED.

Order to show cause shall be DEFERRED until Trial. Attorney's fees and cost shall be DEFERRED to Trial. Child support arrears shall be DEFERRED to Trial.

The Defendant shall look for a job and submit to the Court a list with 10 jobs he has applied for every 2 weeks.

The parties shall both get a psych evaluation and pay for the other parties fees. Mr Holland shall be appointed and if he is unavailable he shall provide 3 names of other evaluators and the Defendant shall choose one.

The Defendant shall provide the Court and Attorney Roberts his SCRAM report every 2 weeks. The Defendant shall provide any documentation through her office's drop box.

Parties shall attach a certificate of service with any documents served to the other party and provide them to the Court.

Return Hearing SET for May 11, 2021 at 3:00pm. The Minute Order shall suffice, and a written Order is not required.

INTERIM CONDITIONS:

FUTURE HEARINGS:

Apr 07, 2021 1:30PM Status Check
Courtroom 20 Young, Jay

Apr 08, 2021 4:30PM Minute Order
Chambers Perry, Mary

May 11, 2021 3:00PM Return Hearing
Courtroom 23 Perry, Mary

May 18, 2021 11:00AM Motion
Courtroom 23 Perry, Mary

1 **ORDR**
2 Amanda M. Roberts, Esq.
3 State Bar of Nevada No. 9294
4 **ROBERTS STOFFEL FAMILY LAW GROUP**
5 4411 S. Pecos Road
6 Las Vegas, Nevada 89121
7 PH: (702) 474-7007
8 FAX: (702) 474-7477
9 EMAIL: efile@lvfamilylaw.com
10 Attorneys for Plaintiff, Emily Bellisario

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

13 EMILY BELLISARIO,) Case No: D-20-605263-D
14) Dept No: P
15 Plaintiff,)
16 v.)
17) **ORDER AFTER HEARING**
18 BRADLEY BELLISARIO,)
19)
20 Defendant.) Date of Hearing: April 6, 2021
21) Time of Hearing: 9:00 a.m.
22)
23)
24)
25)
26)
27)
28)

29 THIS MATTER having come before the Court on the 6th day of April,
30 2021, for multiple Motion hearings (See Notice of Rescheduling Hearings filed
31 on March 23, 2021). The Plaintiff, Emily Bellisario, being present and
32 represented, by and through her attorney of record, Amanda M. Roberts, Esq., of
33 Roberts Stoffel Family Law Group, and the Defendant, Bradley Bellisario, being
34 present in proper person.

35 ///

1 NOW THEREFORE,

2 THE COURT HEREBY FINDS that the Court will do everything possible to
3
4 protect the minor children.

5 THE COURT FURTHER FINDS that the Court will move this case forward
6
7 as quickly as possible.

8 NOW THEREFORE.

9 THE COURT HEREBY ORDERS that Plaintiff/Applicant's Protection
10 Order in Case No. T-20-206636-T, shall be extended until May 10, 2022 or until
11 Defendant's criminal case is completed.

12
13 THE COURT FURTHER ORDERS that Plaintiff's request to correct the
14 clerical error from the Order After Hearing from July 30, 2020, is granted. The
15 date related to the amount owed by Defendant to Plaintiff shall be July 30, 2019
16
17 rather than July 30, 2020.

18 THE COURT FURTHER ORDERS that the Defendant's business, Bellisario
19 Law, P.C., shall be joined as a Party to this action.

20
21 THE COURT FURTHER ORDERS that a receiver shall be appointed for
22 Defendant's business, Bellisario Law, P.C. Ms. Roberts shall provide Defendant
23 with three (3) names of attorneys who can act as receivers in alphabetical order and
24 Defendant shall have forty-eight (48) hours to select a name or the middle name
25

1 shall be selected. The receiver needs to be an attorney who deals with Trust
2 accounts, and shall manage the business and the funds held in the IOLTA account.

3 THE COURT FURTHER ORDERS that a CPA shall be appointed for
4 Defendant's business, Bellisario Law, P.C. Ms. Roberts shall provide Defendant
5 with three (3) names of accountants who can act as CPA in alphabetical order and
6 Defendant shall have forty-eight (48) hours to select a name or the middle name
7 shall be selected. The CPA shall complete an audit of the IOLTA account.
8

9 THE COURT FURTHER ORDERS that any monies found shall be
10 deposited into the IOLTA account for Roberts Stoffel Family Law Group.
11

12 THE COURT FURTHER ORDERS that Ms. Roberts shall be permitted to
13 submit the Plaintiff's Subpoenas to Nevada State Bank, Bank of Nevada, Bank of
14 America, Chase and Wells Fargo with a response deadline of May 14, 2021. Any
15 information that Ms. Roberts obtains via Subpoena regarding the Defendant's
16 business, Bellisario Law, P.C., shall be CONFIDENTIAL and shall not be released
17 to the Plaintiff, and Ms. Roberts shall not harass Defendant's clients.
18

19 THE COURT FURTHER ORDERS that Plaintiff's request to deem the
20 Defendant a vexatious litigant is denied.
21

22 THE COURT FURTHER ORDERS that Plaintiff's request to consolidate the
23 civil cases with this case is denied.
24
25
26
27
28

1 THE COURT FURTHER ORDERS that Plaintiff shall be deemed the
2 primary legal custodian of the minor children, to wit: Brayden Bellisario (DOB:
3 01/15/2015); Blake Bellisario (DOB: 11/20/2016); and Brooklyn Bellisario (DOB:
4 2/1/2018). As the primary legal custodian, Plaintiff shall have the ability to make
5 all medical decisions for the minor children, including mental health treatment.
6 However, the Parties shall continue to share joint legal custody on issues other than
7 medical decisions and mental health treatment.
8
9

10 THE COURT FURTHER ORDERS the Defendant shall do a work search
11 which shall be applying to ten (10) jobs per week, at his skill level, until he obtains
12 employment. The Defendant shall submit a report every two (2) weeks,
13 commencing April 20, 2021.
14

15 THE COURT FURTHER ORDERS that the Defendant shall be responsible
16 for contacting SCRAM and ensuring the Court and Ms. Roberts receive a report up
17 to this point, i.e., April 6, 2021, and every two (2) weeks thereafter.
18

19 THE COURT FURTHER ORDERS that the Defendant shall have supervised
20 visitation with the minor child at Donna's House on Sundays from 9:00 a.m. to
21 11:00 a.m. The Plaintiff shall pay the cost for the Defendant's visitation at Donna's
22 House. For the visit on Sunday, April 11, 2021, the Defendant's parents are
23 permitted to attend.
24
25
26
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28

1 THE COURT FURTHER ORDERS that each Party shall submit to a
2 psychological evaluation. The Plaintiff shall pay for the Defendant's and the
3 Defendant shall pay for Plaintiff. The failure of either Party to pay for the other
4 Party's psychological evaluation shall not impede or impact the ability to move
5 forward with the psychological evaluation that has been paid. The first choice for
6 the psychological evaluation is Dr. Holland, and if she is not available then Dr.
7 Holland shall submit three (3) names in alphabetical Order and Defendant shall
8 have forty-eight (48) hours to select one of the providers and if he fails to do so
9 then the middle name shall be used.
10

11
12 THE COURT FURTHER ORDERS the purpose of using Dr. Holland is so
13 that if a custody evaluation becomes necessary, she already have a portion
14 completed through the psychological evaluation.
15

16 THE COURT FURTHER ORDERS that the Plaintiff's request for an Order
17 to Show Cause against Defendant is deferred to Trial. Prior to Trial, Plaintiff shall
18 submit an Order to Show Cause to Court.
19

20 THE COURT FURTHER ORDERS that the Plaintiff's request to reduce
21 child support and spousal support arrears to judgment is deferred to Trial.
22

23 THE COURT FURTHER ORDERS that Defendant's Motion to Strike
24 Hearsay and Misrepresentations filed February 9, 2021, is deferred to Trial.
25

1 THE COURT FURTHER ORDERS that Defendant's request to set aside or
2 relief from the Orders related to the hearings on July 30, 2020, October 22, 2020
3 and November 24, 2020 is denied.
4

5 THE COURT FURTHER ORDERS that the Defendant's request for an
6 Order to Show Cause against Ms. Roberts is denied, as she is not a Party to the
7 action.
8

9 THE COURT FURTHER ORDERS that the Defendant's request for an
10 Order to Show Cause against the Plaintiff is deferred to Trial. Prior to Trial,
11 Defendant shall submit an Order to Show Cause to Court.
12

13 THE COURT FURTHER ORDERS a return hearing is scheduled on the
14 psychological evaluation outcome on May 11, 2021, at 3:00 p.m. If the
15 psychological evaluation is not completed, the Parties shall work together to
16 continue the hearing.
17

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The Parties are put on notice of the following provision of *NRS* §125C.006, which states:

(a) Attempt to obtain the written consent of the noncustodial parent to relocate with the child; and

(b) If the noncustodial parent refuses to give that consent, petition the court for permission to relocate with the child.

(a) Without having reasonable grounds for such refusal, or
(b) For the purpose of harassing the custodial parent.

Page 7 of 10

AA4053

1 Both Parties shall be bound by the provisions of *NRS* §125C.0045(6) which
2 states:

3
4 *PENALTY FOR VIOLATION OF ORDER: THE*
5 *ABDUCTION, CONCEALMENT OR DETENTION OF A*
6 *CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE*
7 *AS A CATEGORY D FELONY AS PROVIDED IN NRS §*
8 *193.130. NRS § 200.359 provides that every person having a*
9 *limited right of custody to a child or any parent having no right*
10 *of custody to the child who willfully detains, conceals or*
11 *removes the child from a parent, guardian or other person*
12 *having lawful custody or a right of visitation of the child in*
13 *violation of an order of this court, or removes the child from the*
14 *jurisdiction of the court without the consent of either the court*
15 *or all persons who have the right to custody or visitation is*
16 *subject to being punished for a category D felony as provided in*
17 *NRS §193.130.*

18 Pursuant to *NRS* §125C.0045(7), the terms of the Hague Convention of
19 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
20 International Law, apply if a parent abducts or wrongfully retains a child in a
21 foreign country.

22 The minor children's habitual residence is located in the United States of
23 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:

24 Section 7. In addition to the language required pursuant to subsection
25 6, all orders authorized by this section must specify that the terms of the
26 Hague Convention of October 25, 1980, adopted by the 14th Session of the
27 Hague Conference on Private International Law, apply if a parent abducts or
28 wrongfully retains a child in a foreign country.

Section 8. If a parent of the child lives in a foreign country or has
significant commitments in a foreign country:

1
2 (a) The parties may agree, and the Court shall include in the
3 Order for custody of the child, that the United States is the
4 country of habitual residence of the child for the purposes of
5 applying the terms of the Hague Convention as set forth in
6 Subsection 7.

7 (b) Upon motion of the parties, the Court may order the
8 parent to post a bond if the Court determines that the parent
9 poses an imminent risk of wrongfully removing or
10 concealing the child outside the country of habitual
11 residence. The bond must be in an amount determined by the
12 Court and may be used only to pay for the cost of locating the
13 child and returning him to his habitual residence if the child
14 is wrongfully removed from or concealed outside the country
15 of habitual residence. The fact that a parent has significant
16 commitments in a foreign country does not create a
17 presumption that the parent poses an imminent risk of
18 wrongfully removing or concealing the child.

19 The Parties are further put on notice that they are subject to the provisions of
20 *NRS* §31A and *NRS* § 125.450 regarding the collection of delinquent child support
21 payments.

22 The Parties are further put on notice that either Party may request a review of
23 child support pursuant to *NRS* §125B.145.

24 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
25 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
26 Division of the Department of Human Resources within ten (10) days from the date
27 the Decree in this matter is filed. Such information shall be maintained by the

1 Clerk in a confidential manner and not part of the public record. The Parties shall
2 update the information filed with the Court and the Welfare Division of the
3 Department of Human Resources within ten (10) days should any of that
4 information become inaccurate.
5

6 IT IS SO ORDERED.
7
8
9

10 Submitted this _____ day of
11 April, 2021.

Approved as to Content and Form:

12 **ROBERTS STOFFEL FAMILY**
13 **LAW GROUP**
14

15 By: _____
16 Amanda M. Roberts, Esq.
17 State of Nevada Bar No. 9294
18 4411 South Pecos Road
19 Las Vegas, Nevada 89121
20 PH: (702) 474-7007
21 FAX: (702) 474-7477
22 EMAIL: efile@lvfamilylaw.com
23 Attorneys for Plaintiff
24
25
26
27
28

By: _____
Bradley Bellisario
7100 Grand Montecito Pkwy., #2054
Las Vegas, Nevada 89149
PH: (702) 936-4800
FAX: (702) 936-4801
EMAIL: bradb@bellisariolaw.com
Defendant, in proper person

Amanda Roberts

From: Amanda Roberts
Sent: Wednesday, May 5, 2021 7:35 AM
To: 'Stephanie Holland'; Holli Miller
Cc: Scheduling Email; efile
Subject: RE: Bellisario v. Bellisario: Order for Psychological Evaluations

Dr. Holland:

The hearing is going forward. If you can just provide a status letter to the Court that would be helpful. Your staff reached out regarding communication from Bradley requesting copies of any communication in the case between our offices. As I do not think that communication is confidential, I believe that Bradley is entitled to same unless you have a differing opinion. Did Emily pay her entire retainer to start Bradley's evaluation?

Thank you,

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

Telephone No.: (702) 474-7007
Fax No.: (702) 474-7477

This communication is meant for the intended recipient and may contain confidential information. If you received this communication in error, please notify the sender and delete the communication.

Due to COVID-19 and Governor Sisolak's mandate for the closure of non-essential businesses, Roberts Stoffel Family Law Group will be engaging in social distancing and taking measure to limit contact with the public. That means that we are prohibited from in-person meetings with members of the public. The firm will remain operational at the present time, but we will be working remotely with limited services in the office. Therefore, all clients meeting and consultations will be made via telephone. We can be reached via telephone at (702) 474-7007.

Our hours will also be modified as follows: Mondays through Thursdays: 8:00 a.m. to 5:00 p.m., and Fridays: 8:00 a.m. to 4:00 p.m.

We truly apologize for any inconvenience that this has caused. As we try to work through this trying time, we will continue to provide legal services for our community to the greatest extent possible. It is **very important** during this time to ensure that you copy efile@lvfamilylaw.com on all emails so that your legal matters can be addressed by any staff member who is working during the limited hours of operation.

From: Stephanie Holland <Drholland@desertpsynhv.com>
Sent: Wednesday, May 5, 2021 6:46 AM

To: Holli Miller <holli@lvfamilylaw.com>
Cc: Scheduling Email <Scheduling@desertpsychnv.com>; Amanda Roberts <amanda@lvfamilylaw.com>; efile <efile@lvfamilylaw.com>
Subject: Re: Bellisario v. Bellisario: Order for Psychological Evaluations

Good morning,

On page 6 of the Order it states the return date for the evaluations is May 11th. I am assuming there will be a continuance?

Thanks in advance.
Dr. Holland

Stephanie Holland, Psy.D.
Dr. Stephanie Holland, Ltd. dba Desert Psychological
Board Member - Nevada State Board of Psychological Examiners

NV Licensed Psychologist , PSY0348
CO Licensed Psychologist , PSY0004844

3067 E. Warm Springs Rd.
Suite 100
Las Vegas, NV, 89120
(Inside Longford Business Plaza)
(P) 702-650-6508 (F) 702-920-8865

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On Tue, May 4, 2021 at 5:20 PM Holli Miller <holli@lvfamilylaw.com> wrote:

Dr. Holland,

Please see attached Order for psychological evaluations for both Parties.

The Plaintiff's contact information is: Emily Bellisario, 1913 Sondio Drive, Las Vegas, Nevada 89134.
Telephone: (702) 427-6745 and Email: 1emilybellisario@gmail.com

The Defendant's contact information is: Bradley Bellisario, 7100 Grand Montecito Pkwy, #2054, Las Vegas, NV 89149. T: 309.397.6734 and E: bradb@bellisariolaw.com

Upon your receipt and review, please advise if you need any additional information or records.

Thank you,

Holli Miller

Paralegal to Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

4411 S. Pecos Road

Las Vegas, Nevada 89121

Phone No.: (702) 474-7007

Fax No.: (702) 474-7477

www.lvfamilylaw.com

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Amanda Roberts

From: Stephanie Holland <Drholland@desertpsychnv.com>
Sent: Wednesday, May 5, 2021 2:04 PM
To: Amanda Roberts
Cc: Holli Miller; Scheduling Email; efile
Subject: Re: Bellisario v. Bellisario: Order for Psychological Evaluations

Yes, I do believe your client paid in full.
We will send all correspondence to Bradly.

Thank you,
Dr. Holland

Stephanie Holland, Psy.D.
Dr. Stephanie Holland, Ltd. dba Desert Psychological
Board Member - Nevada State Board of Psychological Examiners

NV Licensed Psychologist , PSY0348
CO Licensed Psychologist , PSY0004844

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Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

4411 S. Pecos Road

Las Vegas, Nevada 89121

Telephone No.: (702) 474-7007

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Stephanie Holland, Psy.D.

Dr. Stephanie Holland, Ltd. dba Desert Psychological

Board Member - Nevada State Board of Psychological Examiners

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Telephone: (702) 427-6745 and Email: 1emilybellisario@gmail.com

The Defendant's contact information is: Bradley Bellisario, 7100 Grand Montecito Pkwy, #2054, Las Vegas, NV 89149. T: 309.397.6734 and E: bradb@bellisariolaw.com

Upon your receipt and review, please advise if you need any additional information or records.

Thank you,

Holli Miller

Paralegal to Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

4411 S. Pecos Road

Las Vegas, Nevada 89121

Phone No.: (702) 474-7007

Fax No.: (702) 474-7477

www.lvfamilylaw.com

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Assessor Parcel No. 137-24-717-031

Return when recorded and mail tax statement to:
Emily Cardona
1913 Sondrio Drive
Las Vegas, NV 89134

Noble Title Escrow No: 15275-0212RR

R.P.T.T. \$997.05

Inst #: 201203280003899

Fee: \$19.00 N/C Fee: \$0.00

RPTT: \$997.05 Ex: #

03/28/2012 03:29:19 PM

Receipt #: 1112250

Requestor:

NOBLE TITLE

Recorded By: RNS Pgs: 4

DEBBIE CONWAY

CLARK COUNTY RECORDER

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH THAT FOR GOOD AND VALUABLE CONSIDERATION,
receipt of which is hereby acknowledged,

Mario Martinez and Laura J. Saville-Martinez, as Trustees of The Martinez Family Trust dated
May 31, 2000

does hereby GRANT, BARGAIN, SELL and CONVEY to

Emily Cardona, a single woman

all that real property situated in the Clark County, Nevada, described as follows:

The legal description of the real property is attached hereto as Exhibit A which is made a part hereof.

Commonly known as: 1913 Sondrio Drive, Las Vegas, NV 89134

Subject to:

1. All general and special taxes for the current fiscal year 2011-2012
2. Covenants, conditions, restrictions, reservations, rights, rights of way, and easements now of record.

TOGETHER with all tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

PLTF0773

AA4065

Executed as of 3/21/12

Martinez Family Trust dated May 31, 2000

BY: [Signature]
Mario Martinez, Trustee

BY: [Signature], Trustee
Laura J. Saville-Martinez, Trustee

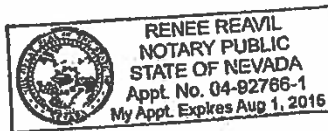
Laura J. Saville-Martinez, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

Before me, the undersigned, a Notary Public for the County of Clark, State of Nevada, personally appeared Mario Martinez and Laura J. Saville-Martinez, known to me to be the persons whose names are subscribed to the foregoing Grant, Bargain and Sale Deed, and they acknowledged that they executed the same for the purposes therein contained and in the capacities so designated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on 3/21/12

[Signature]
Notary Public
Renee Reavi



Aug 1, 2015

PLTF0774

AA4066

Exhibit A

PARCEL I:

Lot Twenty-nine (29) in Block Two (2) of INDIAN HILLS - UNIT 2, as shown by map thereof on file in Book 72 of Plats, Page 50, in the Office of the County Recorder of Clark County, Nevada.

PARCEL II:

An easement for ingress/egress, use and enjoyment over those portions delineated as "Common Elements" as shown by map thereof on file in Book 72 of Plats, Page 50, in the office of the County Recorder of Clark County, Nevada.

PLTF0775

AA4067

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor's Parcel Number(s)
a. 137-24-717-031
b. _____
c. _____

2. Type of Property

- | | |
|--|--|
| a. <input type="checkbox"/> Vacant Land | b. <input checked="" type="checkbox"/> Single Family |
| c. <input type="checkbox"/> Condo/Townhouse | d. <input type="checkbox"/> 2-4 Plex |
| e. <input type="checkbox"/> Apartment Building | f. <input type="checkbox"/> Commercial/Industrial |
| g. <input type="checkbox"/> Agricultural | h. <input type="checkbox"/> Mobile Home |
| Other _____ | |

FOR RECORDER'S OPTIONAL
USE ONLY

Book: _____
Page: _____
Date of
Recording: _____
Notes: _____

3. Total Value/Sales Price of Property: \$ 195,100.00
Deed in Lieu of Foreclosure Only (Value of Property): \$ _____
Transfer Tax Value: \$ 195,100.00
Real Property Transfer Tax Due: \$ 997.05
4. If Exemption Claimed
a. Transfer Tax Exemption, per NRS 375.090, Section _____
b. Explain Reason for Exemption: _____
5. Partial Interest - Percentage being Transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at a 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature

[Signature]

Capacity

Grantor

Signature

[Signature]

Capacity

Grantor

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: The Martinez Family Trust
Address: 125 Pinnacle Heights Lane
City/State/Zip: Las Vegas, NV 89144

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Emily Cardona
Address: 1913 Sandoz Drive
City/State/Zip: Las Vegas, NV 89134

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

NOBLE TITLE
4670 SOUTH FORT APACHE ROAD #180
LAS VEGAS, NV 89147

ESCROW NUMBER: 15275-0212RR
ESCROW OFFICER: Renee Reavil

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED

PLTF0776

AA4068

4/22/2021

Roberts Stoffel Family Law Group | Message Your Customers | Yelp for Business

for business

Roberts Stoffel Family Law Group

4411 South Pecos Rd
Las Vegas, NV 89121

> Brad B.'s 1 Star Review of Roberts Stoffel Family Law Group

Summerlin, Las Vegas, NV

11 friends

23 reviews

4/22/2021

Amanda Roberts, Esq. continuously commits fraud upon the court. If you're going against these people always read the court orders. They cherry pick facts which are never found by the court and attempt to have them validated by fraudulently placing them in court orders. This firm is well connected with questionable outsourced providers that are focused on continuing litigation at the expense of the children they're supposed to protect. Everything that is wrong with litigation all at one firm. Congratulations.

Provide great customer service and add a response within 24 hours.

- Yelp users are 33% more likely to upgrade their review if you respond with a personalized message within a day.
- If this review reads like a rant or is false, send a polite note presenting your side of the story and remember you never go wrong taking the high road.
- If you are upset give yourself some time to cool down or have another person proofread your response before you message the reviewer.

Your message:

About

Discover

Languages

Go mobile with the app for iOS and Android.



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https://biz.yelp.com/r2r/KkRG-pPZVhj5m8SQE2caNQ/respond/er4BwxdKqHWI0RYvEEQFaA?utm_medium=email&utm_source=yelp-main&utm_campaign=... 1/1

PLTF0784

AA4069

ELECTRONICALLY SERVED
5/12/2021 4:39 PM

MAY 12, 2021

Sent Via Electronic Service Only

Amanda Roberts
4411 S. Pecos Rd.
Las Vegas, NV 89121

RE: *Bellisario vs. Bellisario (D-20—605263-D)*

Ms. Amanda Roberts,

Please provide all contact information for the therapist you and your client have chosen to provide "treatment" to my son. As you are aware the court stated you are required to give me the information for the therapist. Please respond by 5:00 pm tomorrow.

Can't wait to hear from you, Moon Pie.

/s/ Bradley Bellisario
Bradley Bellisario
7100 Grand Montecito Pkwy, #2054
Las Vegas, NV 89149
T: 309.397.6734
E: bradb@bellisariolaw.com

PLTF0787

AA4070

From: bradley bellisario <bradb@bellisariolaw.com>
Sent: Thursday, May 13, 2021 2:29 PM
To: efile
Subject: D-20-605263-d

What's the therapist info? Waiting. I will price you're dirty. And Judge Perry. You're helping abuse my child. You won't get away with it.

Sent from my iPhone

ROBERTS STOFFEL FAMILY LAW GROUP

4411 S. Pecos Road
Las Vegas, Nevada 89121
Telephone: (702) 474-7007
Facsimile: (702) 474-7477
www.lvfamilylaw.com

ATTORNEY RETAINER AGREEMENT

Please read this Agreement, initial each page and sign the last page. Your signature on the document acknowledges that you have read this Agreement, understand the contents and agree to the terms and conditions contained herein. This Agreement will not take effect, and Roberts Stoffel Family Law Group will have no obligation to provide legal services, until the Client returns a signed copy of the Agreement and pays the retainer as described in the seven (7) pages of this contact ("Agreement").

This Agreement is entered between ROBERTS STOFFEL FAMILY LAW GROUP, ("Attorney") and Emily Bellisario ("Client"). As such this Agreement shall encompass the entire Attorney-Client Agreement as follows:

SCOPE AND DUTIES

Client is hiring attorney for the purpose of a divorce with children.

Attorney shall provide those legal services reasonable required to represent Client and shall take reasonable steps to keep Client informed of progress and to respond to Client's inquiries.

RETAINER

Client agrees to pay the sum of \$7,500.00 to Attorney as a retainer fee at the time Attorney is hired, which money is to be held in trust. Attorney retains the right to request a retainer at a later date. Client hereby authorizes Attorney to withdraw sums from the trust account to pay the costs, expenses and fees for legal services incurred in Client's case. At the end of each month, client shall receive a monthly billing statement which details the fees and itemizes the costs incurred. The retainer fee deposit is fully refundable. Any monies not used for costs, expenses, and fees for legal services will be refunded to the client at the conclusion of the case.

In addition to the initial retainer fee deposit, Attorney may at any time, require an additional deposit of retainer funds to secure payment in the matter.

Initials: EB

1

PLTF0793

AA4072

No portion of any "flat fee" specified in this Agreement for specific items will be refunded, even if the accrued costs and fees are less than the non-refunded fee.

Any client who requests a refund by means of crediting to their original credit card will be charged a \$15.00 charge and Client will be charged a \$25.00 fee for each returned check.

LEGAL FEES

Client agrees to pay for legal services at the following rates:

- \$375.00- Managing Attorneys
- \$375.00- Associate Attorneys
- \$150.00- Paralegal/Legal Assistant

All billing for time will be done in 1/10 of an hour (i.e., six minute) increments, and will round to the nearest such increment.

BILLING INCREMENTS	TIME
0.1	0-6 minutes
0.2	7-12 minutes
0.3	13-18 minutes
0.4	19-24 minutes
0.5	25-30 minutes
0.6	31-36 minutes
0.7	37-42 minutes
0.8	43-48 minutes
0.9	49-54 minutes
1.0	55-60 minutes

Client understand that Attorney fees will include all work completed or time required to attend to the matter including but not limited to preparation of documents, telephone contact with client and other persons involved in the action, travel time, deposition time, time required to review documents, trial preparation and other time utilized to tend to the matter.

Client authorizes Attorney to use associate counsel, legal assistants, or paralegals for such work on this case as Attorney might deem appropriate. Such persons shall be billed at their regular billing rate. Client acknowledges and agrees that such staff personnel may be utilized whenever deemed appropriate and directs Attorney to apportion work at Attorney's discretion so as to minimize costs and maximize effectiveness.

Under some circumstances, more than one member of the Attorney's staff may work on a matter for client simultaneously, in which case both members of Attorney's

Initials: gub

staff will bill for the time spent at the discretion of Attorney. An example would include attending trial or contested evidentiary hearing, during which time the participation of more than one person may be necessary to properly attend to Client's case.

The hourly rates quoted above are subject to increase from time to time. Attorney will give notice in writing at least thirty (30) days prior to any increase in hourly fees. Client understands that if Attorney continues to represent Client past the date of the increase, the new fees will be in effect and Client agrees to pay these increased fees for all services rendered thereafter.

The above mentions retainer does not release Client from fees and costs incurred on a monthly basis. Any fees and costs exceeding the initial retainer shall be billed to Client monthly. The monthly billing statement shall provide the client with a detailed description of the fees incurred and the costs accrued. Upon receipt of the bill, Client shall pay Attorney in full within 14 days. Should Client not pay the balance of the account in full within 14 days, interest at the rate of 18% annually (1 ½ percent per month) will be charged on any unpaid balance. The interest provision is not an Agreement to extend credit but is a method of compensating Attorney for delayed payment.

Any dispute as to the accuracy or validity of any billed charges, or requests for adjustment of any costs, expenses, or fees for legal services billed to Client must be made in writing to Attorney within thirty (30) days of the date of the statement containing that cost, expense, or fee for legal services. If Client does not do so within thirty (30) days of a billing statement, the statement will be conclusively presumed to be correct.

In other words, if Client does not contact Attorney in writing within thirty (30) days of a billing statement, Client will have irrevocably agreed that the statement is accurate and correct. Any person ever reviewing any dispute regarding charges on a billing statement is asked to honor this provision, since it is an essential term to Attorney's Agreement to represent Client in this case.

Should client fail to maintain Client's bill, Attorney is permitted to withdraw. Furthermore, Attorney may request for the Court to reduce the outstanding fees and costs to judgment at which time, Attorney may execute on the judgment by any and all legal means. Should Attorney be forced to withdraw for the matter and request the Court reduce outstanding fees and costs to judgment, Attorney may request and be permitted to receive the fee and costs incurred by the withdraw and judgment including but not limited to preparation for motion and other necessary documents, appearance time, costs associated with filing and executing on the judgment.

If Attorney files a lien to recover unpaid fees and/or costs incurred on Client's behalf, or if Client seeks to formally dispute Attorney's billings, by initiating mediation, arbitration, litigation, or fee dispute in any forum, all "write off" or "no charge" costs, expenses, and fees for legal services reflected on any statement to Client will revert to

Initials: ER

being fully billed, and be additional sums owed to Attorney by Client, in addition to the sum disputed by the Client.

In accordance with the Uniform Commercial Code, no payments made to Attorney for less than the full sum owed shall constitute payment in full, even if that notation is placed on the payment instructions, unless Attorney and Client both sign a written Agreement specifically permitting such payment to constitute a payment-in-full.

Client agrees to pay any fees and costs that are incurred by Attorney to collect fees, costs, or expense from Client, including reasonable attorney's fees.

Client agrees to pay any fees and costs that are incurred by Attorney to collect fees, costs, or expense from Client, including reasonable attorney's fees. In addition, client hereby agrees to pay a flat-fee cost of \$1,000.00 if attorney must file a motion to adjudicate a retaining lien and consents to the District Court's summary adjudication of attorney's retaining lien pursuant to Argentina Consolidated Mining Company v. Jolley Urra, et al, 216 P.3d 779.

Initials: *LR*

ADDITIONAL FEES AND COSTS:

Client shall be responsible for all costs and fees not included above which may be incurred in Client's case, including but not limited to: filing fees, fees for service of process, delivery charges, investigation costs, mediation, blood testing, pictures, depositions, and other transcription charges, translations, witness fees, jury fees, doctor, accountant, engineer or witness fees deemed necessary by the Attorney and miscellaneous extraordinary costs such as copying, fax, postage and other mailing expenses, and long distance telephone calls. Filing fees for Court are to be paid directly to Attorney and must be paid prior to the filing of any papers.

LIEN

Client hereby grants Attorney a lien on any and all Clients or causes of action that are related to the subject of Attorney's representation under this Agreement. Attorney's lien will be for any such sum due and owing to Attorney at the conclusion of Attorney's services. The lien will attach to any recovery Client may obtain, whether by arbitration award, judgment, settlement, or otherwise. Any amounts received by Attorney's office on Client's behalf may be used to pay Client's account.

Attorney will retain possession of Client's file and all information therein until full payment of all costs, expenses, and fees for legal services, subject to turnover or destruction of the file as set out herein above.

111

Initials: *LR*

CONTACT AND COMMUNICATIONS

Attorney shall take all steps reasonable to assure Client is informed at all times as to the status of their matter and as to the future steps necessary in their matter. Attorney shall provide Client with a copy of all documents, correspondence and filings, to which they are permitted by the Court. Attorney encourages Client to maintain all copies provided to them by Attorney. Attorney is permitted to utilize all means of communication including but not limited to email, telephone, cellular telephone, facsimile, and mailing unless otherwise advised by Client.

Client agrees to make themselves available to Attorney when requested and to immediately advise Attorney of a change of telephone number, address, employment and/or contact information.

COURT ORDERED FEES:

Attorney reserves the right to seek an order from the Court (under circumstances deemed appropriate by the Court) for an award of attorney fees to be paid by the Adverse Party based upon the reasonable value of Attorney's services (as determined by the Court). If the Court makes an award of fees in excess of the amount charges to Client, and the allowed fees are in fact paid, Attorney agrees to refund Client the amount charges for services which were the subject of the Court order. Attorney will be entitled to keep the balance. Client will still be obligated to pay Attorney the total attorney's fees accrued if the Court denied the application, and Client will be also required to pay for services rendered which were not included in the application to the Court. Any Attorney's fees directed to be paid by Client to Adverse Party shall be paid directly to Adverse Party's attorney by Client. If adverse party is obligated to pay attorney fees, said attorney fees are to be paid directly to Attorney.

WITHDRAW OF ATTORNEY

Client may discharge Attorney at any time, although Client understands that Court rules might still require Attorney to file a motion to withdraw. Attorney may withdraw at any time at Attorney's discretion. In such circumstance, Client agrees to sign the documents necessary to permit Attorney to withdraw.

Client understands that Attorney may exercise Attorney's right to withdraw based upon client misrepresenting or fails to disclose material facts to Attorney, fails to cooperate and participate as directed by Attorney or the court or any division of the court, for failure to pay fees when due, for failure to keep Attorney advised for additional services, or if Client fails to maintain contact with Attorney and keep Attorney advised of Client's current home and work addresses and telephone numbers. Furthermore, Attorney reserves the right to withdraw from this matter if Client fails to honor this Agreement or for any reason as permitted or required under Nevada Code of Professional Conduct or as permitted by the Eighth Judicial District Court or Federal Court. Client

Initials: GP

5

PLTF0797

AA4076

further agrees to be punctual in keeping appointments and to inform attorney immediately when appointment must be cancelled.

After payment of all sums due and upon Client's request, Attorney will deliver Client's file (other than Attorney's personal notes, briefs and work product that Attorney elects to retain) to Client, along with any Client funds or property in Attorney's possession. If Attorney is not instructed otherwise, Client's file will be kept in Attorney office for a limited time after completion of the case, and then sent to off-site storage, where it will be held for a period not exceeding seven years.

Either Party may terminate this Agreement by giving written notice to the other. Client may terminate Attorney's services at any time, for any reason. Client must give Attorney sufficient notice that Attorney may prepare appropriate documents. Client will be required to pay all Attorney's fees owing at time of termination of Attorney's services as well as for time expenses to substitute counsel, or to prepare a Motion to Withdraw and for Attorney's Lien and appear in Court to obtain permission to withdraw as counsel for Client. In the event fees or costs are owing to ROBERTS STOFFEL FAMILY LAW GROUP at any time during or after representation, Client agrees that Attorney shall have a lien on any and all claims causes of action on which Attorney was working; on all funds or property which has been or is later received; and on all files and work papers produced by Attorney.

DISCLAIMER OF GUARANTEE; TOTAL FEES AND COSTS; TAX CONSEQUENCES.

Nothing in this Agreement and nothing in Attorney's statements to Client will be construed as a promise or guarantee about the outcome of Client's matter. Attorney makes no such promise or guarantees. Attorney's comments about the outcome of Client's matter, if any, are expressions of opinion only.

It is understood that it is impossible to predict how long a case will take, how much it will cost or what the resulting outcome may be. Attorney does not make and has not made any guarantees to Client about the length or expense of Client's case. Attorney has not and will not make and/or guarantee as to the outcome of Client's case. Client has been informed and acknowledges that it is quite likely that the costs, expenses, and fees for legal services incurred in Client's case will exceed the initial retainer fee deposit.

No advice is given regarding tax consequences, and Attorney specifically is not provided tax advice, although questions relating to tax matters may very well come up during the course of the case. Client agrees to seek tax advice elsewhere, and to hold Attorney harmless for any tax effect.

\\

\\

Initials: WB

SEVERABILITY

The provision of this Agreement is severable. This means that if one or more provisions of this Agreement are found to be void or unenforceable for any reason, the remaining provisions of this Agreement will still apply.

FEE DISPUTE

If a dispute arises, the fee Agreement shall be interpreted under Nevada law enforced only in Nevada Courts, and the prevailing Party shall be entitled to reasonable attorney's fees and costs. This Agreement is binding on your successors and shall not be modified except in writing signed by both the Attorney and Client.

This Agreement is entered into in accordance with the law of the State of Nevada, and Nevada law will apply to any questions relating to the meaning of any provisions of this Agreement.

Client hereby agrees that he/she has been afforded the opportunity to consult independent counsel to review said Retainer Agreement and to have any and all questions or concerns answered and has either done so or has waived his/her right of same.

Initials: EB

CLIENT INFORMATION:

Full Name:	Emily Bellisario
Street Address:	1913 Sondio Drive
City/State/Zip Code:	Las Vegas, Nevada 89134
Date of Birth:	11/01/1985
SSN:	
Email Address:	<u>1emilybellisario@gmail.com</u>

CLIENT

ROBERTS STOFFEL FAMILY
LAW GROUP

EB
Emily Bellisario

Amanda M. Roberts
Amanda M. Roberts, Esq.

Date

Date

Initials: EB

7

PLTF0799

AA4078

Nevada
Appellate Courts

Appellate Case Management System

Click the browser based CSS for Appellate Courts

Find Case...

Cases
Case Search
Participant Search

Disclaimer: The information and documents available here should not be relied upon as an official record of action. Only filed documents can be viewed. Some documents received in a case may not be available for viewing. Some documents originating from a lower court, including records and appendices, may not be available for viewing. For official records, please contact the Clerk of the Supreme Court of Nevada at (775) 684-1600.

Combined Case Information: 82922

Short Caption:	IN RE: DISCIPLINE OF BRADLEY J. BELLISARIO	Court:	Supreme Court
Lower Court Case(s):	NONE	Classification:	Bar Matter - Discipline - Petition
Disqualifications:		Case Status:	Disposition Filed
Replacement:		Panel Assigned:	En Banc
To SP/Judge:		SP Status:	
Oral Argument:		Oral Argument Location:	
Submission Date:		How Submitted:	

+ Party Information

- Due Items

Due Date	Status	Due Item	Due From
07/19/2021	Open	Remittitur	

Docket Entries

Date	Type	Description	Pending?	Document
05/18/2021	Filing Fee	Filing Fee Waived. Bar Matter/Bar Discipline. (SC)		
05/18/2021	Petition/Bar	Filed Petition for Temporary Suspension of Attorney and Restriction of Funds. (SC).		
06/22/2021	Order/Dispositional Bar	Filed Order Imposing Temporary Suspension and Restricting Handling of Client Funds. "Accordingly,		

caseinfo.nvsupremecourt.us/public/caseView.do?caseID=81576&combined=true

1/2

PLTF0844

6/23/2021

82922: Case View

attorney Bradley Bellisario is temporarily suspended from the practice of law, pending the resolution of formal disciplinary proceedings against him." In addition, pursuant to SCR 102(4)(b) and (c) we impose the following conditions on Bellisario's handling of funds entrusted to him: 1. All proceeds from Bellisario's practice of law and all fees and other funds received from or on behalf of his clients shall, from the date of service of this order, be deposited into a trust account from which no withdrawals may be made by Bellisario except upon written approval of bar counsel; and . Bellisario is prohibited from withdrawing any funds from any and all accounts in any way relating to his law practice, including but not limited to his general and trust accounts, except upon written approval of bar counsel. En Banc. (SC).

Filed Notice to the Courts No 82922. (SC)

06/23/2021 Notice/Incoming

Original Case View

Colleen O'Brien

From: efilingmail@tylerhost.net
Sent: Thursday, June 10, 2021 1:02 PM
To: efile
Subject: Notification of Service for Case: D-20-605263-D, Emily Bellisario, Plaintiffvs.Bradley John Bellisario, Defendant. for filing Service Only, Envelope Number: 8028654

Notification of Service



Case Number: D-20-605263-D
Case Style: Emily Bellisario, Plaintiffvs.Bradley
John Bellisario, Defendant.
Envelope Number: 8028654

This is a notification of service for the filing listed. Please click the link below to retrieve the submitted document.

Filing Details	
Case Number	D-20-605263-D
Case Style	Emily Bellisario, Plaintiffvs.Bradley John Bellisario, Defendant.
Date/Time Submitted	6/10/2021 1:01 PM PST
Filing Type	Service Only
Filing Description	Letter to Amanda "Sea Cow" Roberts
Filed By	Bradley Bellisario
Service Contacts	Emily Bellisario: Amanda Roberts (efile@lvfamilylaw.com) Bradley John Bellisario: Bradley Bellisario (bradb@bellisariolaw.com) Bradley John Bellisario: Bradley Bellisario (bradb@bellisariolaw.com) Other Service Contacts not associated with a party on the case:

	Linda Bell (dept07lc@clarkcountycourts.us)
--	--

Document Details	
Served Document	Download Document
This link is active for 30 days.	



Debbie Conway
Clark County Recorder
(702) 455-4336

Aptitude
Clark County, NV Transaction
#: 1814636

Receipt #: 1633700
Cashier Date: 5/29/2013 2:15:29 PM
(JACKSM)



Print Date:
5/29/2013 2:17:28 PM

Customer Information	Transaction Information	Payment Summary
EMILY CARDONA 1913 SONDRIO DR LAS VEGAS, NV 89134	Received: FRONT COUNTER Returned: PICKUP Type: Recording Track #: Bin #:	Total Fees \$17.00 Total Payments \$17.00

1 Payments	
CREDIT 1917582 (The total third party costs that include 2% plus \$1.25 processing are not shown on this receipt)	\$17.00

1 Recorded Items	
(H) HOMESTEAD	Instrument #: 201305290002456 BK/PG: 0/0 Date: 05/29/2013 14:04:54
Official Records Fee	1 \$17.00

0 Search Items

0 Miscellaneous Items

Home Stead



Debbie Conway
Clark County Recorder
(702) 455-4336

Aptitude
Clark County, NV Transaction
#: 1814636

Receipt #: 1633700
Cashier Date: 5/29/2013 2:15:29 PM
(JACKSM)



Print Date:
5/29/2013 2:15:32 PM

Customer Information	Transaction Information	Payment Summary
EMILY CORDONA 1913 SONDRIO DR LAS VEGAS, NV 89134	Received: FRONT COUNTER Returned: PICKUP Type: Recording Track #: Bin #:	Total Fees \$17.00 Total Payments \$17.00

1 Payments

CREDIT 1917582 (The total third party costs that include 2% plus \$1.25 processing are not shown on this receipt)	\$17.00
---	---------

1 Recorded Items

(H) HOMESTEAD	<i>Instrument #: 201305290002456 BK/PG: 0/0</i> <i>Date: 05/29/2013 14:04:54</i>
Official Records Fee	1 \$17.00

0 Search Items

0 Miscellaneous Items

DECLARATION OF HOMESTEAD

Assessor's Parcel Number (APN):

127-24-717-031 or

Assessor's Manufactured Home ID Number:

Recording Requested by and Mail to:

Name: Emily Cardona

Address: 1913 Sordio Dr.

City/State/Zip: Las Vegas, NV 89134

Inst #: 201305290002456

Fees: \$17.00

N/C Fee: \$0.00

05/29/2013 02:04:54 PM

Receipt #: 1633700

Requestor:

EMILY CARDONA

Recorded By: JACKSM Pgs: 1

DEBBIE CONWAY

CLARK COUNTY RECORDER

Check One:

- ☐ Married (filing jointly) ☐ Married (filing individually)
☐ Widowed ☒ Single Person ☐ Multiple Single Persons ☐ Head of Family
☐ By Wife (filing for joint benefit of both) ☐ By Husband (filing for joint benefit of both)
☐ Other (describe): _____

Check One:

- ☒ Regular Home Dwelling/Manufactured Home ☐ Condominium Unit ☐ Other

Name on Title of Property:

Emily Cardona

do individually or severally certify and declare as follows:

is/are now residing on the land, premises (or manufactured home) located in the city/town of Las Vegas, County of Clark, State of Nevada, and more particularly described as follows: (set forth legal description and commonly known street address or manufactured home description)

Indian Hills - Unit 2 Plat Book 72 Page 50
Lot 29 Block 2

I/We claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described manufactured home as a Homestead.

In witness, Whereof, I/we have hereunto set my hand/our hands this 29 day of May, 2013

Signature

Print or type name here

Emily Cardona

Signature

Print or type name here

STATE OF NEVADA, COUNTY OF Clark

before me on 5/29/13

This instrument was acknowledged

By

Emily Cardona

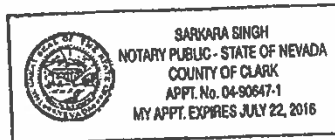
Person(s) appearing before notary

By

Person(s) appearing before notary

Signature of notarial officer

Notary Seal



CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE.

NOTE: Do not write in 1-inch margin. Rev.Feb 2010

PLTF0850

AA4085

DECLARATION OF HOMESTEAD

FOR RECORDING STAMP

Assessor's Parcel Number (APN): _____

or

Assessor's Manufactured Home ID Number: _____

DO NOT WRITE
IN THIS AREA

Recording Requested by and Mail to:

Name: _____

Address: _____

City/State/Zip: _____

Check One:

- ☐ Married (filing jointly) ☐ Married (filing individually)
☐ Widowed ☐ Single Person ☐ Multiple Single Persons ☐ Head of Family
☐ By Wife (filing for joint benefit of both) ☐ By Husband (filing for joint benefit of both)
☐ Other (describe): _____

Check One:

- ☐ Regular Home Dwelling/Manufactured Home ☐ Condominium Unit ☐ Other

Name on Title of Property: _____

do individually or severally certify and declare as follows:

is/are now residing on the land, premises (or manufactured home) located in the city/town of _____, County of _____, State of Nevada, and more particularly described as follows: (set forth legal description and commonly known street address or manufactured home description)

I/We claim the land and premises hereinabove described, together with the dwelling house thereon, and its appurtenances, or the described manufactured home as a Homestead.

In witness, Whereof, I/we have hereunto set my hand/our hands this _____ day of _____, 20____.

Signature

Print or type name here

Signature

Print or type name here

STATE OF NEVADA, COUNTY OF _____ This instrument was acknowledged before me on _____

(date)

Notary Seal

By _____
Person(s) appearing before notary

By _____
Person(s) appearing before notary

Signature of notarial officer

CONSULT AN ATTORNEY IF YOU DOUBT THIS FORM FITS YOUR PURPOSE.

NOTE: Do not write in 1-inch margin. Rev.Feb 2010

PLTF0851

AA4086

PARCEL 137-24-717-031 TAX DIST- 200 DOC#- 20120328:03899 DATE- 03/28/2012
----- ASSESSOR DESCRIPTION ----- (1) OWNER ----- MULTI- 01 VESTING- NS
INDIAN HILLS-UNIT 2 CARDONA EMILY
PLAT BOOK 72 PAGE 50 1913 SONDRIO DR
LOT 29 BLOCK 2 LAS VEGAS NV 89134-2593

RP- R BEAJ
GEO ID- PT N2 SE4 SEC 24 20 59 NBRHOOD- 200 LAND USE/CAP 1-10-0-0-1 1
LOCATION- 1913 SONDRIO DR LV
COMMENT- APPRAISAL YR-2012
LAST UPDATE- 11/05/2012 BATCH- B-2012-09400-2014 04/03/2012 YR CONSTRUCTED-1997
12-13 PP SUPL- 12-13 TR SUPL VAL- SALES- 195100 R 03/12
***** ASSESSED VALUES *****
GROSS LAND/IMP
YEAR -ACRES- LAND IMP PERS EXEMPT ASSESSED TAXABLE
2012-13 .12 10500 57526 0 0 68026 194360
2013-14 .12 10500 62049 0 0 72549 207283

----- APPRAISAL INFORMATION -----
LIV SQFT- 2276 BMT-NO GARAGE- 464 C/P- TYPE OF CONST- FRAME STUCCO
1STFL- 1134 BED- 3 POOL- YES SPA- YES FIRE- 1 TYPE(STORIES)- TWO STORY
2NDFL- 1142 BATH- 2 FULL 1 HALF ADDN/CONV- NO ROOF TYPE- CONCRETE TILE

PCL7 137-24-717- PCL 137-24-717-031 CL4 137-24-717-031I037



RESIDENTIAL PURCHASE AGREEMENT

(Joint Escrow Instructions and Earnest Money Receipt)

Date: February 21, 2012

Emily Cardona ("Buyer"), hereby offers to purchase
1913 SONDRIO DR ("Property"),
within the city or unincorporated area of Las Vegas, County of Clark,
State of Nevada, Zip 89134, A.P.N. # _____ for the purchase price of \$ 195,100
(One hundred ninety-five thousand one hundred dollars) ("Purchase Price") on the terms
and conditions contained herein:
BUYER ☒ does -OR- ☐ does not intend to occupy the Property as a residence.

Buyer's Offer

1. FINANCIAL TERMS & CONDITIONS:

\$ 2500 A. EARNEST MONEY DEPOSIT ("EMD") is ☐ presented with this offer -OR- ☐ _____

(NOTE: It is a felony in the State of Nevada-punishable by up to four years in prison and a \$5,000 fine-to write a check for which there are insufficient funds. NRS 193.130(2)(d).)

\$ N/A B. ADDITIONAL DEPOSIT to be placed in escrow on or before (date) _____. The
additional deposit ☐ will -OR- ☐ will not be considered part of the EMD. (Any conditions on the additional
deposit should be set forth in Section 28 herein.)

\$ 150,000 C. THIS AGREEMENT IS CONTINGENT UPON BUYER QUALIFYING FOR A NEW LOAN ON
THE FOLLOWING TERMS AND CONDITIONS:
☒ Conventional, ☐ FHA, ☐ VA, ☐ Other (specify) _____.
Interest: ☐ Fixed rate, _____ years -OR- ☐ Adjustable Rate, _____ years. Initial rate of interest not to
exceed _____ %. Initial monthly payment not to exceed \$ _____, not including taxes, insurance
and/or PMI or MIP.

\$ N/A D. THIS AGREEMENT IS CONTINGENT UPON BUYER QUALIFYING TO ASSUME THE
FOLLOWING EXISTING LOAN(S):
☐ Conventional, ☐ FHA, ☐ VA, ☐ Other (specify) _____.
Interest: ☐ Fixed rate, _____ years -OR- ☐ Adjustable Rate, _____ years. Initial rate of interest not to
exceed _____ %. Monthly payment not to exceed \$ _____, not including taxes, insurance and/or PMI or MIP.

\$ N/A E. BUYER TO EXECUTE A PROMISSORY NOTE SECURED BY DEED OF TRUST PER TERMS
IN "FINANCING ADDENDUM."

\$ 42,600 F. BALANCE OF PURCHASE PRICE (Balance of Down Payment) in Good Funds to be paid prior to
Close of Escrow ("COE").

\$ 195,100 G. TOTAL PURCHASE PRICE. (This price DOES NOT include closing costs, prorations, or other fees
and costs associated with the purchase of the Property as defined herein.)

Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona BUYER(S) INITIALS: EC / _____

Property Address: 1913 SONDRIO DR SELLER(S) INITIALS: _____ / _____

Rev. 12/11

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Page 1 of 11

PLTF0853

AA4088

1 2. **ADDITIONAL FINANCIAL TERMS & CONTINGENCIES:**

2 A. **NEW LOAN APPLICATION:** Within 1 business days of Acceptance, Buyer agrees to (1) submit a
3 completed loan application to a lender of Buyer's choice; (2) authorize ordering of the appraisal (per lender's requirements);
4 and (3) furnish a preapproval letter to Seller based upon a standard factual credit report and review of debt to income ratios. If
5 Buyer fails to complete any of these conditions within the applicable time frame, Seller reserves the right to terminate this
6 Agreement. In such event, both parties agree to cancel the escrow and return EMD to Buyer. Buyer

7 ☒ does -OR- ☐ does not

8 authorize lender to provide loan status updates to Seller's and Buyer's Brokers, as well as Escrow Officer. Buyer agrees to use
9 Buyer's best efforts to obtain financing under the terms and conditions outlined in this Agreement.

10
11 B. **CASH PURCHASE:** Within N/A business days of Acceptance, Buyer agrees to provide written evidence
12 from a bona fide financial institution of sufficient cash available to complete this purchase. If Buyer does not submit the
13 written evidence within the above period, Seller reserves the right to terminate this Agreement.

14
15 C. **APPRAISAL:** If an appraisal is required as part of this agreement, or requested by Buyer, and if the
16 appraisal is less than the Purchase Price, the transaction will go forward if (1) Buyer, at Buyer's option, elects to pay the
17 difference and purchase the Property for the Purchase Price, or (2) Seller, at Seller's option, elects to adjust the Purchase Price
18 accordingly, such that the Purchase Price is equal to the appraisal. If neither option (1) or (2) is elected, then Parties may
19 renegotiate; if renegotiation is unsuccessful, then either Party may cancel this Agreement upon written notice, in which event
20 the EMD shall be returned to Buyer.

21
22 3. **SALE OF OTHER PROPERTY:**

23 This Agreement

24 ☒ is not -OR-

25 ☐ is contingent upon the sale (and closing) of another property which address is

26
27 Said Property

28 ☐ is currently listed

29 ☐ is not -OR- ☐ is

30 presently in escrow with

31 Escrow Number: . Proposed Closing Date: .

32
33 When Buyer has accepted an offer on the sale of this other property, Buyer will promptly deliver a written notice of the sale to
34 Seller. If Buyer's escrow on this other property is terminated, abandoned, or does not close on time, this Agreement will
35 terminate without further notice unless the parties agree otherwise in writing. If Seller accepts a bona fide written offer from a
36 third party prior to Buyer's delivery of notice of acceptance of an offer on the sale of Buyer's property, Seller shall give Buyer
37 written notice of that fact. Within three (3) days of receipt of the notice, Buyer will waive the contingency of the sale and
38 closing of Buyer's other property, or this Agreement will terminate without further notice. In order to be effective, the waiver
39 of contingency must be accompanied by reasonable evidence that funds needed to close escrow will be available and Buyer's
40 ability to obtain financing is not contingent upon the sale and/or close of any other property.

41
42 4. **FIXTURES AND PERSONAL PROPERTY:** The following items will be transferred, free of liens, with the sale of
43 the Property with no real value unless stated otherwise herein. Unless an item is covered under Section 7(E) of this Agreement,
44 all items are transferred in an "AS IS" condition.

45 A. All EXISTING fixtures and fittings including, but not limited to: electrical, mechanical, lighting, plumbing
46 and heating fixtures, ceiling fan(s), fireplace insert(s), gas logs and grates, solar power system(s), built-in appliance(s),
47 window and door screens, awnings, shutters, window coverings, attached floor covering(s), television antenna(s),
48 satellite dish(es), private integrated telephone systems, air coolers/conditioner(s), pool/spa equipment, garage door
49 opener(s)/remote control(s), mailbox, in-ground landscaping, trees/shrub(s), water softener(s), water purifiers, security
50 systems/alarm(s);

51
52 B. The following additional items of personal property: As per MLS# 1215615 on 2/21/2012

53
54

Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona

BUYER(S) INITIALS: ec

Property Address: 1913 SONDRIQ DR

SELLER(S) INITIALS: /

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1 5. ESCROW:

2 A. OPENING OF ESCROW: The purchase of the Property shall be consummated through Escrow
3 ("Escrow"). Opening of Escrow shall take place by the end of one (1) business day after execution of this Agreement
4 ("Opening of Escrow"), at Noble Title title or escrow company ("Escrow Company" or
5 "ESCROW HOLDER") with sellers choice ("Escrow Officer") (or such other escrow officer as
6 Escrow Company may assign). Opening of Escrow shall occur upon Escrow Company's receipt of this fully accepted
7 Agreement and receipt of the EMD (if applicable). ESCROW HOLDER is instructed to notify the Parties (through their
8 respective Brokers) of the opening date and the Escrow Number.

9
10 B. EARNEST MONEY: Upon Acceptance, Buyer's EMD as shown in Section 1(A), and 1(B) if applicable, of
11 this Agreement, shall be deposited per the Earnest Money Receipt Notice and Instructions contained herein.

12
13 C. CLOSE OF ESCROW: Close of Escrow ("COE") shall be on (date) March 23, 2012
14 If the designated date falls on a weekend or holiday, COE shall be the next business day.

15
16 D. IRS DISCLOSURE: Seller is hereby made aware that there is a regulation which became effective January
17 1, 1987, that requires all ESCROW HOLDERS to complete a modified 1099 form, based upon specific information known
18 only between parties in this transaction and the ESCROW HOLDER. Seller is also made aware that ESCROW HOLDER is
19 required by federal law to provide this information to the Internal Revenue Service after COE in the manner prescribed by
20 federal law.

21
22 E. FIRPTA: If applicable (as designated in the Seller's Response herein), Seller agrees to complete, sign, and
23 deliver to ESCROW HOLDER a certificate indicating whether Seller is a foreign person or a nonresident alien pursuant to the
24 Foreign Investment in Real Property Tax Act (FIRPTA). A foreign person is a nonresident alien individual; a foreign
25 corporation not treated as a domestic corporation; or a foreign partnership, trust or estate. A resident alien is not considered a
26 foreign person under FIRPTA. Additional information for determining status may be found at www.irs.gov. Buyer and Seller
27 understand that if Seller is a foreign person then the Buyer must withhold a tax in an amount to be determined by ESCROW
28 HOLDER in accordance with FIRPTA, unless an exemption applies. Seller agrees to sign and deliver to the ESCROW
29 HOLDER the necessary documents, to be provided by the ESCROW HOLDER, to determine if withholding is required. (See
30 26 USC Section 1445).

31
32 6. TITLE INSURANCE: Upon COE, Buyer will be provided with the following type of title insurance policy:
33 ☐ CLTA; ☐ ALTA-Residential; -OR- ☐ ALTA-Extended (including a survey, if required).

34
35 7. PRORATIONS, FEES AND EXPENSES (Check appropriate box):

36 A. TITLE AND ESCROW FEES:

37 TYPE	PAID BY SELLER	PAID BY BUYER	50/50	N/A
38 Escrow Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39 Lender's Title Policy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Owner's Title Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Real Property Transfer Tax	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43
44 B. PRORATIONS:

45 TYPE	PAID BY SELLER	PRORATE	N/A
46 CIC (Common Interest Community) Assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47 CIC Periodic Fees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48 SIDs / LIDs / Bonds / Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 Sewer Use Fees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50 Trash Service Fees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 Real Property Taxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

53
54 All prorations will be based on a 30-day month and will be calculated as of COE. Prorations will be based upon figures
55 available at closing. Any supplementals or adjustments that occur after COE will be handled by the parties outside of Escrow.

56
57 Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona

BUYER(S) INITIALS: EC

Property Address: 1913 SONDRIO DR

SELLER(S) INITIALS: /

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1 C. INSPECTIONS AND RELATED EXPENSES (See also Section 12): Acceptance of this offer is subject to
 2 the following reserved right. Buyer may have the Property inspected and select the licensed contractors, certified building
 3 inspectors and/or other qualified professionals who will inspect the Property. Seller will ensure that necessary utilities (gas,
 4 power and water) are turned on and supplied to the Property within two (2) business days after execution of this Agreement, to
 5 remain on until COE. (It is strongly recommended that Buyer retain licensed Nevada professionals to conduct inspections.)

6	TYPE	PAID BY SELLER	PAID BY BUYER	50/50	WAIVED	N/A
7	Appraisal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	CIC Capital Contribution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	CIC Transfer Fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	CLUE Report ordered by Seller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Energy Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Fungal Contaminant Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Home Inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Mechanical Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Oil Tank Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Pool/Spa Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Roof Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Septic Inspection (requires pumping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Septic Lid Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Septic Pumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Soils Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	Structural Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Survey (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Termite/Pest Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Well Inspection (Quantity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26	Well Inspection (Quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Wood-Burning Device/Chimney Inspection (includes cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Re-Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

32 If any inspection is not completed and requested repairs are not delivered to Seller within the Due Diligence Period, Buyer is
 33 deemed to have waived the right to that inspection and Seller's liability for the cost of all repairs that inspection would have
 34 reasonably identified had it been conducted, except as otherwise provided by law. The foregoing expenses for inspections will
 35 be paid outside of Escrow unless the Parties present instructions to the contrary prior to COE (along with the applicable
 36 invoice).

37 D. CERTIFICATIONS: Notwithstanding the elections below, in the event an inspection reveals problems with any
 38 of the foregoing, Buyer reserves the right to require a certification.

40	TYPE	PAID BY SELLER	PAID BY BUYER	50/50	WAIVED
41	Fungal Contaminant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44	Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	Wood-Burning Device/Chimney Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

49 The foregoing expenses for certifications will be paid outside of Escrow unless the Parties present instructions to the contrary
 50 prior to COE (along with the applicable invoice). A certification is not a warranty.

51 E. SELLER'S ADDITIONAL COSTS AND LIMIT OF LIABILITY: Seller agrees to pay a maximum
 52 amount of \$ 000 to correct defects and/or requirements disclosed by inspection reports, appraisals,
 53 and/or certifications. It is Buyer's responsibility to inspect the Property sufficiently as to satisfy Buyer's use. Buyer reserves
 54 the right to request additional repairs, which may exceed the above-stated amount, based upon the Seller's Real Property
 55

Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
 particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona BUYER(S) INITIALS: EC
 Property Address: 1913 SONDRIO DR SELLER(S) INITIALS: /
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1 Disclosure or items which materially affect value or use of the Property revealed by an inspection, certification or appraisal.
2 Items of a general maintenance or cosmetic nature which do not materially affect value or use of the Property, which existed at
3 the time of Acceptance and which are not expressly addressed in this Agreement are deemed accepted by the Buyer, except as
4 otherwise provided in this section. The Brokers herein have no responsibility to assist in the payment of any repair, correction
5 or deferred maintenance on the Property which may have been revealed by the above inspections, agreed upon by the Buyer
6 and Seller or requested by one party.

7
8 **F. LENDER AND CLOSING FEES:** In addition to Seller's expenses above, Seller will contribute
9 \$ 5900 to Buyer's Lender's Fees and/or Buyer's Title and Escrow Fees ☐ including -OR- ☐ excluding
10 costs which Seller must pay pursuant to loan program requirements. Different loan types (e.g., FHA, VA, conventional) have
11 different appraisal and financing requirements, which will affect the parties' rights and costs under this Agreement.

12
13 **G. HOME PROTECTION PLAN:** Buyer and Seller acknowledge that they have been made aware of Home
14 Protection Plans that provide coverage to Buyer after COE. Buyer ☐ waives -OR- ☒ requires a Home Protection Plan with
15 TBD. ☒ Seller -OR- ☐ Buyer will pay for the Home Protection
16 Plan at a price not to exceed \$ 550. Buyer will order the Home Protection Plan. Neither Seller nor Brokers make
17 any representation as to the extent of coverage or deductibles of such plans. ESCROW HOLDER is not responsible for
18 ordering the Home Protection Plan.

19
20 **8. TRANSFER OF TITLE:** Upon COE, Buyer shall tender to Seller the agreed upon Purchase Price, and Seller shall
21 tender to Buyer marketable title to the Property free of all encumbrances other than (1) current real property taxes,
22 (2) covenants, conditions and restrictions (CC&R's) and related restrictions, (3) zoning or master plan restrictions and public
23 utility easements; and (4) obligations assumed and encumbrances accepted by Buyer prior to COE. Buyer is advised the
24 Property may be reassessed after COE which may result in a real property tax increase or decrease.

25
26 **9. COMMON INTEREST COMMUNITIES:** If the Property is subject to a Common Interest Community ("CIC"),
27 Seller or his authorized agent shall request the CIC documents and certificate listed in NRS 116.4109 (collectively, the "resale
28 package") within two (2) business days of Acceptance and provide the same to Buyer within one (1) business day of Seller's
29 receipt thereof. Buyer may cancel this Agreement without penalty until midnight of the fifth (5th) calendar day following the
30 date of receipt of the resale package. If Buyer does not receive the resale package within fifteen (15) calendar days of
31 Acceptance, this Agreement may be cancelled in full by Buyer without penalty. If Buyer elects to cancel this Agreement
32 pursuant to this section, he must deliver, via hand delivery or prepaid U.S. mail, a written notice of cancellation to Seller or his
33 authorized agent identified in the Confirmation of Representation at the end of this Agreement. Upon such written cancellation,
34 Buyer shall promptly receive a refund of the EMD. The parties agree to execute any documents requested by ESCROW
35 HOLDER to facilitate the refund. If written cancellation is not received within the specified time period, the resale package
36 will be deemed approved. Seller shall pay all outstanding CIC fines or penalties at COE.

37
38 **10. DISCLOSURES:** Within five (5) calendar days of Acceptance of this Agreement, Seller will provide the
39 following Disclosures and/or documents (each of which is incorporated herein by this reference). Check applicable boxes.

40 ☐ Construction Defect Claims Disclosure, if Seller has marked "Yes" to Paragraph 1(d) of the
41 Seller Real Property Disclosure Form (NRS 40.688)
42 ☐ Fungal (Mold) Notice Form (not required by Nevada law)
43 ☐ Lead-Based Paint Disclosure and Acknowledgment, required if constructed before 1978 (24 CFR 745.113)
44 ☐ Pest Notice Form (not required by Nevada law)
45 ☐ Promissory Note and the most recent monthly statement of all loans to be assumed by Buyer
46 ☐ Open Range Disclosure (NRS 113.065)
47 ☒ Seller Real Property Disclosure Form (NRS 113.130)
48 ☒ Other (list) HOA resale package

49
50
51 Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona BUYER(S) INITIALS: EC

Property Address: 1913 SONDRIO DR SELLER(S) INITIALS: /

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1 11. ADDITIONAL DISCLOSURES:

2 A. LICENSEE DISCLOSURE OF INTEREST (BUYER): Pursuant to NRS 645.252(1)(c), a real estate
3 licensee must disclose if he/she is a principal in a transaction or has an interest in a principal to the transaction.
4 N/A is a licensed real estate agent in the State(s) of N/A, and has
5 the following interest, direct or indirect, in this transaction: ☐ Principal (Buyer) -OR- ☐ family or firm relationship with Buyer
6 or ownership interest in Buyer (if Buyer is an entity): (specify relationship) _____

7
8 B. In addition, for NEW CONSTRUCTION, to the extent applicable, Seller will provide: Public Offering
9 Statement (NRS 116.4108); Electric Transmission Lines (NRS 119.1835); Public Services and Utilities (NRS 119.183); Initial
10 Purchaser Disclosure (NRS 113); Construction Recovery Fund (NRS 624); Gaming Corridors (NRS 113.070); Water/Sewage
11 (NRS 113.060); Impact Fees (NRS 278B.320); Surrounding Zoning Disclosure (NRS 113.070); FTC Insulation Disclosure (16
12 CFR 460.16); and Other: N/A

13
14 C. AIRPORT NOISE: Buyer hereby acknowledges the proximity of various overflight patterns, airports
15 (municipal, international, military and/or private) and helipads. Buyer also fully understands that existing and future noise
16 levels at this location, associated with existing and future airport operations, may affect the livability, value and suitability of
17 the Property for residential use. Buyer also understands that these airports have been at their present location for many years,
18 and that future demand and airport operations may increase significantly. For further information, contact your local
19 department of aviation or the Federal Aviation Administration.

20
21 D. FEDERAL FAIR HOUSING COMPLIANCE AND DISCLOSURES: All properties are offered without
22 regard to race, color, religion, sex, national origin, ancestry, handicap or familial status and any other current requirements of
23 federal or state fair housing law.

24
25 12. BUYER'S DUE DILIGENCE:

26 A. DUE DILIGENCE PERIOD: Buyer shall have 10 calendar days from Acceptance to complete Buyer's
27 Due Diligence. Buyer shall ensure that all inspections and certifications are initiated in a timely manner as to complete the Due
28 Diligence in the time outlined herein. (If utilities are not supplied by the deadline referenced herein or if the disclosures are not
29 delivered to Buyer by the deadline referenced herein, then Buyer's Due Diligence Period will be extended by the same number
30 of calendar days that Seller delayed supplying the utilities or delivering the disclosures, whichever is longer.) During this
31 period Buyer shall have the exclusive right at Buyer's discretion to cancel this Agreement. In the event of such cancellation,
32 unless otherwise agreed herein, the EMD will be refunded to Buyer. If Buyer provides Seller with notice of objections, the
33 Due Diligence Period will be extended by the same number of calendar days that it takes Seller to respond in writing to
34 Buyer's objections. If Buyer fails to cancel this Agreement within the Due Diligence Period (as it may be extended), Buyer will
35 be deemed to have waived the right to cancel under this section.

36
37 B. PROPERTY INSPECTION/CONDITION: During the Due Diligence Period, Buyer shall take such
38 action as Buyer deems necessary to determine whether the Property is satisfactory to Buyer including, but not limited to,
39 whether the Property is insurable to Buyer's satisfaction, whether there are unsatisfactory conditions surrounding or otherwise
40 affecting the Property (such as location of flood zones, airport noise, noxious fumes or odors, environmental substances or
41 hazards, whether the Property is properly zoned, locality to freeways, railroads, places of worship, schools, etc.) or any other
42 concerns Buyer may have related to the Property. During such Period, Buyer shall have the right to have non-destructive
43 inspections of all structural, roofing, mechanical, electrical, plumbing, heating/air conditioning, water/well/septic, pool/spa,
44 survey, square footage, and any other property or systems, through licensed and bonded contractors or other qualified
45 professionals. Seller agrees to provide reasonable access to the Property to Buyer and Buyer's inspectors. Buyer agrees to
46 indemnify and hold Seller harmless with respect to any injuries suffered by Buyer or third parties present at Buyer's request
47 while on Seller's Property conducting such inspections, tests or walk-throughs. Buyer's indemnity shall not apply to any
48 injuries suffered by Buyer or third parties present at Buyer's request that are the result of an intentional tort, gross negligence
49 or any misconduct or omission by Seller, Seller's Agent or other third parties on the Property. Buyer is advised to consult with
50 appropriate professionals regarding neighborhood or Property conditions, including but not limited to: schools; proximity and
51 adequacy of law enforcement; proximity to commercial, industrial, or agricultural activities; crime statistics; fire protection;
52 other governmental services; existing and proposed transportation; construction and development; noise or odor from any
53 source; and other nuisances, hazards or circumstances. If Buyer cancels this Agreement due to a specific inspection report,
54 Buyer shall provide Seller at the time of cancellation with a copy of the report containing the name, address, and telephone
55 number of the inspector.

56 Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona

BUYER(S) INITIALS: EC

Property Address: 1913 SONDRIO DR

SELLER(S) INITIALS: _____

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1 C. PRELIMINARY TITLE REPORT: Within ten (10) business days of Opening of Escrow, Title Company
2 shall provide Buyer with a Preliminary Title Report ("PTR") to review, which must be approved or rejected within five (5)
3 business days of receipt thereof. If Buyer does not object to the PTR within the period specified above, the PTR shall be
4 deemed accepted. If Buyer makes an objection to any item(s) contained within the PTR, Seller shall have five (5) business
5 days after receipt of objections to correct or address the objections. If, within the time specified, Seller fails to have each such
6 exception removed or to correct each such other matter as aforesaid, Buyer shall have the option to: (a) terminate this
7 Agreement by providing notice to Seller and Escrow Officer, entitling Buyer to a refund of the EMD or (b) elect to accept title
8 to the Property as is. All title exceptions approved or deemed accepted are hereafter collectively referred to as the "Permitted
9 Exceptions."

11 **13. WALK-THROUGH INSPECTION OF PROPERTY:** Buyer is entitled under this Agreement to a walk-through of
12 the Property within 3 calendar days prior to COE to ensure the Property and all major systems, appliances,
13 heating/cooling, plumbing and electrical systems and mechanical fixtures are as stated in Seller's Real Property Disclosure
14 Statement, and that the Property and improvements are in the same general condition as when this Agreement was signed by
15 Seller and Buyer. To facilitate Buyer's walk-through, Seller is responsible for keeping all necessary utilities on. If any
16 systems cannot be checked by Buyer on walk-through due to non-access or no power/gas/water, then Buyer reserves the right
17 to hold Seller responsible for defects which could not be detected on walk-through because of lack of such access or
18 power/gas/water. The purpose of the walk-through is to confirm (a) the Property is being maintained (b) repairs, if any, have
19 been completed as agreed, and (c) Seller has complied with Seller's other obligations. If Buyer elects not to conduct a walk-
20 through inspection prior to COE, then all systems, items and aspects of the Property are deemed satisfactory, and Buyer
21 releases Seller's liability for costs of any repair that would have reasonably been identified by a walk through inspection,
22 except as otherwise provided by law.

23 14. DELIVERY OF POSSESSION: Seller shall deliver the Property along with any keys, alarm codes, garage door
24 opener/controls and, if freely transferable, parking permits and gate transponders outside of Escrow, upon COE. Seller agrees
25 to vacate the Property and leave the Property in a neat and orderly, broom clean condition and tender possession no later than
26 ☒ COE-OR- ☐ _____. In the event Seller does not vacate the Property by this time, Seller shall be
27 considered a trespasser and shall be liable to Buyer for the sum of \$ 50 per calendar day in addition to
28 Buyer's legal and equitable remedies. Any personal property left on the Property after the date indicated in this section shall be
29 considered abandoned by Seller.

31
32 **15. RISK OF LOSS:** Risk of loss shall be governed by NRS 113.040. This law provides generally that if all or any
33 material part of the Property is destroyed before transfer of legal title or possession, Seller cannot enforce the Agreement and
34 Buyer is entitled to recover any portion of the sale price paid. If legal title or possession has transferred, risk of loss shall shift
35 to Buyer.

37 16. ASSIGNMENT OF THIS AGREEMENT: Unless otherwise stated herein, this Agreement is non-assignable by
38 Buyer.

39 17. CANCELLATION OF AGREEMENT: In the event this Agreement is properly cancelled in accordance with the
40 terms contained herein, then Buyer will be entitled to a refund of the EMD. Neither Buyer nor Seller will be reimbursed for any
41 expenses incurred in conjunction with due diligence, inspections, appraisals or any other matters pertaining to this transaction
42 (unless otherwise provided herein).
43

15 18. DEFAULT:

46 **A. MEDIATION:** Before any legal action is taken to enforce any term or condition under this Agreement, the
47 parties agree to engage in mediation, a dispute resolution process, through GLVAR. Notwithstanding the foregoing,
48 in the event the Buyer finds it necessary to file a claim for specific performance, this section shall not apply.
49

50 **B. IF SELLER DEFAULTS:** If Seller defaults in performance under this Agreement, Buyer reserves all legal
51 and/or equitable rights (such as specific performance) against Seller, and Buyer may seek to recover Buyer's actual
52 damages incurred by Buyer due to Seller's default.
53

Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona

BUYER(S) INITIALS:

Property Address: 1913 SONDRIO DR

SEILER(S) INITIALS:

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1 C. IF BUYER DEFAULTS: If Buyer defaults in performance under this Agreement, Seller shall have one of the
2 following legal recourses against Buyer (initial one only):
3

4 el [] As Seller's sole legal recourse, Seller may retain, as liquidated damages, the EMD. In this
5 respect, the Parties agree that Seller's actual damages would be difficult to measure and that the EMD is in fact a
6 reasonable estimate of the damages that Seller would suffer as a result of Buyer's default. Seller understands that any
7 additional deposit not considered part of the EMD in Section 1(B) herein will be immediately released by ESCROW
8 HOLDER to Buyer.

9 -OR-

10 [] [] Seller shall have the right to recover from Buyer all of Seller's actual damages that Seller may
11 suffer as a result of Buyer's default including, but not limited to, commissions due, expenses incurred until the
12 Property is sold to a third party and the difference in the sales price.
13

Instructions to Escrow

14
15 19. ESCROW: If this Agreement or any matter relating hereto shall become the subject of any litigation or controversy,
16 Buyer and Seller agree, jointly and severally, to hold ESCROW HOLDER free and harmless from any loss or expense, except
17 losses or expenses as may arise from ESCROW HOLDER'S negligence or willful misconduct. If conflicting demands are
18 made or notices served upon ESCROW HOLDER with respect to this Agreement, the parties expressly agree that Escrow is
19 entitled to file a suit in interpleader and obtain an order from the Court authorizing ESCROW HOLDER to deposit all such
20 documents and monies with the Court, and obtain an order from the Court requiring the parties to interplead and litigate their
21 several claims and rights among themselves. Upon the entry of an order authorizing such interpleader, ESCROW HOLDER
22 shall be fully released and discharged from any obligations imposed upon it by this Agreement; and ESCROW HOLDER shall
23 not be liable for the sufficiency or correctness as to form, manner, execution or validity of any instrument deposited with it, nor
24 as to the identity, authority or rights of any person executing such instrument, nor for failure of Buyer or Seller to comply with
25 any of the provisions of any agreement, contract or other instrument filed with ESCROW HOLDER or referred to herein.
26 ESCROW HOLDER'S duties hereunder shall be limited to the safekeeping of all monies, instruments or other documents
27 received by it as ESCROW HOLDER, and for their disposition in accordance with the terms of this Agreement. In the event
28 an action is instituted in connection with this escrow, in which ESCROW HOLDER is named as a party or is otherwise
29 compelled to make an appearance, all costs, expenses, attorney fees, and judgments ESCROW HOLDER may expend or incur
30 in said action, shall be the responsibility of the parties hereto.
31

32 20. UNCLAIMED FUNDS: In the event that funds from this transaction remain in an account held by ESCROW
33 HOLDER, for such a period of time that they are deemed "abandoned" under the provisions of Chapter 120A of the Nevada
34 Revised Statutes, ESCROW HOLDER is hereby authorized to impose a charge upon the dormant escrow account. Said charge
35 shall be no less than \$1.00 per month and may not exceed the highest rate of charge permitted by statute or regulation.
36 ESCROW HOLDER is further authorized and directed to deduct the charge from the dormant escrow account for as long as the
37 funds are held by ESCROW HOLDER.
38

Brokers

39
40 21. BROKER FEES: Buyer herein requires, and Seller agrees, as a condition of this Agreement, that Seller will pay
41 Listing Broker and Buyer's Broker, who becomes by this clause a third party beneficiary to this Agreement, that certain sum
42 and/or percentage of the Purchase Price (commission), that Seller, or Seller's Broker, offered for the procurement of ready,
43 willing and able Buyer via the Multiple Listing Service, any other advertisement or written offer. Seller understands and
44 agrees that if Seller defaults hereunder, Buyer's Broker, as a third-party beneficiary of this Agreement, has the right to pursue
45 all legal recourse against Seller for any commission due. In addition to any amount due to Buyer's Broker from Seller or
46 Seller's Broker, Buyer ☒ will -OR- ☐ will not pay Buyer's Broker additional compensation in an amount determined
47 between the Buyer and Buyer's Broker.
48

49 22. WAIVER OF CLAIMS: Buyer and Seller agree that they are not relying upon any representations made by Brokers
50 or Broker's agent. Buyer acknowledges that at COE, the Property will be sold AS-IS, WHERE-IS without any representations
51 or warranties, unless expressly stated herein. Buyer agrees to satisfy himself, as to the condition of the Property, prior to COE.
Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona

BUYER(S) INITIALS: el

Property Address: 1913 SONDRIO DR

SELLER(S) INITIALS: /

Rev. 12/11

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1 Buyer acknowledges that any statements of acreage or square footage by Brokers are simply estimates, and Buyer agrees to
2 make such measurements, as Buyer deems necessary, to ascertain actual acreage or square footage. Buyer waives all claims
3 against Brokers or their agents for (a) defects in the Property; (b) inaccurate estimates of acreage or square footage; (c)
4 environmental waste or hazards on the Property; (d) the fact that the Property may be in a flood zone; (e) the Property's
5 proximity to freeways, airports or other nuisances; (f) the zoning of the Property; (g) tax consequences; or (h) factors related to
6 Buyer's failure to conduct walk-throughs or inspections. Buyer assumes full responsibility for the foregoing and agrees to
7 conduct such tests, walk-throughs, inspections and research, as Buyer deems necessary. In any event, Broker's liability is
8 limited, under any and all circumstances, to the amount of that Broker's commission/fee received in this transaction.
9

Other Matters

10
11 23. **DEFINITIONS:** "Acceptance" means the date that both parties have consented to and received a final, binding
12 contract by affixing their signatures to this Agreement and all counteroffers. "Agent" means a licensee working under a Broker
13 or licensees working under a developer. "Agreement" includes this document as well as all accepted counteroffers and
14 addenda. "Bona Fide" means genuine. "Buyer" means one or more individuals or the entity that intends to purchase the
15 Property. "Broker" means the Nevada licensed real estate broker listed herein representing Seller and/or Buyer (and all real
16 estate agents associated therewith). "Business Day" excludes Saturdays, Sundays, and legal holidays. "Calendar Day" means
17 a calendar day from/to midnight unless otherwise specified. "CFR" means the Code of Federal Regulations. "CIC" means
18 Common Interest Community (formerly known as "HOA" or homeowners associations). "CIC Capital Contribution" means
19 a one-time non-administrative fee, cost or assessment charged by the CIC upon change of ownership. "CIC Transfer Fees"
20 means the administrative service fee charged by a CIC to transfer ownership records. "CLUE" means Comprehensive Loss
21 Underwriting Exchange. "Close of Escrow (COE)" means the time of recordation of the deed in Buyer's name. "Default"
22 means the failure of a Party to observe or perform any of its material obligations under this Agreement. "Delivered" means
23 personally delivered to Parties or respective Agents, transmitted by facsimile machine, electronic means, overnight delivery, or
24 mailed by regular mail. "Down Payment" is the Purchase Price less loan amount(s). "EMD" means Buyer's earnest money
25 deposit. "Escrow Holder" means the neutral party that will handle the escrow. "FHA" is the U.S. Federal Housing
26 Administration. "GLVAR" means the Greater Las Vegas Association of REALTORS®. "Good Funds" means an acceptable
27 form of payment determined by ESCROW HOLDER in accordance with NRS 645A.171. "IRC" means the Internal Revenue
28 Code (tax code). "LID" means Limited Improvement District. "N/A" means not applicable. "NAC" means Nevada
29 Administrative Code. "NRS" means Nevada Revised Statutes as Amended. "Party" or "Parties" means Buyer and Seller.
30 "PITI" means principal, interest, taxes, and hazard insurance. "PMI" means private mortgage insurance. "PST" means
31 Pacific Standard Time, and includes daylight savings time if in effect on the date specified. "PTR" means Preliminary Title
32 Report. "Property" means the real property and any personal property included in the sale as provided herein. "Receipt"
33 means delivery to the party or the party's agent. "Seller" means one or more individuals or the entity that is the owner of the
34 Property. "SID" means Special Improvement District. "Title Company" means the company that will provide title insurance.
35 "USC" is the United States Code. "VA" is the Veterans Administration.
36

24. SIGNATURES, DELIVERY, AND NOTICES:

37 A. This Agreement may be signed by the parties on more than one copy, which, when taken together, each
38 signed copy shall be read as one complete form. This Agreement (and documents related to any resulting transaction) may be
39 signed by the parties manually or digitally. Facsimile signatures may be accepted as original.
40

41 B. Delivery of all instruments or documents associated with this Agreement shall be delivered to the Agent for
42 Seller or Buyer if represented.
43

44 C. Except as otherwise provided in Section 9, when a Party wishes to provide notice as required in this
45 Agreement, such notice shall be sent regular mail, personal delivery, by facsimile, overnight delivery and/or by email to the
46 Agent for that Party. The notification shall be effective when postmarked, received, faxed, delivery confirmed, and/or read
47 receipt confirmed in the case of email. Any cancellation notice shall be contemporaneously faxed to Escrow.
48

49
50 25. **IRC 1031 EXCHANGE:** Seller and/or Buyer may make this transaction part of an IRC 1031 exchange. The party
51 electing to make this transaction part of an IRC 1031 exchange will pay all additional expenses associated therewith, at no cost
52 to the other party. The other party agrees to execute any and all documents necessary to effectuate such an exchange.
53

54 Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a
particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona

BUYER(S) INITIALS: EC

Property Address: 1913 SONDRIO DR

SELLER(S) INITIALS: /

Rev. 12/11

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Buyer's Acknowledgement of Offer

Upon Acceptance, Buyer agrees to be bound by each provision of this Agreement, and all signed addenda, disclosures, and attachments.

Buyer's Signature: [Signature] Buyer's Printed Name: Emily Cardona Date: 2/21/12 Time: 10:00 ☐ AM ☒ PM

Buyer's Signature: _____ Buyer's Printed Name: _____ Date: _____ Time: _____ ☐ AM ☐ PM

Seller must respond by: 3 ☐ AM ☒ PM on (month) Feb., (day) 24, (year) 2012. Unless this Agreement is accepted, rejected or countered below and delivered to the Buyer's Broker before the above date and time, this offer shall lapse and be of no further force and effect.

Confirmation of Representation: The Buyer is represented in this transaction by:

Buyer's Broker: Tom Joseph Agent's Name: Paul Glodowski
Company Name: Really One Group Agent's Public ID: 095868
Phone: 768-2794 Office Address: 6475 S Rainbow #102
Email: Paulg@Reallyonely.com City, State, Zip: LV NV 89118
Fax: _____

Seller's Response

☐ ACCEPTANCE: Seller(s) acknowledges that he/she accepts and agrees to be bound by each provision of this Agreement, and all signed addenda, disclosures, and attachments.

☐ COUNTER OFFER: Seller accepts the terms of this Agreement subject to the attached Counter Offer #1.

☐ REJECTION: In accordance with NAC 645.632, Seller hereby informs Buyer the offer presented herein is not accepted.

FIRPTA DECLARATION: Pursuant to Section 5.E. herein, Seller declares that he/she

☐ is not -OR-

☐ is a foreign person therefore subjecting this transaction to FIRPTA withholding.

Seller's Signature: _____ Seller's Printed Name: _____ Date: _____ Time: _____ ☐ AM ☐ PM

Seller's Signature: _____ Seller's Printed Name: _____ Date: _____ Time: _____ ☐ AM ☐ PM

Confirmation of Representation: The Seller is represented in this transaction by:

Seller's Broker: Cheryl Smith Agent's Name: Grace Leon
Company Name: Really ONE Group, Inc Office Address: 10750 W Charleston Blvd #180
Phone: 702-898-1221 City, State, Zip: _____
Email: gleon@cox.net Fax: _____

LICENSEE DISCLOSURE OF INTEREST (SELLER): Pursuant to NRS 645.252(1)(c), a real estate licensee must disclose if he/she is a principal in a transaction or has an interest in a principal to the transaction.

_____ is a licensed real estate agent in the State(s) of _____, and has the following interest, direct or indirect, in this transaction: ☐ Principal (Seller) -OR- ☐ family or firm relationship with Seller or ownership interest in Seller (if Seller is an entity): (specify relationship) _____

Each party acknowledges that he/she has read, understood, and agrees to each and every provision of this page unless a particular paragraph is otherwise modified by addendum or counteroffer.

Buyer's Name: Emily Cardona BUYER(S) INITIALS: EC

Property Address: 1913 SONDRIO DR SELLER(S) INITIALS: _____ / _____

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PLTF0862

AA4097



Return Mail Operations
PO Box 14111
Des Moines, IA 50306-3411

Page 1 of 2

Statement date 07/15/14
Loan number 0412401424
Property address
1913 SONDRIO DRIVE
LAS VEGAS NV 89134

Customer Service Online
wellsfargo.com

Fax 1-866-278-1179
 Telephone 1-800-222-0238

Correspondence
PO Box 10335
Des Moines, IA 50306
Hours of operation
Mon - Fri 8 a.m. - 10 p.m.
Sat 8 a.m. - 2 p.m. CT

Payments
PO Box 51965
Los Angeles CA 90051
Purchase or refinance
1-866-867-9026

We accept telecommunications relay service calls.

1AT 08909/070337/017817 0234 1 AGRUWM 936
EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593

Payment summary

Principal	\$215.22
Interest	\$555.99
Escrow	\$226.53
Current monthly payment	\$997.74
<hr/>	
Total payment due 08/01/14	\$997.74
After 08/16/14 a late charge may apply	\$38.56

Balance summary

Unpaid principal balance	\$144,257.84
Escrow balance	\$845.09
(Contact Customer Service for your payoff balance)	
Interest rate	4.625%
Maturity date	04/12

Year to date summary

Total received*	\$7,100.00
Principal	\$1,596.74
Interest	\$3,915.55
Escrow	\$1,585.71
<hr/>	
Taxes disbursed	\$576.03
Insurance disbursed	\$457.33
*This total may include the Unapplied funds balance from the Balance summary section.	

Activity since your last statement

Date	Description	Total	Principal	Interest	Escrow	Other
07/15	Payment	\$997.74	\$214.38	\$556.83	\$226.53	
07/15	Principal payment	\$2.26	\$2.26			

Important messages

Protect your home and wallet
See if you can save
Talk to a Wells Fargo Insurance agent today to see if your homeowners insurance coverage is keeping pace with the replacement value of your home. And, to see if you are still paying a competitive price. Visit Wells Fargo Insurance today at wellsfargo.com/homeownersinsurance

Insurance is: Not insured by the FDIC or any federal government agency. Not a deposit of or guaranteed by any bank.

Shade your home
Solar heat absorbed through windows and roofs can increase your air conditioner use.
Incorporating shading concepts into your landscape design - such as planting trees - can help reduce this solar heat gain, reducing your cooling costs. Learn more at: energy.saver.gov/your_home/landscaping

TRA1-6-070337017817 AGRUWM 93-ET401-C008



Check here and see reverse
for address correction.

Please detach and return with your payment.

Loan number 0412401424
Current monthly payment due \$997.74
Total payment due 08/01/14 \$997.74
After 08/16/14 a late charge may apply \$38.56

EMILY CARDONA

08909/070337/017817 0234 1 AGRUWM 936

WELLS FARGO HOME MORTGAGE
PO BOX 51965
LOS ANGELES CA 90051-6285



Monthly payment	x pmt amt	\$	
Additional principal	b	\$	
Late charges	c	\$	
Other charges	d	\$	
Additional escrow	e	\$	

Total amount enclosed f
(Please do not send cash) \$

936 0412401424 1 10000099774010363000997740000000 000000014564154948 6
PLTF0595

AA4098

Make Wells Fargo your first choice

Thinking of Buying A New Home or Refinancing Your Mortgage?

Stop by the Wells Fargo Home Mortgage store in your area or call 1-866-867-3026

Wells Fargo also offers:

- Checking, Savings, CDs, Personal Loans 1-800-932-6736
- Home Rebate Credit Card 1-800-932-6736
- Home Equity Loans and Lines of Credit 1-888-237-0186
- Homeowners and Flood Insurance 1-866-444-0479
- Disaster Recovery Plan Insurance 1-800-234-7354
- Home Warranty 1-888-247-4777
- Identity Theft Protection 1-877-247-9912
- Student Loans 1-888-311-7304
- International access (where available) 00-800-28832122

Disputing account information reported to credit bureaus

We may furnish information about your account to consumer reporting agencies. You have the right to dispute the accuracy of information that we have reported by writing to us at the Correspondence Address noted on the front of this statement and describing the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that you believe relates to an identity theft, you will need to provide us with an identity theft report.

Fee schedule

Fees for assumptions, partial releases, and other services will be quoted upon request. Allowable fees for checks and drafts that are not honored by your bank vary by state and will be assessed automatically. States with fixed fees are as follows: ID-\$20; CO, NC, & OK-\$25; HI, IA, KS & MN-\$30; SD-\$40; PA-\$50. Fees are subject to change without notice.

Contact us

If you'd like to request information, notify us of an error, or share any concerns you may have about the servicing of your loan, please contact us at P.O. Box 10335, Des Moines, IA 50306.



Preferred Payment Plan™ Terms and Conditions

Match your payment schedule to your payday cycle

Wells Fargo Home Mortgage offers electronic withdrawals: weekly, biweekly (every other week), semi-monthly (twice a month) and monthly. Review the following terms and conditions then call the Customer Service number on the front of this statement to enroll in the schedule that best meets your needs.

The following terms and conditions apply to weekly, biweekly, semi-monthly and monthly payment plans:

- I authorize Wells Fargo, its authorized representatives and service providers to initiate electronic withdrawals from my designated account to make monthly payments on my mortgage.
- I understand that I will receive confirmation specifying the date the electronic withdrawals will begin. I understand that I will continue to make my payments until I receive this confirmation and electronic withdrawals begin.
- I understand that this authorization and the program services in no way alter or lessen my obligations under my existing mortgage contract regarding the amount of monthly payments, when payments are due, the application of payments, the assessment of late charges or the determination of delinquencies and I must maintain sufficient funds in my account for withdrawal of my monthly payment.
- I understand that withdrawn funds may not be applied to my mortgage until sufficient funds have accumulated for a full monthly payment to be made.
- I understand the electronic withdrawal amount will vary with changes in escrow or principal and interest components, if applicable.
- I understand that I must provide Wells Fargo notice of at least ten days for any request to modify, change, or terminate participation in this program. I understand that if I modify, change, or terminate participation in the program, I may not realize the benefits.
- I agree to be bound by the program's Terms and Conditions which are stated here and online.
- The phone authorization code is: AMPTAC

Access your account online any time

View details of your mortgage account, including official tax information, payment activity and more. Please visit the website listed on the front of this statement.

Need to make payments fast? You can schedule free payments online. Simply sign onto the website listed on the front of this statement and schedule your payment securely at your convenience. Payments can also be scheduled by calling Customer Service; a fee may apply.

Need to wire payment funds? For assistance in finding the nearest location, call 1-800-926-9400 for MoneyGram® Express Payments or 1-800-325-6000 for Western Union® "Quick Collect" payments.

For those customers who reside in the state of New York, the debtor may file complaints about the servicer and obtain further information from the New York Banking Department by calling the Department's Consumer Help Unit at 1-800-342-3736 or by visiting the Department's website at www.banking.state.ny.us.

For those customers who reside in the state of Texas, we will not recognize 3rd Party Property Tax Lien Transfers or Property Tax Deferrals. These programs create a lien on your property which takes priority over your mortgage. A change in lien position violates your mortgage agreement and we will take the necessary steps needed to ensure the mortgage lien is not at risk.

Servicemembers Civil Relief Act - Servicemembers Civil Relief Act - The

Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If either you have been called to active duty, or you are the spouse, registered domestic partner, partner in a civil union, or financial dependent of a person who has been called to active duty, and you haven't yet made us aware of your status, please contact our Military Customer Service Center at 1 888 870 6014 or fax your Active Duty Orders to 1 855 870 6014, attention Special Loans/SCRA.

Housing Counselor Information - If you would like counseling or assistance, for a list of homeowner counselors or counseling organizations in your area, you can contact the following: U.S. Department of Housing and Urban Development (HUD), go to <http://www.hud.gov/offices/hsg/fh/hcc/hcc.htm> or call 800-569-4287.

Important information

If you send your payment to any other location, it may cause a processing delay. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If your mortgage check does not clear upon initial presentment, your bank may charge a fee and we may attempt to withdraw funds from your account electronically up to a maximum of three times. If we are not able to successfully collect these funds, the check amount will be reversed from your loan.

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Address and phone number change: Please be sure to check the box on the front of payment coupon

Borrower
First name

Borrower
Last name

Co-borrower
First name

Co-borrower
Last name

New mailing
address

City
state/zip

Home
phone

Work
phone

PLTF0596

AA4099

**Home Mortgage**

Return Mail Operations
PO Box 14411
Des Moines IA 50306-3411

Page 1 of 2

Statement date 04/16/21
Loan number 0412401424
Payment due date 05/01/21
Total amount due \$14,197.34

On or after 05/16/21, a late charge of \$38.56 may apply.

Property address 1913 SONDRIO DRIVE
LAS VEGAS, NV 89134

Customer Service

- | | |
|---|--|
| Online
wellsfargo.com | Telephone*
1-800-222-0238 |
| Correspondence
PO Box 10335
Des Moines IA 50306 | Fax
1-866-278-1179 |
| Payments
PO Box 51162
Los Angeles CA 90051 | Hours of operation
Mon - Fri 6 a.m. - 10 p.m.
Sat 8 a.m. - 2 p.m. CT |

NOT A RECEIPT

*We accept telecommunications relay service calls.

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134-2593

Explanation of amount due	Account summary	Past payments breakdown
Principal \$294.19	Unpaid principal balance \$127,210.85	Total received* Since last statement \$0.00 Year-to-date \$0.00
Interest \$477.02	(This is not a payoff amount.)	Principal \$0.00 \$0.00
Escrow \$363.62	Escrow balance -\$4,066.57	Interest** \$0.00 \$0.00
Current payment 05/01/21 \$1,134.83	Interest rate 4.625%	
Overdue payment 05/01/20-04/01/21 \$13,062.51	Maturity date (month/year) 04/42	Taxes disbursed (YTD) \$732.03
Total amount due 05/01/21 \$14,197.34		Insurance disbursed (YTD) \$948.33

*This statement includes the Unapplied funds balance from the Account Summary section.
**This information should not be used for tax purposes. If you have tax related questions, please consult your tax advisor.

Informational messages

No transactions have occurred on your loan between the date of the last billing statement and this statement date.

Important messages

Our thoughts are with you and everyone affected by the COVID-19 crisis. You had asked for help with mortgage payments because you were facing a financial hardship as a result of the crisis. To help, we suspended the mortgage payments for a period of time.

If your situation changes, contact us right away. For more information, go to wellsfargo.com/repaymentdetails

Please detach and return with your statement.

Please specify additional funds

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134

Loan number 0412401424
Current payment due \$1,134.83
Total amount due 05/01/21 \$14,197.34
On or after 05/16/21, a late charge of \$38.56 may apply.

Payment x post amt	A	\$	
Additional principal	B	\$	
Late charges	C	\$	
Other fee(s)	D	\$	
Additional escrow (if applicable)	E	\$	
Total amount enclosed (Please do not send cash)	F	\$	

Check here and see reverse for address correction.

WELLS FARGO HOME MORTGAGE
PO BOX 51162
LOS ANGELES CA 90051-5462

936 0412401424 1 10000113483011733914197341419734 000000000000000000 8
DEF0597

AA4100

Make Wells Fargo your first choice

For questions about your current mortgage loan: 1-866-234-8271

For questions about a new mortgage loan: 1-866-846-9111

Wells Fargo also offers:

- Checking, Savings, CDs, Personal Loans 1-866-932-6736
- Cash Wise Visa Card 1-866-932-6736
- Student Loans 1-888-511-7304
- International access (where available) 00-800-28832122

Important information - Payments received after normal business hours will be credited the following business day.

If you send your payment to any other location, it may cause a processing delay. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If your mortgage check does not clear upon initial presentment, your bank may charge a fee and we may attempt to withdraw funds from your account electronically up to a maximum of three times. If we are not able to successfully collect these funds, the check amount will be reversed from your loan.

If you would like to make an extra payment toward the loan principal, please indicate with the payment that it is intended for pre-payment of principal, and we will evaluate whether the payment is eligible for a principal pre-payment based on the account status. If we receive funds in excess of the total amount due without instructions, those excess funds may be applied to future contractual payments, fees, costs, escrow shortages or principal, depending upon the specifics of the account and the amount of the funds received.

Fee schedule - Fees for assumptions, partial releases, and other services will be quoted upon request.

Disputing account information reported to credit bureaus - We may furnish information about your account to credit bureaus. You have the right to dispute the accuracy of information that we have reported by writing to us at the correspondence address noted on the front of this statement and describing the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that you believe relates to identity theft, you will need to provide us with an identity theft report.

Fannie Mae educational resources - If you would like additional information regarding your loan, educational resources are available at Fannie Mae's Know Your Options™ website.

Access your account online any time - View details of your mortgage account, including official tax information, payment activity and more. Please visit the website listed on the front of this statement.

Payment options - There are multiple ways to make a payment:

- Online - You can schedule free payments online. Simply sign on to the website listed on the front of this statement and schedule your payment securely at your convenience.
- Pay by Phone - Payments can be scheduled by calling Customer Service.
- By Mail or in person - You can mail your payment or bring it into any Wells Fargo Branch at no charge. Please be sure to include your payment coupon from your statement.

Need to wire payment funds? For assistance in finding the nearest location, call 1-800-926-9400 for MoneyGram® Express Payments or 1-800-325-6000 for Western Union® "Quick Collect" payments.

Notice regarding Third Party Liens - Wells Fargo will not allow the use of a loan from another lender to pay taxes. Such loans violate your mortgage agreement as they create liens on your property that may take priority over the mortgage lien.

Notice regarding Property Tax Deferrals - Wells Fargo is not able to accept Property Tax Deferrals in all states, based on the terms of the deferral program. Please contact us to confirm if the tax deferral offered in your state is an approved program.

Servicemembers Civil Relief Act - The Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If either you have been called to active duty, or you are the spouse, registered domestic partner, partner in a civil union, or financial dependent of a person who has been called to active duty, and you haven't yet made us aware of your status, please contact our Military Customer Service Center at 1-866-936-7272 or fax your Active Duty Orders to 1-877-658-4585, attention SCRA. In addition, if you are considering a refinance please be aware that you should consult with your legal advisor regarding the potential loss of any benefits.

Housing counselor information - For help exploring options, the Federal government provides contact information for housing counselors, which you can access by contacting the Consumer Financial Protection Bureau at <http://www.consumerfinance.gov/find-a-housing-counselor/>, or obtain no-cost assistance by contacting the Department of Housing and Urban Development at <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling 1-800-569-4287.

Disaster information - Our disaster assistance team is here to help if you're ever affected by a disaster, like a fire, flood, or storm. If you need help with your insurance claim, payments, or anything else related to your mortgage, please contact us. You can call us at the number listed on the front of this statement, or visit wellsfargo.com/recovery for additional information.

New York property borrowers - We are registered with the Superintendent of the New York Department of Financial Services as an exempt servicer. You may file complaints and obtain further information about Wells Fargo by contacting the New York State Department of Financial Services Consumer Assistance Unit at 1-800-342-3736 or by visiting the Department's website at www.dfs.ny.gov.

Designated address for qualified written request, notice of error, request for information

Borrowers have certain rights under Federal law related to resolving errors and requesting information about their account, and that they may learn more about their rights by contacting the servicer. A qualified written request, notice of error, and request for information are written correspondence (not on a payment coupon or other payment medium) that must include, or otherwise enable us to identify the: name of each borrower, account number and a description of the error you believe has occurred OR a request for specific information (or additional accounting) regarding your account. Your submission must be in writing and sent to: P.O. Box 10335, Des Moines, IA 50306.

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Address and phone number change - Please be sure to check the box on the front of payment coupon.

Borrower
first name

Borrower
last name

Co-borrower
first name

Co-borrower
last name

New mailing
address

Qty.
state/cp

Home
phone

Work
phone

DEF0598

AA4101

Past Due Account Status

As of the date of this statement, you are 350 days delinquent on your account. Failure to bring your loan current may result in fees, the acceleration of your repayment terms (or request for repayment of your balance in full), or the possibility of loss of your home through foreclosure.

The total amount due is \$14,197.34 as of the date of this statement. This is the amount you need to pay in order to bring your account current.

Recent Account History

Statement Payment Date	Statement Payment Amount	Overdue Payment*
04/01/21	\$1,134.83	\$1,134.83
03/01/21	\$1,134.83	\$1,134.83
02/01/21	\$1,134.83	\$1,134.83
01/01/21	\$1,134.83	\$1,134.83
12/01/20	\$1,134.83	\$1,134.83
11/01/20	\$1,055.48	\$1,055.48
10/01/20	\$1,055.48	\$1,055.48
09/01/20	\$1,055.48	\$1,055.48
08/01/20	\$1,055.48	\$1,055.48
07/01/20	\$1,055.48	\$1,055.48
06/01/20	\$1,055.48	\$1,055.48
05/01/20	\$1,055.48	\$1,055.48

As of the date of this statement, Wells Fargo has not made the first notice or filing required by applicable law for the foreclosure process.

Our records indicate that you are currently participating in a Mortgage Assistance Program.

Housing counselor information - For help exploring options, the Federal government provides contact information for housing counselors, which you can access by contacting the Consumer Financial Protection Bureau at <http://www.consumerfinance.gov/find-a-housing-counselor/>, or obtain no-cost assistance by contacting the Department of Housing and Urban Development at <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling 1-800-569-4287.

*This amount does not include unapplied funds or partial payments that have been received. The payment may include an escrow amount that will be used to pay your property taxes, hazard insurance, and other escrowed expenses. These amounts were based on the last escrow analysis completed on your account and may be subject to change based on actual tax and insurance amounts.

Call us today at 1-800-416-1472 to learn more about your mortgage assistance options and how to apply. The longer you wait, or the further you fall behind on your payments, the harder it will be to find a solution. You can also reach us at: P.O. Box 10335, Des Moines, IA 50306 or visit our website at wellsfargo.com/homeassist.

If you need help, the following options may be possible (most are subject to lender approval):

- Reinstatement allows you to pay the total amount due, in a lump-sum payment, by a specific date;
- Repayment plan allows you to bring your mortgage current with increased, manageable payments;
- Payment forbearance temporarily gives you more time to pay your payment;
- Modify your loan terms with us;
- Short sale allows you to sell your home for less than the amount owed on your mortgage; or
- Deed in lieu of foreclosure (sometimes referred to as a Mortgage Release) allows you to voluntarily transfer ownership of your home to us

Property Preservation - As stated in the terms of your agreement, we may have the right to inspect the interior and exterior of the property. If we find that the property is abandoned, we may enter it to inspect, secure, and preserve it. To secure the property, we may replace a lock or cover any exposed openings or pools. To maintain and preserve it, we may cut the grass and prepare the property for winter. We may also make any repairs necessary to prevent further decline. Some of these tasks are required by local law or homeowners association rules.

DEF0599

AA4102



Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: August 14, 2020
This statement: September 14, 2020
Total days in statement period: 32

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(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$0.00
Low balance	\$963.82	Total additions	4,900.00
Average balance	\$1,694.10	Total subtractions	1,900.13
Avg collected balance	\$1,694	Ending balance	\$2,999.87

CHECKS

Number	Date	Amount	Number	Date	Amount
122	09-14	140.00			

DEBITS

Date	Description	Subtractions
08-19	' ACH Debit REPUBLICSERVICES RSIBILLPAY 200819	101.21
08-31	' ACH Debit COX COMM LAS BANKDRAFT 200831	91.90
09-04	' ACH Debit LVVWD ONLINE PMT 200904	41.07
09-04	' ACH Debit NV ENERGY SOUTH NPC PYMT 200904	202.00
09-11	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 VENMO 408967412 CA XXXXXXXXXXXXX3331 09-10-20	40.00
09-11	' POS Purchase MERCHANT PURCHASE TERMINAL 449398 UMC MY CHART 702 383 2 NV XXXXXXXXXXXXX3331 09-10-20	50.00

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AA4103

EMILY BELLISARIO
September 14, 2020

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Date	Description	Subtractions
09-11	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 CITY OF LAS VEGASS EWER 702 229 6 NV XXXXXXXXXXXXXXX3331 09-11-20	71.42
09-11	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-10-20 6:36 PM	92.91
09-11	' POS Purchase MERCHANT PURCHASE TERMINAL 471705 SUMMERLIN HOSPITAL 866 82342 NV XXXXXXXXXXXXXXX3331 09-10-20	359.00
09-11	' POS Purchase MERCHANT PURCHASE TERMINAL 471705 SUMMERLIN HOSPITAL 866 82342 NV XXXXXXXXXXXXXXX3331 09-10-20	500.00
09-14	' POS Purchase POS PURCHASE TERMINAL 06984014 BURGER KING #15624 Q07 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-14-20 8:39 AM	7.12
09-14	' POS Purchase POS PURCHASE TERMINAL 30996718 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-14-20 11:42 AM	46.25
09-14	' POS Purchase POS PURCHASE TERMINAL 20430506 SMITHS #4305 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-13-20 3:44 PM	57.25
09-14	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 I V Y LABS INC HTTPSWWW CA XXXXXXXXXXXXXXX3331 09-11-20	100.00

CREDITS

Date	Description	Additions
08-14	Deposit	1,400.00
09-09	Deposit	3,500.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
08-14	1,400.00	09-04	963.82	09-14	2,999.87
08-19	1,298.79	09-09	4,463.82		
08-31	1,206.89	09-11	3,350.49		

PLTF0077

AA4104

EMILY BELLISARIO
September 14, 2020

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OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0078

AA4105

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

In your letter, give us the following information:

- *Account information:* Your name and account number.
 - *Dollar amount:* The dollar amount of the suspected error.
 - *Description of Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.
- You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION-We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.

PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: September 14, 2020
This statement: October 14, 2020
Total days in statement period: 30

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Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$2,999.87
Low balance	\$700.62	Total additions	6,011.19
Average balance	\$2,615.75	Total subtractions	8,310.44
Avg collected balance	\$2,615	Ending balance	\$700.62

CHECKS

Number	Date	Amount	Number	Date	Amount
101	10-02	1,200.00	102	10-13	400.00

DEBITS

Date	Description	Subtractions
09-16	* POS Purchase MERCHANT PURCHASE TERMINAL 427074 ADVANCED EAR NOSE THR LAS VEGAS NV XXXXXXXXXXXX3331 09-14-20	60.00
09-18	* POS Purchase MERCHANT PURCHASE TERMINAL 469216 BJS RESTAURANTS 50 9 LAS VEGAS NV XXXXXXXXXXXX3331 09-16-20	40.63
09-21	* ATM Withdrawal CASH WITHDRAWAL TERMINAL INVD0110 *TRAILS VILLAGE LAS VEGAS NV XXXXXXXXXXXX3331 09-19-20 6:10 PM	80.00
09-21	* POS Purchase POS PURCHASE TERMINAL 31207080 TARGET T-1207 LAS VEGAS NV XXXXXXXXXXXX3331 09-20-20 5:08 PM	197.86

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EMILY BELLISARIO
October 14, 2020

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Date	Description	Subtractions
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 318600 CHEVRON/TERRIBLE H ERBST LAS VEGAS NVXXXXXXXXXXXX3331 09-20-20 3:19 PM	4.06
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 401339 BEAUTY SUPPLY WARE HOUSE NORTH LAS NVXXXXXXXXXXXX3331 09-20-20	11.88
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 WET N WILD LAS V EGAS LAS VEGAS NV XXXXXXXXXXXXX3331 09-18-20	39.98
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 432300 NEW YORK CHINESE R ESTAURLAS VEGAS NVXXXXXXXXXXXX3331 09-19-20	40.53
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 315798 TRADER JOE'S # 086 LAS VEGAS NV XXXXXXXXXXXXX3331 09-19-20 8:38 PM	69.26
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 318600 BATH & BODY WORKS 3024 LAS VEGAS NV XXXXXXXXXXXXX3331 09-19-20 5:49 PM	71.58
09-21	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 09-21-20 2:15 PM	357.24
09-21	' ATM Surcharge SURCHARGE AMOUNT TERMINAL INVDO110 *TRAILS VILLAGE LAS VEGAS NV XXXXXXXXXXXXX3331 09-19-20 6:10 PM	3.00
09-22	' POS Purchase POS PURCHASE TERMINAL 31207171 TARGET T-1207 LAS VEGAS NV XXXXXXXXXXXXX3331 09-22-20 3:17 PM	30.84
09-22	' POS Purchase MERCHANT PURCHASE TERMINAL 314044 DSW BEST IN THE 21 00 N RLAS VEGAS NVXXXXXXXXXXXX3331 09-22-20 12:42 PM	21.66
09-22	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 09-22-20 1:36 PM	205.69
09-22	' ACH Debit REPUBLICSERVICES RSIBILLPAY 200922	51.52
09-23	' POS Purchase MERCHANT PURCHASE TERMINAL 427074 PRIMMED S FT APACH E LAS VEGAS NV XXXXXXXXXXXXX3331 09-22-20	60.00
09-23	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 DCG ONE FOR COSTCO 206 784 6 WA XXXXXXXXXXXXX3331 09-22-20	120.00
09-25	' POS Purchase POS PURCHASE TERMINAL 24507001 WAL-MART #5070 LAS VEGAS NV XXXXXXXXXXXXX3331 09-24-20 7:11 PM	66.24
09-25	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXX3331 09-23-20	6.99

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EMILY BELLISARIO
October 14, 2020

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Date	Description	Subtractions
09-25	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER LAS VEGAS NVXXXXXXXXXXXX3331 09-23-20	20.00
09-25	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 I V Y LABS INC HTTPSWWW CA XXXXXXXXXXXXXXX3331 09-24-20	100.00
09-28	' POS Purchase POS PURCHASE TERMINAL 37280047 WAL-MART SUPER CEN TER NORTH LAS NV XXXXXXXXXXXXXXX3331 09-27-20 2:52 PM	65.75
09-28	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-26-20 1:57 PM	6.12
09-28	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-26-20 1:53 PM	25.99
09-28	' POS Purchase MERCHANT PURCHASE TERMINAL 455193 WALLY WOMBATS SP OT 4 TLAS VEGAS NVXXXXXXXXXXXX3331 09-24-20	30.00
09-28	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 WET N WILD LAS V EGAS LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-25-20	30.00
09-28	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-27-20 6:43 PM	55.24
09-29	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-29-20 4:20 PM	157.28
09-29	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 SC ShenkerAcademy 702 25451 NV XXXXXXXXXXXXXXX3331 09-28-20	805.07
09-30	' A2A Payment Debit TERMINAL I000020 SOUTHWEST GAS CORP ORAT LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-30-20 12:37 AM	214.00
09-30	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mkt US M42HU 6YN2 Amzn com WA XXXXXXXXXXXXXXX3331 09-29-20	196.05
09-30	' ATM Surcharge TERMINAL I000020 SOUTHWEST GAS CORP ORAT LAS VEGAS NV XXXXXXXXXXXXXXX3331 09-30-20 12:37 AM	2.00
10-01	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXXXX3331 10-01-20 4:18 PM	17.33
10-01	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXXXX3331 10-01-20 4:30 PM	138.21

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EMILY BELLISARIO
October 14, 2020

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Date	Description	Subtractions
10-02	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 10-01-20 6:02 PM	63.07
10-05	' POS Purchase POS PURCHASE TERMINAL ARCO634 ARCO #63405 SAN DIEGO CA XXXXXXXXXXXXX3331 10-05-20 10:32 AM	19.89
10-05	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LA JOLLA CA XXXXXXXXXXXXX3331 10-05-20 12:49 PM	2.20
10-05	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LAS VEGAS NV XXXXXXXXXXXXX3331 10-04-20 6:27 PM	4.00
10-05	' POS Purchase MERCHANT PURCHASE TERMINAL 442733 MCDONALD S F20163 ESCONDIDO CA XXXXXXXXXXXXX3331 10-04-20	13.76
10-05	' POS Purchase MERCHANT PURCHASE TERMINAL 442733 MCDONALD S F20901 LAS VEGAS NV XXXXXXXXXXXXX3331 10-04-20	18.89
10-05	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US MK10K 6L42 Amzn com WA XXXXXXXXXXXXX3331 10-02-20	57.41
10-05	' ATM Surcharge SURCHARGE AMOUNT TERMINAL ARCO634 ARCO #63405 SAN DIEGO CA XXXXXXXXXXXXX3331 10-05-20 10:32 AM	0.35
10-06	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 FIREHOUSE SUBS LAS VEGAS NV XXXXXXXXXXXXX3331 10-04-20	18.41
10-06	' POS Purchase MERCHANT PURCHASE TERMINAL 404068 HOLIDAY SALES INC VEGAS NV XXXXXXXXXXXXX3331 10-03-20	20.00
10-06	' POS Purchase MERCHANT PURCHASE TERMINAL 400341 DANA LANDING SAN DIEGO CA XXXXXXXXXXXXX3331 10-06-20 1:03 PM	72.01
10-06	' ACH Debit NV ENERGY SOUTH NPC PYMT 201006	202.00
10-07	' POS Purchase MERCHANT PURCHASE TERMINAL 400341 DANA LANDING SAN DIEGO CA XXXXXXXXXXXXX3331 10-06-20 7:58 PM	16.88
10-07	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO GAS #0401 SAN DIEGO CA XXXXXXXXXXXXX3331 10-07-20 1:54 PM	39.50
10-09	' POS Purchase POS PURCHASE TERMINAL 102 CIRCLE K 06003 MENIFEE CA XXXXXXXXXXXXX3331 10-08-20 9:06 PM	24.12
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 STARBUCKS STORE 50 383 SAN DIEGO CA XXXXXXXXXXXXX3331 10-07-20	11.60

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AA4110

EMILY BELLISARIO
October 14, 2020

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Date	Description	Subtractions
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 444500 DOMINO S 8245 619 303 8 CA XXXXXXXXXXXXX3331 10-07-20	39.08
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 439121 UCSD BIRCH AQUARIU M 858 822 4 CA XXXXXXXXXXXXX3331 10-08-20	49.50
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 TST GEORGE S AT T HE COVLA JOLLA CA XXXXXXXXXXXXX3331 10-08-20	56.79
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 770446 SPROUTS FARMERS MA RKET #SAN DIEGO CAXXXXXXXXXXX3331 10-08-20 8:17 PM	67.66
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 SQ MISSION BAY SP ORTS CSan Diego CAXXXXXXXXXXX3331 10-08-20	150.00
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 10-09-20	200.00
10-09	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 10-08-20	250.00
10-13	' POS Purchase POS PURCHASE TERMINAL 06984008 BURGER KING #15624 Q07 LAS VEGAS NV XXXXXXXXXXXXX3331 10-12-20 9:41 AM	5.95
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 442733 MCDONALD S F20901 LAS VEGAS NV XXXXXXXXXXXXX3331 10-12-20	3.65
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 442733 MCDONALD S F20901 LAS VEGAS NV XXXXXXXXXXXXX3331 10-11-20	9.82
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 442733 MCDONALD S F13835 LAS VEGAS NV XXXXXXXXXXXXX3331 10-11-20	14.06
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO GAS #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 10-12-20 12:06 PM	20.37
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 445388 MARISCOS LAS ISLIT AS LAS VEGAS NV XXXXXXXXXXXXX3331 10-11-20	21.29
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 STARBUCKS STORE 50 383 SAN DIEGO CA XXXXXXXXXXXXX3331 10-08-20	25.40
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 427074 ADVANCED EAR NOSE THR LAS VEGAS NV XXXXXXXXXXXXX3331 10-12-20	60.00

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AA4111

EMILY BELLISARIO
October 14, 2020

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Date	Description	Subtractions
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 319181 THE HOME DEPOT #33 15 LAS VEGAS NV XXXXXXXXXXXXX3331 10-10-20 2:50 PM	89.97
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 10-12-20 12:37 PM	303.65
10-13	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 SC ShenkerAcademy 702 25451 NV XXXXXXXXXXXXX3331 10-09-20	1,025.73
10-13	' ACH Debit COX COMM LAS BANKDRAFT 201013	264.81
10-14	' POS Purchase MERCHANT PURCHASE TERMINAL 476930 SPORTSMANS WAREHOU SE 222LAS VEGAS NVXXXXXXXXXX3331 10-14-20 3:16 PM	16.62
10-14	' ACH Debit SUMMERLIN NORTH DIR DEBIT 201013	50.00

CREDITS

Date	Description	Additions
09-25	Deposit	2,500.00
10-02	' POS Refund MERCHANT REFUND TERMINAL 443106 COSTCO WHSE 0685 LAS VEGAS NVXXXXXXXXXX3331 10-01-20 12:00 AM	11.19
10-05	' Mobile Deposit	3,500.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
09-14	2,999.87	09-25	3,840.91	10-05	4,229.49
09-16	2,939.87	09-28	3,627.81	10-06	3,917.07
09-18	2,899.24	09-29	2,665.46	10-07	3,860.69
09-21	2,023.85	09-30	2,253.41	10-09	3,011.94
09-22	1,714.14	10-01	2,097.87	10-13	767.24
09-23	1,534.14	10-02	845.99	10-14	700.62

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0085

AA4112

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit- We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

In your letter, give us the following information:

- **Account information:** Your name and account number.
 - **Dollar amount:** The dollar amount of the suspected error.
 - **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.
- You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION- We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: October 14, 2020
This statement: November 14, 2020
Total days in statement period: 31

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XXXXXX3541
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

A PAPER STATEMENT FEE WILL GO INTO EFFECT JANUARY 1, 2021. PAPER STATEMENTS ON CHECKING ACCOUNTS WILL INCUR A FEE OF \$2.50 PER STATEMENT. FOR QUESTIONS, PLEASE CALL OUR CLIENT CARE TEAM AT 1-888-995-2265 OR CONTACT YOUR RELATIONSHIP MANAGER FOR MORE INFORMATION.

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$700.62
Low balance	\$16.68	Total additions	2,583.47
Average balance	\$612.12	Total subtractions	2,772.79
Avg collected balance	\$612	Ending balance	\$511.30

DEBITS

Date	Description	Subtractions
10-15	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 24 HOUR FITNESS 228 LAS VEGAS NV XXXXXXXXXXXXX3331 10-13-20	3.29
10-15	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 10-14-20 7:25 PM	14.96
10-15	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 STARBUCKS STORE 05 561 LAS VEGAS NV XXXXXXXXXXXXX3331 10-13-20	20.00
10-15	' POS Purchase MERCHANT PURCHASE TERMINAL 475542 KAIZEN REVOLVING S USHI LAS VEGAS NV XXXXXXXXXXXXX3331 10-14-20	47.46
10-15	' POS Purchase MERCHANT PURCHASE TERMINAL 319134 RESTAURANT DEPOT LAS VEGAS NV XXXXXXXXXXXXX3331 10-15-20 4:39 PM	57.42

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AA4114

EMILY BELLISARIO
November 14, 2020

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Date	Description	Subtractions
10-15	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 PATIENT PAY SERVIC ES GRAND RAP MI XXXXXXXXXXXXX3331 10-14-20	150.00
10-16	' POS Purchase MERCHANT PURCHASE TERMINAL 443105 CLV PARKS REC OT C T LAS VEGAS NV XXXXXXXXXXXXX3331 10-14-20	6.00
10-16	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 SP CRAFTY CAKE S HOP LAS VEGAS NV XXXXXXXXXXXXX3331 10-15-20	40.60
10-16	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 THE BIRTHDAY SUIT LAS VEGAS NV XXXXXXXXXXXXX3331 10-15-20	174.70
10-19	' POS Purchase MERCHANT PURCHASE TERMINAL 318600 CHEVRON/TERRIBLE H ERBST LAS VEGAS NVXXXXXXXXXXXX3331 10-18-20 6:24 PM	16.05
10-19	' POS Purchase MERCHANT PURCHASE TERMINAL 401339 MARKET GRILLE CAFE LAS VEGAS NV XXXXXXXXXXXXX3331 10-17-20	30.01
10-20	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon Prime 2T8AD 2VF1 Amzn com WA XXXXXXXXXXXXX3331 10-20-20	12.99
10-20	' POS Purchase MERCHANT PURCHASE TERMINAL 444500 DOMINO S 7470 734 930 3 NV XXXXXXXXXXXXX3331 10-18-20	40.07
10-20	' POS Purchase MERCHANT PURCHASE TERMINAL 480197 FOODIE FIT 858 752 1 NV XXXXXXXXXXXXX3331 10-19-20	107.64
10-20	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 10-20-20 3:12 PM	204.48
10-21	' POS Purchase MERCHANT PURCHASE TERMINAL 315798 TRADER JOE'S # 086 LAS VEGAS NV XXXXXXXXXXXXX3331 10-20-20 7:57 PM	53.57
10-21	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 10-20-20	60.00
10-21	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 SC ShenkerAcademy 702 25451 NV XXXXXXXXXXXXX3331 10-20-20	508.50
10-22	' POS Purchase MERCHANT PURCHASE TERMINAL 421073 SUNRISE HOSPITAL A ND 800307759 TN XXXXXXXXXXXXX3331 10-21-20	25.00
10-23	' POS Purchase MERCHANT PURCHASE TERMINAL 480197 SIMPLE ACIMA 801 987 3 UT XXXXXXXXXXXXX3331 10-21-20	48.76

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EMILY BELLISARIO
November 14, 2020

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Date	Description	Subtractions
10-23	' POS Purchase MERCHANT PURCHASE TERMINAL 463923 CHILDRENS HEART CE NTER 702 73212 NV XXXXXXXXXXXXX3331 10-21-20	62.44
10-26	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXX3331 10-23-20	6.99
10-27	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 CHEVRON 0352292 LAS VEGAS NV XXXXXXXXXXXXX3331 10-26-20	39.96
10-29	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 10-29-20	120.00
10-30	' POS Purchase POS PURCHASE TERMINAL 50700034 WM SUPERCENTER # LAS VEGAS NV XXXXXXXXXXXXX3331 10-29-20 4:17 PM	24.89
10-30	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 801 458 5 NVXXXXXXXXXXXX3331 10-28-20	20.00
10-30	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 801 458 5 NVXXXXXXXXXXXX3331 10-28-20	20.00
11-02	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 CHEVRON 0207119 LAS VEGAS NV XXXXXXXXXXXXX3331 10-31-20	46.72
11-02	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 SPIRIT HALLOWEENC6 5235 609 645 5 NV XXXXXXXXXXXXX3331 10-29-20	113.72
11-02	' POS Purchase MERCHANT PURCHASE TERMINAL 480197 SIMPLE ACIMA 801 987 3 UT XXXXXXXXXXXXX3331 10-30-20	147.12
11-04	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 11-03-20 9:30 PM	17.04
11-04	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 STARBUCKS 800 782 7282 800 782 7 WA XXXXXXXXXXXXX3331 11-03-20	25.00
11-04	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 AMZN MKTP US 2896S 00Z2 AAMZN COM WA XXXXXXXXXXXXX3331 11-04-20	58.45
11-04	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 AMZN MKTP US 282RU 9VU0 AAMZN COM WA XXXXXXXXXXXXX3331 11-03-20	73.77
11-04	' ACH Debit NV ENERGY SOUTH NPC PYMT 201104	67.39
11-05	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 CHEVRON 0301675 LAS VEGAS NV XXXXXXXXXXXXX3331 11-05-20	10.65

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EMILY BELLISARIO
November 14, 2020

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Date	Description	Subtractions
11-05	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXX3331 11-05-20 4:33 PM	77.16
11-06	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 AMAZON COM 2880D6X Y2 AMZAMZN COM WA XXXXXXXXXXXX3331 11-06-20	21.73
11-09	' POS Purchase POS PURCHASE TERMINAL 08994036 PETSMART # 0146 LAS VEGAS NV XXXXXXXXXXXX3331 11-08-20 2:55 PM	11.48
11-09	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LAS VEGAS NV XXXXXXXXXXXX3331 11-08-20 8:04 PM	6.37
11-09	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US 282HK 4X92 Amzn com WA XXXXXXXXXXXX3331 11-06-20	43.34
11-12	' POS Purchase MERCHANT PURCHASE TERMINAL 770446 168 MARKET #1802 LAS VEGAS NV XXXXXXXXXXXX3331 11-10-20 6:25 PM	5.47
11-12	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 SWEET TALK LAS VEGAS NV XXXXXXXXXXXX3331 11-10-20	18.60
11-12	' ACH Debit SUMMERLIN NORTH DIR DEBIT 201110	50.00
11-12	' ACH Debit SOUTHWEST GAS APP 201112	58.00
11-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
10-19	' Internet/Phone Trsfr FR ACC XXXXXX8473DATE: 10-19-20 TIME: 16:09:48	1,000.00
10-26	' Internet/Phone Trsfr FR ACC XXXXXX8473DATE: 10-26-20 TIME: 17:39:28	200.00
10-28	Deposit	1,300.00
11-09	' POS Refund MERCHANT REFUND TERMINAL 443106 AMZN MKTP US AMZN COM BIAMZN COM WAXXXXXXXXXX3331 11-08-20 12:00 AM	9.70
11-09	' POS Refund MERCHANT REFUND TERMINAL 443106 AMZN MKTP US AMZN COM BIAMZN COM WAXXXXXXXXXX3331 11-08-20 12:00 AM	73.77

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
10-14	700.62	10-15	407.49	10-16	186.19

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EMILY BELLISARIO
November 14, 2020

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Date	Amount	Date	Amount	Date	Amount
10-19	1,140.13	10-27	169.73	11-05	647.82
10-20	774.95	10-28	1,469.73	11-06	626.09
10-21	152.88	10-29	1,349.73	11-09	648.37
10-22	127.88	10-30	1,284.84	11-12	516.30
10-23	16.68	11-02	977.28	11-14	511.30
10-26	209.69	11-04	735.63		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0091

AA4118

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

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IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0337.

In your letter, give us the following information:

- **Account information:** Your name and account number.
 - **Dollar amount:** The dollar amount of the suspected error.
 - **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.
- You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: November 14, 2020
This statement: December 14, 2020
Total days in statement period: 30

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XXXXXX3541
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$511.30
Low balance	\$111.75	Total additions	13,840.44
Average balance	\$2,490.29	Total subtractions	3,902.31
Avg collected balance	\$2,490	Ending balance	\$10,449.43

CHECKS

Number	Date	Amount	Number	Date	Amount
123	12-14	2,250.00			

DEBITS

Date	Description	Subtractions
11-16	' POS Purchase MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT 800 74217 UT XXXXXXXXXXXXX3331 11-13-20	147.12
11-17	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US 203WJ 9010 Amzn com WA XXXXXXXXXXXXX3331 11-16-20	4.30
11-17	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 AMAZON COM 206GS5Z J2 AMZAMZN COM WA XXXXXXXXXXXXX3331 11-16-20	7.80
11-17	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 AMAZON COM 206XJ00 WO AMZAMZN COM WA XXXXXXXXXXXXX3331 11-16-20	8.23

PLTF0093

AA4120

EMILY BELLISARIO
December 14, 2020

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Date	Description	Subtractions
11-20	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon Prime EY5SR 5JD3 Amzn com WA XXXXXXXXXXXXX3331 11-20-20	12.99
11-23	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXXX3331 11-23-20 3:30 PM	25.00
11-24	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXX3331 11-23-20	6.99
11-25	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 11-23-20	20.00
11-27	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 11-24-20	20.00
11-30	' POS Purchase MERCHANT PURCHASE TERMINAL 480197 SIMPLE ACIMA 801 987 3 UT XXXXXXXXXXXXX3331 11-27-20	147.12
12-07	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 TARGET COM 800 591 3 MN XXXXXXXXXXXXX3331 12-06-20	59.61
12-07	' ACH Debit NV ENERGY SOUTH NPC PYMT 201207	177.34
12-08	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 TARGET COM 800 591 3 MN XXXXXXXXXXXXX3331 12-07-20	99.39
12-09	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 TARGET COM 800 591 3 MN XXXXXXXXXXXXX3331 12-08-20	106.49
12-10	' POS Purchase POS PURCHASE TERMINAL 07828260 ULTA #301 LAS VEGAS NV XXXXXXXXXXXXX3331 12-10-20 1:38 PM	85.66
12-10	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon com D31XY9C 23 Amzn com WA XXXXXXXXXXXXX3331 12-09-20	78.77
12-11	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXXX3331 12-11-20 3:00 PM	25.00
12-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 201210	50.00
12-14	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon Tips 2V2ZU4 0H3 Amzn com WA XXXXXXXXXXXXX3331 12-11-20	7.00
12-14	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 STARBUCKS 800 782 7282 800 782 7 WA XXXXXXXXXXXXX3331 12-13-20	8.38

PLTF0094

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EMILY BELLISARIO
December 14, 2020

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Date	Description	Subtractions
12-14	' POS Purchase MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT 800 74217 UT XXXXXXXXXXXXX3331 12-11-20	147.12
12-14	' ACH Debit SOUTHWEST GAS APP 201214	58.00
12-14	' ACH Debit COX COMM LAS BANKDRAFT 201214	345.00
12-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
12-03	Deposit	2,500.00
12-11	' Internet/Phone Trsfr FR ACC XXXXXX8473DATE: 12-11-20 TIME: 14:54:16	600.00
12-11	Deposit	10,740.44

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
11-14	511.30	11-25	278.87	12-09	2,168.92
11-16	364.18	11-27	258.87	12-10	2,004.49
11-17	343.85	11-30	111.75	12-11	13,269.93
11-20	330.86	12-03	2,611.75	12-14	10,449.43
11-23	305.86	12-07	2,374.80		
11-24	298.87	12-08	2,275.41		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0095

AA4122

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 30 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

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- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.



12/15/2020

Personal Online Banking : Account Information

[Bank Home](#) | [Help](#) | [Sign Off](#)



Personal Online Banking

[Financial Center](#) | [Accounts](#) | [Pay and Transfer](#) | [Customer Service](#)

A division of
Western Alliance Bank, Member FDIC.



Account Information

PERSONAL CHECKING, *3541

Here are your account details. For transaction history, please go to the [Account Activity](#) page.

Current balance:	\$10,449.43
Available balance:	\$1,949.43
Last statement date:	12/14/2020
Last statement balance:	\$10,449.43

Interest rate:
Interest YTD:
Interest last year:

[How Do I...](#) | [Terms](#) | [FAQs](#)



Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: November 14, 2020
This statement: December 14, 2020
Total days in statement period: 30

Page 1 of 3
XXXXXX3541
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$511.30
Low balance	\$111.75	Total additions	13,840.44
Average balance	\$2,490.29	Total subtractions	3,902.31
Avg collected balance	\$2,490	Ending balance	\$10,449.43

CHECKS

Number	Date	Amount	Number	Date	Amount
123	12-14	2,250.00			

DEBITS

Date	Description	Subtractions
11-16	' POS Purchase	147.12
	MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT	
	800 74217 UT XXXXXXXXXXXX3331 11-13-20	
11-17	' POS Purchase	4.30
	MERCHANT PURCHASE TERMINAL 469216 AMZN Mktg US 203WJ	
	9010 Amzn com WA XXXXXXXXXXXX3331 11-16-20	
11-17	' POS Purchase	7.80
	MERCHANT PURCHASE TERMINAL 443106 AMAZON COM 206GS5Z	
	J2 AMZAMZN COM WA XXXXXXXXXXXX3331 11-16-20	
11-17	' POS Purchase	8.23
	MERCHANT PURCHASE TERMINAL 443106 AMAZON COM 206XJ00	
	W0 AMZAMZN COM WA XXXXXXXXXXXX3331 11-16-20	

PLTF0887

AA4125

EMILY BELLISARIO
December 14, 2020

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XXXXXX3541

Date	Description	Subtractions
11-20	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon Prime EY5SR 5JD3 Amzn com WA XXXXXXXXXXXXX3331 11-20-20	12.99
11-23	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXXX3331 11-23-20 3:30 PM	25.00
11-24	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXX3331 11-23-20	6.99
11-25	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 11-23-20	20.00
11-27	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 11-24-20	20.00
11-30	' POS Purchase MERCHANT PURCHASE TERMINAL 480197 SIMPLE ACIMA 801 987 3 UT XXXXXXXXXXXXX3331 11-27-20	147.12
12-07	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 TARGET COM 800 591 3 MN XXXXXXXXXXXXX3331 12-06-20	59.61
12-07	' ACH Debit NV ENERGY SOUTH NPC PYMT 201207	177.34
12-08	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 TARGET COM 800 591 3 MN XXXXXXXXXXXXX3331 12-07-20	99.39
12-09	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 TARGET COM 800 591 3 MN XXXXXXXXXXXXX3331 12-08-20	106.49
12-10	' POS Purchase POS PURCHASE TERMINAL 07828260 ULTA #301 LAS VEGAS NV XXXXXXXXXXXXX3331 12-10-20 1:38 PM	85.66
12-10	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon com D31XY9C 23 Amzn com WA XXXXXXXXXXXXX3331 12-09-20	78.77
12-11	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXXX3331 12-11-20 3:00 PM	25.00
12-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 201210	50.00
12-14	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon Tips 2V2ZU4 0H3 Amzn com WA XXXXXXXXXXXXX3331 12-11-20	7.00
12-14	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 STARBUCKS 800 782 7282 800 782 7 WA XXXXXXXXXXXXX3331 12-13-20	8.38

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AA4126

EMILY BELLISARIO
December 14, 2020

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Date	Description	Subtractions
12-14	' POS Purchase	147.12
	MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT	
	800 74217 UT XXXXXXXXXXXXX3331 12-11-20	
12-14	' ACH Debit	58.00
	SOUTHWEST GAS APP 201214	
12-14	' ACH Debit	345.00
	COX COMM LAS BANKDRAFT 201214	
12-14	' Service Charge	5.00
	MAINTENANCE FEE	

CREDITS

Date	Description	Additions
12-03	Deposit	2,500.00
12-11	' Internet/Phone Trsfr	600.00
	FR ACC XXXXXX8473DATE: 12-11-20 TIME: 14:54:16	
12-11	Deposit	10,740.44

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
11-14	511.30	11-25	278.87	12-09	2,168.92
11-16	364.18	11-27	258.87	12-10	2,004.49
11-17	343.85	11-30	111.75	12-11	13,269.93
11-20	330.86	12-03	2,611.75	12-14	10,449.43
11-23	305.86	12-07	2,374.80		
11-24	298.87	12-08	2,275.41		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0889

AA4127

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						TOTAL Should agree with your checkbook balance	\$

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Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: December 14, 2020
This statement: January 14, 2021
Total days in statement period: 31

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(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

AFTER FURTHER REVIEW, WESTERN ALLIANCE BANK WILL BE TEMPORARILY DELAYING THE ASSESSMENT OF THE \$2.50 PAPER STATEMENT FEE SCHEDULED TO BEGIN JANUARY 1, 2021. WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY CAUSE. FOR QUESTIONS, PLEASE CALL OUR CLIENT CARE TEAM AT 1-888-995-2265 OR CONTACT YOUR RELATIONSHIP MANAGER FOR MORE INFORMATION.

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$10,449.43
Low balance	\$286.91	Total additions	3,500.00
Average balance	\$1,651.54	Total subtractions	11,000.39
Avg collected balance	\$1,651	Ending balance	\$2,949.04

DEBITS

Date	Description	Subtractions
12-15	' POS Purchase	99.60
	MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333	
	LAS VEGAS NV XXXXXXXXXXXXX3331 12-15-20 5:31 PM	
12-16	' POS Purchase	31.67
	POS PURCHASE TERMINAL 03555115 COST PLUS WLD #69	
	LAS VEGAS NV XXXXXXXXXXXXX3331 12-16-20 5:23 PM	
12-16	' POS Purchase	37.93
	MERCHANT PURCHASE TERMINAL 319753 BEST IN THE WEST P	
	RELIM LAS VEGAS NVXXXXXXXXXXXX3331 12-16-20 4:06 PM	
12-16	' POS Purchase	8,500.00
	MERCHANT PURCHASE TERMINAL 449398 ROBERTS STOFFEL FA	
	M LAW 702 474 7 NVXXXXXXXXXXXX3331 12-15-20	
12-16	' ACH Debit	260.93
	LVVWD ONLINE PMT 201216	

PLTF0891

AA4129

EMILY BELLISARIO
January 14, 2021

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Date	Description	Subtractions
12-17	' POS Purchase MERCHANT PURCHASE TERMINAL 319225 OFFICE DEPOT 00 10 950 W.SUMMERLIN NVXXXXXXXXXXXX3331 12-17-20 4:22 PM	4.74
12-17	' ACH Debit CHASE CREDIT CRD EPAY 201217	70.00
12-17	' ACH Debit CHASE CREDIT CRD EPAY 201217	120.00
12-18	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-18-20 3:32 PM	50.00
12-21	' POS Purchase POS PURCHASE TERMINAL 03025370 BASS PRO STORE LAS VEG LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-20-20 5:15 PM	6.50
12-21	' POS Purchase POS PURCHASE TERMINAL 30996714 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-18-20 7:41 PM	20.78
12-21	' POS Purchase POS PURCHASE TERMINAL 30996717 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-18-20 7:51 PM	49.24
12-21	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 OFFICE DEPOT 2198 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-17-20	1.92
12-21	' POS Purchase MERCHANT PURCHASE TERMINAL 444500 DOMINO S 7470 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-18-20	14.07
12-21	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXXXX3331 12-19-20	30.00
12-21	' POS Purchase MERCHANT PURCHASE TERMINAL 407105 W CHARLESTON 30174 02 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-18-20	50.00
12-22	' ACH Debit REPUBLICSERVICES RSIBILLPAY 201222	51.52
12-23	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-23-20 5:11 PM	85.88
12-23	' POS Purchase MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT 800 74217 UT XXXXXXXXXXXXXXX3331 12-21-20	147.12
12-23	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXXXX3331 12-22-20 8:26 PM	305.68
12-24	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXXXX3331 12-23-20	6.99

PLTF0892

AA4130

EMILY BELLISARIO
January 14, 2021

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Date	Description	Subtractions
12-24	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 ABCMOUSE COM 800 633 3 CA XXXXXXXXXXXXX3331 12-23-20	29.95
12-24	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 THE BIRTHDAY SUIT LAS VEGAS NV XXXXXXXXXXXXX3331 12-23-20	83.26
12-28	' POS Purchase MERCHANT PURCHASE TERMINAL 445351 SOLO QUI LAS VEGAS NV XXXXXXXXXXXXX3331 12-27-20	10.01
12-28	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 12-23-20	20.00
12-28	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 12-24-20	20.00
01-06	' ACH Debit LVVWD ONLINE PMT 210106	54.73
01-07	' ACH Debit NV ENERGY SOUTH NPC PYMT 210107	180.00
01-08	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 01-08-21	60.00
01-11	' POS Purchase MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT 800 74217 UT XXXXXXXXXXXXX3331 01-08-21	147.12
01-11	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 WWW COSTCO COM 800 955 2 WA XXXXXXXXXXXXX3331 01-09-21	182.03
01-12	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210111	50.00
01-13	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US 2N19H 6AH3 Amzn com WA XXXXXXXXXXXXX3331 01-12-21	31.29
01-13	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US I94GK 67S3 Amzn com WA XXXXXXXXXXXXX3331 01-12-21	135.85
01-14	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US LO2YT 0JW3 Amzn com WA XXXXXXXXXXXXX3331 01-13-21	19.50
01-14	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US G00ES 5UP3 Amzn com WA XXXXXXXXXXXXX3331 01-13-21	27.08
01-14	' Service Charge MAINTENANCE FEE	5.00

PLTF0893

AA4131

EMILY BELLISARIO
January 14, 2021

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CREDITS

Date	Description	Additions
01-07	Deposit	3,500.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
12-14	10,449.43	12-22	1,050.53	01-08	3,546.91
12-15	10,349.83	12-23	511.85	01-11	3,217.76
12-16	1,519.30	12-24	391.65	01-12	3,167.76
12-17	1,324.56	12-28	341.64	01-13	3,000.62
12-18	1,274.56	01-06	286.91	01-14	2,949.04
12-21	1,102.05	01-07	3,606.91		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total prior year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0894

AA4132

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

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NOTICE OF FURNISHING NEGATIVE INFORMATION- We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: January 14, 2021
This statement: February 14, 2021
Total days in statement period: 31

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XXXXXX3541
(1)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$2,949.04
Enclosures	1	Total additions	3,836.07
Low balance	\$38.27	Total subtractions	6,173.34
Average balance	\$732.30	Ending balance	\$611.77
Avg collected balance	\$732		

DEBITS

Date	Description	Subtractions
01-15	' POS Purchase	36.23
	POS PURCHASE TERMINAL 30996703 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXX3331 01-15-21 12:36 PM	
01-15	' POS Purchase	35.00
	MERCHANT PURCHASE TERMINAL 475542 CHILDRENS URGENT C ARE HENDERSON NV XXXXXXXXXXXXX3331 01-14-21	
01-15	' POS Purchase	45.69
	MERCHANT PURCHASE TERMINAL 318198 WALGREENS STORE 94 20 W LLAS VEGAS NVXXXXXXXXXX3331 01-14-21 8:48 PM	
01-15	' POS Purchase	60.00
	MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 01-15-21	
01-15	' POS Purchase	424.20
	MERCHANT PURCHASE TERMINAL 449804 VERIZON WRL MY ACC T VW 800 92202 CA XXXXXXXXXXXXX3331 01-13-21	
01-15	' POS Purchase	1,016.23
	MERCHANT PURCHASE TERMINAL 403064 ACIMA CREDIT 800 74217 UT XXXXXXXXXXXXX3331 01-13-21	

PLTF0896

AA4134

EMILY BELLISARIO
February 14, 2021

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Date	Description	Subtractions
01-15	' ACH Debit CHASE CREDIT CRD EPAY 210115	150.00
01-15	' ACH Debit CHASE CREDIT CRD EPAY 210115	500.00
01-19	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 01-16-21 5:16 PM	5.41
01-19	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 01-16-21 5:14 PM	15.69
01-19	' POS Purchase MERCHANT PURCHASE TERMINAL 475542 BUFFALO WILD WINGS 0178 LAS VEGAS NVXXXXXXXXXXXX3331 01-15-21	38.14
01-19	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 SALONCENTRIC5803 LAS VEGAS NV XXXXXXXXXXXXX3331 01-15-21	59.04
01-19	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 01-16-21	200.00
01-19	' ACH Debit SOUTHWEST GAS APP 210119	58.00
01-20	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0563 LAS VEGAS NV XXXXXXXXXXXXX3331 01-19-21 7:46 PM	338.36
01-25	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 01-23-21	5.00
01-25	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXX3331 01-23-21	6.99
01-25	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 01-23-21	20.00
01-25	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXXXX3331 01-23-21	20.00
01-25	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 01-23-21	35.00
01-29	' POS Purchase MERCHANT PURCHASE TERMINAL 314017 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 01-28-21 7:59 PM	23.82
02-05	' ACH Debit LVVWD ONLINE PMT 210205	72.22
02-05	' ACH Debit NV ENERGY SOUTH NPC PYMT 210205	180.00

PLTF0897

AA4135

EMILY BELLISARIO
February 14, 2021

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Date	Description	Subtractions
02-08	' POS Purchase MERCHANT PURCHASE TERMINAL 423900 REAL DONUT 1 N LAS VEG NV XXXXXXXXXXXXX3331 02-06-21	10.35
02-08	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 02-07-21 4:33 PM	59.80
02-08	' POS Purchase MERCHANT PURCHASE TERMINAL 449398 OHJAH JAPANESE STE AK HOULAS VEGAS NVXXXXXXXXXXXX3331 02-06-21	97.03
02-08	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 02-06-21 4:36 PM	106.14
02-08	' POS Purchase MERCHANT PURCHASE TERMINAL 449398 ROBERTS STOFFEL FA M LAW 702 474 7 NVXXXXXXXXXXXX3331 02-05-21	2,500.00
02-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210210	50.00
02-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
01-19	' POS Refund MERCHANT REFUND TERMINAL 443106 COSTCO WHSE 0685 LAS VEGAS NVXXXXXXXXXXXX3331 01-16-21 12:00 AM	182.03
02-04	' Internet/Phone Trsfr FR ACC XXXXXX8473DATE: 02-04-21 TIME: 17:10:46	100.00
02-04	Deposit	3,500.00
02-08	' POS Refund MERCHANT REFUND TERMINAL 449813 SUMMERLIN VISION C ENTER LAS VEGAS NVXXXXXXXXXXXX3331 02-04-21 12:00 AM	54.04

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
01-14	2,949.04	01-25	62.09	02-08	666.77
01-15	681.69	01-29	38.27	02-11	616.77
01-19	487.44	02-04	3,638.27	02-14	611.77
01-20	149.08	02-05	3,386.05		

PLTF0898

AA4136

EMILY BELLISARIO
February 14, 2021

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OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0899

AA4137

Account:*****3541
Period:January 15, 2021 - February 14, 2021
Page:5

<input type="checkbox"/> NEW ACCOUNT	CHECKING DEPOSIT
SCAN HERE FOR CARD READER	<input checked="" type="checkbox"/> CASH
NAME <u>E. SELASARID</u>	<input type="checkbox"/>
DATE _____	OUR POSTAL # _____
ACCOUNT NUMBER <u>*8793 653 541</u>	NET DEPOSIT \$ <u>3500.-</u>
⑆5011⑆5980⑆	
02/04/2021 Deposit \$3,500.00	

PLTF0900

AA4138

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

In your letter, give us the following information:

- **Account information:** Your name and account number.
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 - **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.
- You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
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Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: February 14, 2021
This statement: March 14, 2021
Total days in statement period: 28

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XXXXXX3541
(2)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$611.77
Enclosures	2	Total additions	5,500.00
Low balance	\$28.65	Total subtractions	5,463.67
Average balance	\$1,425.77	Ending balance	\$648.10
Avg collected balance	\$1,354		

CHECKS

Number	Date	Amount	Number	Date	Amount
257	02-17	200.00			

DEBITS

Date	Description	Subtractions
02-16	' POS Purchase	27.09
	POS PURCHASE TERMINAL 10531001 DOLLARTREE	
	LAS VEGAS NV XXXXXXXXXXXXX3331 02-13-21 8:59 PM	
02-16	' POS Purchase	86.65
	POS PURCHASE TERMINAL 040 MICHAELS STORES 51	
	56 LAS VEGAS NV XXXXXXXXXXXXX3331 02-12-21 7:15 PM	
02-16	' POS Purchase	5.00
	MERCHANT PURCHASE TERMINAL 413746 www cvs com	
	800 746 7 RI XXXXXXXXXXXXX3331 02-15-21	
02-16	' POS Purchase	82.31
	MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333	
	LAS VEGAS NV XXXXXXXXXXXXX3331 02-14-21 5:18 PM	

PLTF0902

AA4140

EMILY BELLISARIO
March 14, 2021

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XXXXXX3541

Date	Description	Subtractions
02-16	' ACH Debit SOUTHWEST GAS APP 210216	93.00
02-18	' POS Purchase POS PURCHASE TERMINAL 30996715 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXX3331 02-17-21 6:54 PM	89.07
02-24	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 DisneyPLUS 888 90578 CA XXXXXXXXXXXXX3331 02-23-21	6.99
02-25	' POS Purchase POS PURCHASE TERMINAL 31524080 TARGET T-1524 LAS VEGAS NV XXXXXXXXXXXXX3331 02-25-21 2:56 PM	4.85
02-25	' POS Purchase POS PCH CSH BACK TERMINAL 31524079 TARGET T-1524 LAS VEGAS NV XXXXXXXXXXXXX3331 02-25-21 2:36 PM	102.23
02-25	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXX3331 02-23-21	20.00
02-25	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US QB6GN 9AR3 Amzn com WA XXXXXXXXXXXXX3331 02-25-21	34.66
02-26	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US AB70K 5N63 Amzn com WA XXXXXXXXXXXXX3331 02-25-21	11.65
02-26	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 GRAVADY ECOM R OLLER 702 843 0 NVXXXXXXXXXX3331 02-24-21	20.00
02-26	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 Amazon com 3G9YT3R 03 Amzn com WA XXXXXXXXXXXXX3331 02-25-21	20.55
02-26	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 02-25-21 7:54 PM	50.89
02-26	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 02-25-21	90.00
02-26	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 THE BIRTHDAY SUIT LAS VEGAS NV XXXXXXXXXXXXX3331 02-25-21	91.03
02-26	' ACH Debit CHASE CREDIT CRD EPAY 210226	35.00
02-26	' ACH Debit CHASE CREDIT CRD EPAY 210226	320.00
03-01	' POS Purchase MERCHANT PURCHASE TERMINAL 449398 OHJAH JAPANESE STE AK HOULAS VEGAS NVXXXXXXXXXX3331 02-25-21	35.36

PLTF0903

AA4141

EMILY BELLISARIO
March 14, 2021

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Date	Description	Subtractions
03-01	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 02-28-21	40.00
03-02	' POS Purchase POS PURCHASE TERMINAL 03872373 C&A EMBROIDERY SCR EEN NORTH LAS NV XXXXXXXXXXXXX3331 03-02-21 12:13 PM	49.83
03-03	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXXX3331 03-03-21 11:05 AM	9.32
03-03	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 03-02-21 11:20 PM	14.93
03-03	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 03-03-21	60.00
03-03	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0563 LAS VEGAS NV XXXXXXXXXXXXX3331 03-03-21 5:01 PM	166.92
03-05	' POS Purchase MERCHANT PURCHASE TERMINAL 425138 FREMONT STREET PAR KING LAS VEGAS NV XXXXXXXXXXXXX3331 03-03-21	8.00
03-05	' POS Purchase MERCHANT PURCHASE TERMINAL 455193 POKE GO LAS VEGAS NV XXXXXXXXXXXXX3331 03-04-21	14.93
03-08	' POS Purchase POS PURCHASE TERMINAL 001 LOWE'S #784 LAS VEGAS NV XXXXXXXXXXXXX3331 03-06-21 5:14 PM	21.65
03-08	' POS Purchase POS PURCHASE TERMINAL 08994036 PETSMART # 0146 LAS VEGAS NV XXXXXXXXXXXXX3331 03-06-21 1:50 PM	41.02
03-08	' POS Purchase MERCHANT PURCHASE TERMINAL 471705 AUTHORITY APPLIANC E 702 51515 NV XXXXXXXXXXXXX3331 03-06-21	79.95
03-08	' POS Purchase MERCHANT PURCHASE TERMINAL 424760 ROBERTS LAW GROUP PC 702 474 7 NV XXXXXXXXXXXXX3331 03-04-21	3,000.00
03-08	' ACH Debit LVVWD ONLINE PMT 210308	68.70
03-08	' ACH Debit NV ENERGY SOUTH NPC PYMT 210308	180.00
03-09	' POS Purchase MERCHANT PURCHASE TERMINAL 443105 MARKET@WORK 206737 9149 RENTON WA XXXXXXXXXXXXX3331 03-07-21	15.89
03-09	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 BAGUETTE CAFE NV LAS VEGAS NV XXXXXXXXXXXXX3331 03-08-21	22.49

PLTF0904

AA4142

EMILY BELLISARIO
March 14, 2021

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Date	Description	Subtractions
03-09	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 BAGUETTE CAFE NV LAS VEGAS NV XXXXXXXXXXXXX3331 03-08-21	23.68
03-09	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 03-08-21	60.00
03-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210310	50.00
03-12	' POS Purchase POS PURCHASE TERMINAL 00N3J001 7-ELEVEN LAS VEGAS NV XXXXXXXXXXXXX3331 03-12-21 3:21 PM	7.36
03-12	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 03-11-21 8:03 PM	97.67
03-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
02-23	' Mobile Deposit	2,000.00
03-03	Deposit	3,500.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
02-14	611.77	02-25	1,859.92	03-08	930.19
02-16	317.72	02-26	1,220.80	03-09	808.13
02-17	117.72	03-01	1,145.44	03-11	758.13
02-18	28.65	03-02	1,095.61	03-12	653.10
02-23	2,028.65	03-03	4,344.44	03-14	648.10
02-24	2,021.66	03-05	4,321.51		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0905

AA4143

Account:*****3541
Period:February 15, 2021 - March 14, 2021
Page:5

<input type="checkbox"/> NEW ACCOUNT	CHECKING DEPOSIT
<input type="checkbox"/> CASH	<input type="checkbox"/> CASH
NAME <u>E. BELLISANO</u>	DATE <u>3-3-21</u>
DATE <u>3-3-21</u>	ACCOUNT NUMBER <u>*8799653541</u>
AMOUNT <u>3500.00</u>	NET DEPOSIT \$ <u>3500.00</u>
⑆ 5011 5980 ⑆	

03/03/2021 Deposit \$3,500.00

EMILY BELLISANO 8913 SONDRIO DR LAS VEGAS, NV 89134	257 96-43081270 0128
PAY TO THE ORDER OF <u>MARCO DIAZ</u>	\$ <u>200.00</u>
<u>two hundred dollars only</u>	Dollars \$ <u>200.00</u>
<input checked="" type="checkbox"/> BANK OF NEVADA	
For <u>Diswasher install</u>	
⑆ 122401778 ⑆ 8011358804 ⑆ 0292	

02/17/2021 257 \$200.00

PLTF0906

AA4144

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

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IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

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The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

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- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
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PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: March 14, 2021
This statement: April 14, 2021
Total days in statement period: 31

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XXXXXX3541
(1)

Direct inquiries to:
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Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$648.10
Enclosures	1	Total additions	4,000.00
Low balance	\$-179.15	Total subtractions	3,630.28
Average balance	\$827.71	Ending balance	\$1,017.82
Avg collected balance	\$827		

DEBITS

Date	Description	Subtractions
03-15	' POS Purchase POS PURCHASE TERMINAL 30880403 CVS/PHARMACY #08 LAS VEGAS NV XXXXXXXXXXXXX3331 03-12-21 5:03 PM	44.27
03-15	' POS Purchase MERCHANT PURCHASE TERMINAL 319181 THE HOME DEPOT #33 15 LAS VEGAS NV XXXXXXXXXXXXX3331 03-14-21 9:47 PM	49.31
03-16	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 www cvs com 800 746 7 RI XXXXXXXXXXXXX3331 03-15-21	5.00
03-16	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 AMZN Mktp US XW2CU OM73 Amzn com WA XXXXXXXXXXXXX3331 03-15-21	24.23
03-16	' ACH Debit SOUTHWEST GAS APP 210316	93.00
03-16	' ACH Debit COX COMM LAS BANKDRAFT 210316	219.53

PLTF0908

AA4146

EMILY BELLISARIO
April 14, 2021

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Date	Description	Subtractions
03-17	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXX3331 03-17-21 12:08 PM	25.00
03-17	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXX3331 03-16-21 7:42 PM	23.82
03-17	' POS Purchase MERCHANT PURCHASE TERMINAL 425138 CHILDREN S BONE SPINE LAS VEGAS NVXXXXXXXXXXXX3331 03-15-21	60.00
03-22	' POS Purchase POS PURCHASE TERMINAL 002 STARBUCKS 800 782 7282 WA XXXXXXXXXXXX3331 03-22-21 2:29 PM	3.88
03-22	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 AMAZON COM MG4SU5L V3 AMZAMZN COM WA XXXXXXXXXXXX3331 03-19-21	47.69
03-23	' ACH Debit REPUBLICSERVICES RSIBILLPAY 210323	51.52
04-06	' ACH Debit NV ENERGY SOUTH NPC PYMT 210406	180.00
04-06	' NSF Item Paid Fee FOR OVERDRAFT ACH DEBIT 091000014533009	35.00
04-07	' ACH Debit LVVWD ONLINE PMT 210407	55.29
04-08	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXX3331 04-08-21	140.00
04-09	' POS Purchase POS PURCHASE TERMINAL 36550047 WM SUPERCENTER # CHEYENNE NV XXXXXXXXXXXX3331 04-08-21 6:15 PM	62.68
04-09	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0563 LAS VEGAS NV XXXXXXXXXXXX3331 04-09-21 4:50 PM	92.13
04-09	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 MED SHEPHERD EYE C ENTER HENDERSON NVXXXXXXXXXXXX3331 04-07-21	150.00
04-12	' POS Purchase POS PURCHASE TERMINAL 007 MICHAELS STORES 51 56 LAS VEGAS NV XXXXXXXXXXXX3331 04-09-21 7:05 PM	31.00
04-12	' POS Purchase POS PURCHASE TERMINAL 45789 ARCO #6616 BOULDER C NV XXXXXXXXXXXX3331 04-09-21 6:34 PM	40.12
04-12	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #0093 BOULDER C NV XXXXXXXXXXXX3331 04-09-21 8:51 PM	28.94
04-12	' ATM Surcharge SURCHARGE AMOUNT TERMINAL 45789 ARCO #6616 BOULDER C NV XXXXXXXXXXXX3331 04-09-21 6:34 PM	0.35

PLTF0909

AA4147

EMILY BELLISARIO
April 14, 2021

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Date	Description	Subtractions
04-13	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210412	50.00
04-14	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 04-13-21 7:19 PM	5.41
04-14	' POS Purchase MERCHANT PURCHASE TERMINAL 493487 DESERT PSYCHOLOGIC AL 702 650 6 NV XXXXXXXXXXXXX3331 04-12-21	2,000.00
04-14	' ACH Debit SOUTHWEST GAS APP 210414	107.11
04-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
04-07	Deposit	4,000.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
03-14	648.10	03-23	0.85	04-12	3,185.34
03-15	554.52	04-06	-214.15	04-13	3,135.34
03-16	212.76	04-07	3,730.56	04-14	1,017.82
03-17	103.94	04-08	3,590.56		
03-22	52.37	04-09	3,285.75		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$35.00	\$35.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0910

AA4148

Account:*****3541
Period:March 15, 2021 - April 14, 2021
Page:4

☐ NEW ACCOUNT 8/14/20
2135
16
0

CHECKING DEPOSIT 80

☐ OR ☒ DEPOSIT

NAME EMMY BELMONT 40 00 00

DATE 04-07-2021 40 00 00

ACCOUNT NUMBER *8793653541 4000.00

1:50 2:1=5980:

04/07/2021 Deposit \$4,000.00

PLTF0911

AA4149

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (703) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: April 14, 2021
This statement: May 14, 2021
Total days in statement period: 30

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(1)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$1,017.82
Enclosures	1	Total additions	4,000.00
Low balance	\$29.31	Total subtractions	4,659.15
Average balance	\$1,018.55	Ending balance	\$358.67
Avg collected balance	\$1,018		

DEBITS

Date	Description	Subtractions
04-15	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 04-14-21 7:55 PM	33.73
04-16	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 www cvs com 800 746 7 RI XXXXXXXXXXXXX3331 04-15-21	5.00
04-16	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 S&S #5 LAS VEGAS NV XXXXXXXXXXXXX3331 04-16-21 5:30 PM	26.61
04-19	' POS Purchase POS PURCHASE TERMINAL 00N3IO01 7-ELEVEN LAS VEGAS NV XXXXXXXXXXXXX3331 04-19-21 3:37 PM	5.51
04-19	' POS Purchase POS PURCHASE TERMINAL 50700029 WAL-MART SUPER CEN TER LAS VEGAS NV XXXXXXXXXXXXX3331 04-18-21 7:48 PM	70.27
04-19	' POS Purchase MERCHANT PURCHASE TERMINAL 432300 NEW YORK CHINESE R ESTAURLAS VEGAS NVXXXXXXXXXXXX3331 04-17-21	28.39

PLTF0913

AA4151

EMILY BELLISARIO
May 14, 2021

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Date	Description	Subtractions
04-19	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 SP LOVEBUG BABY HENDERSON NV XXXXXXXXXXXXX3331 04-17-21	58.97
04-20	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 04-19-21	100.00
04-20	' ACH Debit CHASE CREDIT CRD EPAY 210420	140.00
04-20	' ACH Debit CHASE CREDIT CRD EPAY 210420	160.00
04-22	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LAS VEGAS NV XXXXXXXXXXXXX3331 04-21-21 9:04 PM	28.82
04-22	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 04-22-21 4:09 PM	36.25
04-22	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 04-21-21 8:29 PM	163.55
04-22	' ACH Debit COX COMM LAS BANKDRAFT 210422	111.90
04-26	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 SQ DYLAN S STORE LAS VEGAS NV XXXXXXXXXXXXX3331 04-25-21	19.51
05-05	' ACH Debit NV ENERGY SOUTH NPC PYMT 210505	180.00
05-06	' POS Purchase POS PURCHASE TERMINAL 24259201 WAL-MART #2592 NORTH LAS NV XXXXXXXXXXXXX3331 05-05-21 5:41 PM	26.06
05-06	' POS Purchase POS PURCHASE TERMINAL 30826077 TARGET T-0826 LAS VEGAS NV XXXXXXXXXXXXX3331 05-05-21 6:46 PM	48.07
05-06	' ACH Debit LVVWD ONLINE PMT 210506	79.53
05-06	' ACH Debit CHASE CREDIT CRD EPAY 210506	253.00
05-07	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 05-06-21 9:04 PM	72.34
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 QUEST DIAGNOSTICS 702 733 7 NV XXXXXXXXXXXXX3331 05-09-21	15.00
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 QUEST DIAGNOSTICS 702 733 7 NV XXXXXXXXXXXXX3331 05-09-21	15.00

PLTF0914

AA4152

EMILY BELLISARIO
May 14, 2021

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Date	Description	Subtractions
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 QUEST DIAGNOSTICS 702 733 7 NV XXXXXXXXXXXXX3331 05-09-21	15.00
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LAS VEGAS NV XXXXXXXXXXXXX3331 05-07-21 6:17 PM	30.26
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 444500 AL PHILLIPS THE CL EANERSLAS VEGAS NVXXXXXXXXXXXX3331 05-07-21	51.05
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 471705 SUMMERLIN HOSPITAL 866 82342 NV XXXXXXXXXXXXX3331 05-08-21	317.46
05-10	' POS Purchase MERCHANT PURCHASE TERMINAL 424760 ROBERTS LAW GROUP PC 702 474 7 NV XXXXXXXXXXXXX3331 05-07-21	2,000.00
05-11	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 05-11-21 3:41 PM	5.95
05-11	' POS Purchase MERCHANT PURCHASE TERMINAL 449398 ONSTAR DATA PLAN AT T 800 331 0 TXXXXXXXXXXXX3331 05-10-21	15.02
05-11	' ACH Debit CHASE CREDIT CRD EPAY 210511	40.00
05-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210510	50.00
05-13	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 05-13-21	140.00
05-13	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 05-13-21	200.00
05-13	' ACH Debit COX COMM LAS BANKDRAFT 210513	111.90
05-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
05-04	Deposit	4,000.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
04-14	1,017.82	04-19	789.34	04-26	29.31
04-15	984.09	04-20	389.34	05-04	4,029.31
04-16	952.48	04-22	48.82	05-05	3,849.31

PLTF0915

AA4153

EMILY BELLISARIO
May 14, 2021

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Date	Amount	Date	Amount	Date	Amount
05-06	3,442.65	05-10	926.54	05-13	363.67
05-07	3,370.31	05-11	815.57	05-14	358.67

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$35.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0916

AA4154

Account:*****3541
Period:April 15, 2021 - May 14, 2021
Page:5

<input type="checkbox"/> NEW ACCOUNT	CHECKING DEPOSIT
<small>DEPOSIT FOR OTHER ACCOUNTS</small>	<input type="checkbox"/> Cash
NAME <u>S. BELISARIO</u>	<input type="checkbox"/> 4000.00
DATE <u>5-4-21</u>	PAY TO THE ORDER OF
ACCOUNT NUMBER <u>*8793653541</u>	NET DEPOSIT \$ 4000.00
⑆5011⑆5980⑆	

05/04/2021 Deposit \$4,000.00

PLTF0917

AA4155

To Reconcile Your Checking Account:

- 1 Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
- 2 Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
- 3 List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

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The Annual Percentage Rate and Daily Periodic Rate may vary.

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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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: May 14, 2021
This statement: June 14, 2021
Total days in statement period: 31

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(1)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$358.67
Enclosures	1	Total additions	4,000.00
Low balance	\$56.59	Total subtractions	1,859.84
Average balance	\$1,369.67	Ending balance	\$2,498.83
Avg collected balance	\$1,369		

DEBITS

Date	Description	Subtractions
05-17	' POS Purchase	53.94
	POS PURCHASE TERMINAL 30826161 TARGET T-0826	
	LAS VEGAS NV XXXXXXXXXXXXX3331 05-14-21 5:50 PM	
05-17	' POS Purchase	5.00
	MERCHANT PURCHASE TERMINAL 413746 www cvs com	
	800 746 7 RI XXXXXXXXXXXXX3331 05-15-21	
05-17	' POS Purchase	40.00
	MERCHANT PURCHASE TERMINAL 424818 VENMO*	
	VISA DIRE NY XXXXXXXXXXXXX3331 05-15-21	
05-17	' POS Purchase	100.00
	MERCHANT PURCHASE TERMINAL 469216 SQ INTEGRITY COUN	
	SELINGLas Vegas NVXXXXXXXXXXXX3331 05-13-21	
05-18	' ACH Debit	69.00
	SOUTHWEST GAS BILLPAY 210518	
05-19	' POS Purchase	25.97
	POS PURCHASE TERMINAL 0035CG44 TOWN CENTE	
	LAS VEGAS NV XXXXXXXXXXXXX3331 05-19-21 2:54 PM	

PLTF0919

AA4157

EMILY BELLISARIO
June 14, 2021

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Date	Description	Subtractions
05-28	' POS Purchase POS PURCHASE TERMINAL 10531001 DOLLARTREE LAS VEGAS NV XXXXXXXXXXXXX3331 05-27-21 8:34 PM	8.17
06-04	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 06-04-21	140.00
06-04	' ACH Debit LVVWD ONLINE PMT 210604	89.68
06-04	' ACH Debit NV ENERGY SOUTH NPC PYMT 210604	204.00
06-07	' POS Purchase POS PURCHASE TERMINAL 24507001 WAL-MART #5070 LAS VEGAS NV XXXXXXXXXXXXX3331 06-04-21 9:08 PM	123.81
06-07	' POS Purchase MERCHANT PURCHASE TERMINAL 319509 CVS/PHARMACY #09 0 9967-LAS VEGAS NVXXXXXXXXXXXX3331 06-07-21 12:34 PM	23.62
06-07	' ACH Debit CHASE CREDIT CRD AUTOPAY 210607	50.00
06-07	' ACH Debit CHASE CREDIT CRD EPAY 210607	160.00
06-08	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 ONSTAR DATA PLAN AT T 800 331 0 TXXXXXXXXXXXX3331 06-07-21	15.02
06-09	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 RACHELS KITCHEN AT THE TLAS VEGAS NVXXXXXXXXXXXX3331 06-07-21	21.13
06-09	' POS Purchase MERCHANT PURCHASE TERMINAL 404048 JASON S DELI LVB 2 15 LAS VEGAS NV XXXXXXXXXXXXX3331 06-08-21	25.49
06-09	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 LESLIES POOL SPLY LAS VEGAS NV XXXXXXXXXXXXX3331 06-07-21	133.76
06-09	' POS Purchase MERCHANT PURCHASE TERMINAL 444500 ICP DESERT GYMCA TS LAS VEGAS NV XXXXXXXXXXXXX3331 06-08-21	193.37
06-09	' POS Purchase MERCHANT PURCHASE TERMINAL 471705 SUMMERLIN HOSPITAL 866 82342 NV XXXXXXXXXXXXX3331 06-08-21	317.46
06-10	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 06-10-21 11:24 AM	5.42
06-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210610	50.00
06-14	' Service Charge MAINTENANCE FEE	5.00

PLTF0920

AA4158

EMILY BELLISARIO
June 14, 2021

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XXXXXX3541

CREDITS

Date	Description	Additions
06-02	Deposit	4,000.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-14	358.67	06-02	4,056.59	06-10	2,553.83
05-17	159.73	06-04	3,622.91	06-11	2,503.83
05-18	90.73	06-07	3,265.48	06-14	2,498.83
05-19	64.76	06-08	3,250.46		
05-28	56.59	06-09	2,559.25		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$35.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0921

AA4159

Account:*****3541
Period:May 15, 2021 - June 14, 2021
Page:4

<input type="checkbox"/> NEW ACCOUNT	CHECKING DEPOSIT
DEBIT HERE FOR BANK RECEIVED	<input type="checkbox"/>
NAME <u>E. BEMISARD</u>	<input type="checkbox"/>
DATE	DATE
ACCOUNT NUMBER	ACCOUNT
<u>X 8799653541</u>	DEPOSIT \$ <u>4000.-</u>
⑆50⑆⑆⑆5980⑆	
06/02/2021 Deposit \$4,000.00	

PLTF0922

AA4160

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit- We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION- We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: June 14, 2021
This statement: July 14, 2021
Total days in statement period: 30

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XXXXXX3541
(1)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$2,498.83
Enclosures	1	Total additions	4,000.00
Low balance	\$16.53	Total subtractions	4,162.63
Average balance	\$1,450.73	Ending balance	\$2,336.20
Avg collected balance	\$1,450		

DEBITS

Date	Description	Subtractions
06-15	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 SQ ROBERT M LOWE LAS VEGAS NV XXXXXXXXXXXXX3331 06-14-21	45.00
06-15	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 06-14-21 7:43 PM	47.07
06-16	' POS Purchase POS PURCHASE TERMINAL 18380050 WAL-MART #1838 LAS VEGAS NV XXXXXXXXXXXXX3331 06-16-21 9:16 AM	42.52
06-16	' POS Purchase MERCHANT PURCHASE TERMINAL 423168 PETSMART 1025 LAS VEGAS NV XXXXXXXXXXXXX3331 06-15-21	4.32
06-16	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 www cvs com 800 746 7 RI XXXXXXXXXXXXX3331 06-15-21	5.00
06-16	' POS Purchase MERCHANT PURCHASE TERMINAL 494300 POKE SUSHITTO NORTH LAS NV XXXXXXXXXXXXX3331 06-15-21	11.69

PLTF0924

AA4162

EMILY BELLISARIO
July 14, 2021

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XXXXXX3541

Date	Description	Subtractions
06-16	' POS Purchase MERCHANT PURCHASE TERMINAL 424760 ROBERTS LAW GROUP PC 702 474 7 NV XXXXXXXXXXXXX3331 06-14-21	2,000.00
06-17	' POS Purchase POS PURCHASE TERMINAL 76362001 DOLLARTREE LAS VEGAS NV XXXXXXXXXXXXX3331 06-17-21 11:51 AM	9.75
06-17	' POS Purchase POS PURCHASE TERMINAL 4197CL01 PATISSERIE MANON LAS VEGAS NV XXXXXXXXXXXXX3331 06-17-21 2:06 PM	22.21
06-17	' ACH Debit SOUTHWEST GAS BILLPAY 210617	69.00
06-18	' POS Purchase MERCHANT PURCHASE TERMINAL 770446 SPROUTS FARMERS MK T#504 HENDERSON NVXXXXXXXXXX3331 06-17-21 8:48 PM	5.41
06-18	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 SQ CLINICAL SOLUT IONS 877 417 4 NV XXXXXXXXXXXXX3331 06-17-21	25.50
06-21	' POS Purchase MERCHANT PURCHASE TERMINAL 423168 SMASHBURGER 1275 LAS VEGAS NV XXXXXXXXXXXXX3331 06-21-21	40.66
06-22	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 PINKBOX DOUGHNUTS LAKELAS VEGAS NV XXXXXXXXXXXXX3331 06-21-21	2.00
06-22	' ACH Debit REPUBLICSERVICES RSIBILLPAY 210622	52.17
06-23	' POS Purchase MERCHANT PURCHASE TERMINAL 463923 STEINBERG DMI-INTE RGY LAS VEGAS NV XXXXXXXXXXXXX3331 06-23-21 5:16 PM	100.00
07-06	' POS Purchase POS PURCHASE TERMINAL 10531001 DOLLARTREE LAS VEGAS NV XXXXXXXXXXXXX3331 07-03-21 5:23 PM	6.42
07-06	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 07-05-21	5.00
07-06	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 07-03-21	9.00
07-06	' POS Purchase MERCHANT PURCHASE TERMINAL 475542 KAIZEN REVOLVING S USHI LAS VEGAS NV XXXXXXXXXXXXX3331 07-02-21	9.91
07-06	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LAS VEGAS NV XXXXXXXXXXXXX3331 07-05-21 5:00 PM	20.16
07-06	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 07-03-21 6:38 PM	141.60

PLTF0925

AA4163

EMILY BELLISARIO
July 14, 2021

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XXXXXX3541

Date	Description	Subtractions
07-06	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 07-05-21 4:32 PM	192.11
07-06	' ACH Debit CHASE CREDIT CRD AUTOPAY 210706	50.00
07-06	' ACH Debit CHASE CREDIT CRD EPAY 210706	60.00
07-06	' ACH Debit COX COMM LAS BANKDRAFT 210706	111.90
07-06	' ACH Debit NV ENERGY SOUTH NPC PYMT 210706	204.00
07-06	' ACH Debit CHASE CREDIT CRD EPAY 210706	220.00
07-07	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 07-06-21	10.50
07-07	' ACH Debit LVVWD ONLINE PMT 210707	73.32
07-08	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 07-07-21	3.79
07-08	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 ONSTAR DATA PLAN AT T 800 331 0 TXXXXXXXXXXXX3331 07-07-21	15.02
07-08	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 07-08-21 10:37 AM	46.63
07-09	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 07-08-21	2.00
07-09	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0673 HENDERSON NV XXXXXXXXXXXXX3331 07-08-21 7:15 PM	32.48
07-09	' POS Purchase MERCHANT PURCHASE TERMINAL 471705 SUMMERLIN HOSPITAL 866 82342 NV XXXXXXXXXXXXX3331 07-08-21	317.46
07-12	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 ONSTAR DATA PLAN AT T 800 331 0 TXXXXXXXXXXXX3331 07-09-21	25.03
07-13	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210712	50.00
07-14	' ACH Debit SOUTHWEST GAS BILLPAY 210714	69.00
07-14	' Service Charge MAINTENANCE FEE	5.00

PLTF0926

AA4164

EMILY BELLISARIO
July 14, 2021

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XXXXXX3541

CREDITS

Date	Description	Additions
07-02	Deposit	4,000.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
06-14	2,498.83	06-22	116.53	07-09	2,485.23
06-15	2,406.76	06-23	16.53	07-12	2,460.20
06-16	343.23	07-02	4,016.53	07-13	2,410.20
06-17	242.27	07-06	2,986.43	07-14	2,336.20
06-18	211.36	07-07	2,902.61		
06-21	170.70	07-08	2,837.17		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$35.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0927

AA4165

Account:*****3541
Period:June 15, 2021 - July 14, 2021
Page:5

<input type="checkbox"/> NEW ACCOUNT		CHECKING DEPOSIT	
SIGNATURE FOR CASH RECEIVED		<input checked="" type="checkbox"/> CASH	
NAME <u>E. BELLSAID</u>		4000.00	
DATE <u>7-2-21</u>		DUE TOTAL *	
ACCOUNT NUMBER <u>*8293653541</u>		NET DEPOSIT \$ 4000.00	
⑆5011⑆5980⑆			

07/02/2021 Deposit \$4,000.00

PLTF0928

AA4166

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	
						TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

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METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

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The Annual Percentage Rate and Daily Periodic Rate may vary.

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 - We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: July 14, 2021
This statement: August 14, 2021
Total days in statement period: 31

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(1)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$2,336.20
Enclosures	1	Total additions	4,000.00
Low balance	\$-317.49	Total subtractions	4,762.06
Average balance	\$1,079.21	Ending balance	\$1,574.14
Avg collected balance	\$1,079		

DEBITS

Date	Description	Subtractions
07-15	' POS Purchase MERCHANT PURCHASE TERMINAL 319509 CVS/PHARMACY #09 0 9967--LAS VEGAS NVXXXXXXXXXXXX3331 07-14-21 6:27 PM	21.32
07-16	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 www cvs com 800 746 7 RI XXXXXXXXXXXXXXX3331 07-15-21	5.00
07-16	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 TST JAMBA JUICE 1562 LAS VEGAS NVXXXXXXXXXXXX3331 07-15-21	13.86
07-16	' POS Purchase MERCHANT PURCHASE TERMINAL 449215 SQ CLINICAL SOLUT 1 877 417 4 NV XXXXXXXXXXXXXXX3331 07-15-21	25.50
07-19	' POS Purchase MERCHANT PURCHASE TERMINAL 424760 ROBERTS LAW GROUP PC 702 474 7 NV XXXXXXXXXXXXXXX3331 07-15-21	2,000.00
07-20	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXXXX3331 07-18-21	11.76

PLTF0930

AA4168

EMILY BELLISARIO
August 14, 2021

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Date	Description	Subtractions
07-20	' ACH Debit CHASE CREDIT CRD EPAY 210720	150.00
07-21	' POS Purchase MERCHANT PURCHASE TERMINAL 444500 99 CENTS ONLY 015 9 LAS VEGAS NV XXXXXXXXXXXXX3331 07-20-21	39.89
07-26	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 ABCMOUSE COM 800 633 3 CA XXXXXXXXXXXXX3331 07-23-21	29.95
08-04	' ACH Debit NV ENERGY SOUTH NPC PYMT 210804	204.00
08-04	' NSF Item Paid Fee FOR OVERDRAFT ACH DEBIT 091000015297343	35.00
08-05	' ACH Debit CHASE CREDIT CRD AUTOPAY 210805	50.00
08-05	' ACH Debit LVVWD ONLINE PMT 210805	67.41
08-05	' NSF Item Paid Fee FOR OVERDRAFT ACH DEBIT 021000025505776	35.00
08-05	' NSF Item Paid Fee FOR OVERDRAFT ACH DEBIT 064100854963269	35.00
08-09	' POS Purchase POS PCH CSH BACK TERMINAL 50700033 WAL-MART SUPER CEN TER LAS VEGAS NV XXXXXXXXXXXXX3331 08-08-21 1:45 PM	89.43
08-09	' POS Purchase MERCHANT PURCHASE TERMINAL 313149 WHOLEFDS FTA 101 8 855 W LAS VEGAS NVXXXXXXXXXX3331 08-08-21 5:25 PM	5.41
08-09	' POS Purchase MERCHANT PURCHASE TERMINAL 405523 ONSTAR DATA PLAN AT T 800 331 0 TXXXXXXXXXX3331 08-08-21	25.03
08-09	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 08-07-21 4:03 PM	27.58
08-09	' POS Purchase MERCHANT PURCHASE TERMINAL 407314 OFF BROADWAY SHOES 3108 LAS VEGAS NVXXXXXXXXXX3331 08-08-21 1:19 PM	192.32
08-09	' ACH Debit COX COMM LAS BANKDRAFT 210809	112.99
08-09	' ACH Debit CHASE CREDIT CRD EPAY 210809	300.00
08-10	' POS Purchase MERCHANT PURCHASE TERMINAL 424818 VENMO* VISA DIRE NY XXXXXXXXXXXXX3331 08-09-21	10.00
08-10	' POS Purchase MERCHANT PURCHASE TERMINAL 426979 SPORT CLIPS NV11 2 LALAS VEGAS NV XXXXXXXXXXXXX3331 08-08-21	23.00

PLTF0931

AA4169

EMILY BELLISARIO
August 14, 2021

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XXXXXX3541

Date	Description	Subtractions
08-11	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 08-10-21 7:50 PM	225.68
08-11	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210810	50.00
08-12	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 08-12-21 12:30 PM	152.70
08-12	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0685 LAS VEGAS NV XXXXXXXXXXXXX3331 08-12-21 12:33 PM	788.92
08-13	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0563 LAS VEGAS NV XXXXXXXXXXXXX3331 08-13-21 11:16 AM	30.31
08-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
08-06	Deposit	4,000.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
07-14	2,336.20	07-26	38.92	08-11	2,551.07
07-15	2,314.88	08-04	-200.08	08-12	1,609.45
07-16	2,270.52	08-05	-387.49	08-13	1,579.14
07-19	270.52	08-06	3,612.51	08-14	1,574.14
07-20	108.76	08-09	2,859.75		
07-21	68.87	08-10	2,826.75		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$105.00	\$140.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0932

AA4170

Account:*****3541
Period:July 15, 2021 - August 14, 2021
Page:4

<input type="checkbox"/> NEW ACCOUNT	CHECKING DEPOSIT
<small>SIGN HERE FOR ONLINE DEPOSIT</small>	<input type="checkbox"/> CASH
NAME <u>S. NELLS APO</u>	<input type="checkbox"/> <u>4000.00</u>
DATE <u>8-6-21</u>	<small>OLD BALANCE</small>
ACCOUNT NUMBER <u>*8793653541</u>	<small>NEW BALANCE</small>
<small>1:50 1 1 5980</small>	<small>NET DEPOSIT \$</small> <u>4000.00</u>

08/06/2021 Deposit \$4,000.00

PLTF0933

AA4171

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

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Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: August 14, 2021
This statement: September 14, 2021
Total days in statement period: 31

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XXXXXX3541
(1)

Direct inquiries to:
877-299-2265

Bank Of Nevada
1115 S Hualapai Way
Las Vegas NV 89117

THANK YOU FOR BANKING WITH US!

Personal Checking

Account number	XXXXXX3541	Beginning balance	\$1,574.14
Enclosures	1	Total additions	3,530.00
Low balance	\$-68.81	Total subtractions	2,012.27
Average balance	\$977.96	Ending balance	\$3,091.87
Avg collected balance	\$977		

DEBITS

Date	Description	Subtractions
08-16	' POS Purchase MERCHANT PURCHASE TERMINAL 413746 www cvs com 800 746 7 RI XXXXXXXXXXXXX3331 08-15-21	5.00
08-16	' POS Purchase MERCHANT PURCHASE TERMINAL 319181 THE HOME DEPOT #33 15 LAS VEGAS NV XXXXXXXXXXXXX3331 08-15-21 3:51 PM	39.30
08-16	' POS Purchase MERCHANT PURCHASE TERMINAL 318975 SMITH'S FOOD & D 8 525 W LAS VEGAS NVXXXXXXXXXX3331 08-15-21 6:38 PM	73.02
08-17	' POS Purchase POS PURCHASE TERMINAL 24259201 WAL-MART #2592 NORTH LAS NV XXXXXXXXXXXXX3331 08-17-21 12:13 PM	30.43
08-17	' POS Purchase MERCHANT PURCHASE TERMINAL 318198 WALGREENS STORE 14 45 W CNORTH LAS NVXXXXXXXXXX3331 08-17-21 1:45 PM	28.95
08-17	' POS Purchase MERCHANT PURCHASE TERMINAL 449804 VERIZON WRLS IVR V W 800 92202 CA XXXXXXXXXXXXX3331 08-16-21	160.00

PLTF0935

AA4173

EMILY BELLISARIO
September 14, 2021

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XXXXXX3541

Date	Description	Subtractions
08-17	' ACH Debit SOUTHWEST GAS BILLPAY 210817	78.00
08-18	' POS Purchase MERCHANT PURCHASE TERMINAL 315787 ALBERTSONS #3333 LAS VEGAS NV XXXXXXXXXXXXX3331 08-18-21 11:19 AM	5.67
08-18	' POS Purchase MERCHANT PURCHASE TERMINAL 313149 WHOLEFDS TYA 104 7 250 W LAS VEGAS NVXXXXXXXXXX3331 08-18-21 11:43 AM	9.42
08-23	' POS Purchase MERCHANT PURCHASE TERMINAL 424760 ROBERTS LAW GROUP PC 702 474 7 NV XXXXXXXXXXXXX3331 08-20-21	1,000.00
08-24	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 ONSTAR SERVICES 888 4ONST MI XXXXXXXXXXXXX3331 08-23-21	34.99
08-25	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 08-24-21	7.84
08-26	' POS Purchase MERCHANT PURCHASE TERMINAL 315796 SHELL SERVICE STAT ION LAS VEGAS NV XXXXXXXXXXXXX3331 08-26-21 4:42 PM	10.51
08-30	' POS Purchase MERCHANT PURCHASE TERMINAL 427539 TRUFUSION SUMMERLI N LAS VEGAS NV XXXXXXXXXXXXX3331 08-27-21	3.50
08-30	' POS Purchase MERCHANT PURCHASE TERMINAL 407105 NEKTER JUICE BAR 7 500 LAS VEGAS NV XXXXXXXXXXXXX3331 08-26-21	11.16
08-31	' POS Purchase MERCHANT PURCHASE TERMINAL 407140 CITY OF LAS VEGAS 702 22912 NV XXXXXXXXXXXXX3331 08-30-21	20.00
09-01	' POS Purchase MERCHANT PURCHASE TERMINAL 443106 MEDIET CAFE LAS VEGAS NV XXXXXXXXXXXXX3331 08-31-21	10.83
09-03	' ACH Debit LVVWD ONLINE PMT 210903	59.33
09-07	' ACH Debit CHASE CREDIT CRD AUTOPAY 210907	50.00
09-07	' NSF Item Paid Fee FOR OVERDRAFT ACH DEBIT 021000026444930	35.00
09-10	' POS Purchase MERCHANT PURCHASE TERMINAL 313183 COSTCO WHSE #0673 HENDERSON NV XXXXXXXXXXXXX3331 09-09-21 8:36 PM	153.97
09-13	' POS Purchase POS PURCHASE TERMINAL 30996717 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXX3331 09-11-21 11:55 AM	6.09
09-13	' POS Purchase POS PURCHASE TERMINAL 30996714 CVS/PHARMACY #09 LAS VEGAS NV XXXXXXXXXXXXX3331 09-11-21 11:53 AM	17.27

PLTF0936

AA4174

EMILY BELLISARIO
September 14, 2021

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XXXXXX3541

Date	Description	Subtractions
09-13	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 NETFLIX COM NETFLIX C CA XXXXXXXXXXXXX3331 09-13-21	13.99
09-13	' POS Purchase MERCHANT PURCHASE TERMINAL 490641 PHR HealthCarePart nersMaLas Vegas NVXXXXXXXXXXXX3331 09-10-21	15.00
09-13	' ACH Debit SUMMERLIN NORTH DIR DEBIT 210910	50.00
09-14	' ACH Debit SOUTHWEST GAS BILLPAY 210914	78.00
09-14	' Service Charge MAINTENANCE FEE	5.00

CREDITS

Date	Description	Additions
09-03	' Internet/Phone Trsfr FR ACC XXXXXXXX8473DATE: 09-03-21 TIME: 17:38:34	30.00
09-09	Deposit	3,500.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
08-14	1,574.14	08-25	101.52	09-07	-68.81
08-16	1,456.82	08-26	91.01	09-09	3,431.19
08-17	1,159.44	08-30	76.35	09-10	3,277.22
08-18	1,144.35	08-31	56.35	09-13	3,174.87
08-23	144.35	09-01	45.52	09-14	3,091.87
08-24	109.36	09-03	16.19		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$35.00	\$175.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0937

AA4175

Account:*****3541
Period:August 15, 2021 - September 14, 2021
Page:4

<input type="checkbox"/> NEW ACCOUNT		CHECKING DEPOSIT	
NAME <u>Emily B. Sando</u>		AMOUNT <u>3500.00</u>	
DATE <u>09/09/21</u>		SUB TOTAL <u>3500.00</u>	
ACCOUNT NUMBER <u>8798 6535 41</u>		NET DEPOSIT \$ <u>3500.00</u>	
⑆5011-5980⑆			

09/09/2021 Deposit \$3,500.00

PLTF0938

AA4176

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An 'x' on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						TOTAL Should agree with your checkbook balance	\$

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Member FDIC.

PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: September 30, 2019
This statement: December 31, 2019
Total days in statement period: 92

Page 1 of 2
XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

*IF YOU ARE A CALIFORNIA RESIDENT, CALIFORNIA LAW MAY PROVIDE YOU WITH
ADDITIONAL RIGHTS REGARDING OUR USE OF YOUR PERSONAL INFORMATION.
TO LEARN MORE ABOUT YOUR CALIFORNIA PRIVACY RIGHTS, PLEASE VISIT
WESTERNALLIANCEBANCORPORATION.COM/PRIVACY-LEGAL-HOME/
PRIVACY-POLICY*

Personal Savings

Account number	XXXXXX8473
Low balance	\$1,437.64
Average balance	\$1,807.31
Avg collected balance	\$1,807
Interest paid year to date	\$0.59

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
09-30	Beginning balance			\$1,437.52
10-31	Interest Credit	.06		1,437.58
11-30	Interest Credit	.06		1,437.64
12-09	POS Refund	19.99		1,457.63
	MERCHANT REFUND TERMINAL 420429			
	24 Hour Fitness USA I 800 43263 CA			
	XXXXXXXXXXXX8797 12-07-19 12:00 AM			
12-10	Deposit	500.00		1,957.63
12-31	Interest Credit	.08		1,957.71
12-31	Ending totals	520.19	.00	\$1,957.71

PLTF0098

AA4178

EMILY BELLISARIO
December 31, 2019

Page 2 of 2
XXXXXX8473

INTEREST INFORMATION

Annual percentage yield earned	0.05%
Interest-bearing days	92
Average balance for APY	\$1,562.14
Interest earned	\$0.20

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0099

AA4179

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
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3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

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PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: December 31, 2019
This statement: March 31, 2020
Total days in statement period: 91

Page 1 of 2
XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

THANK YOU FOR BANKING WITH US!

Personal Savings

Account number	XXXXXX8473
Low balance	\$1,957.87
Average balance	\$1,957.87
Avg collected balance	\$1,957
Interest paid year to date	\$0.24

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
12-31	Beginning balance			\$1,957.71
01-31	' Interest Credit	.08		1,957.79
02-29	' Interest Credit	.08		1,957.87
03-31	' Interest Credit	.08		1,957.95
03-31	Ending totals	.24	.00	\$1,957.95

INTEREST INFORMATION

Annual percentage yield earned	0.05%
Interest-bearing days	91
Average balance for APY	\$1,957.79
Interest earned	\$0.24

PLTF0101

AA4181

EMILY BELLISARIO
March 31, 2020

Page 2 of 2
XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0102

AA4182

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
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CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance \$

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 - The charge in question may remain on your statement and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
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 - We can apply any unpaid amount against your credit limit.

NOTICE OF FURNISHING NEGATIVE INFORMATION: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: March 31, 2020
This statement: June 30, 2020
Total days in statement period: 91

Page 1 of 2
XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

EFFECTIVE JULY 1, 2020, OUR FUNDS AVAILABILITY POLICY WILL CHANGE. IF WE DELAY FUNDS ON A CHECK YOU DEPOSIT, THE AMOUNT MADE AVAILABLE TO YOU ON THE FIRST BUSINESS DAY AFTER YOUR DEPOSIT WILL INCREASE FROM \$200 TO \$225. ALSO, CHECKS DEPOSITED IN EXCESS OF \$5,525 MAY BE SUBJECT TO LONGER DELAYS (INCREASED FROM \$5,000) . FOR MORE INFORMATION, PLEASE CONTACT YOUR LOCAL BRANCH.

Personal Savings

Account number	XXXXXX8473
Low balance	\$1,958.12
Average balance	\$1,958.12
Avg collected balance	\$1,958
Interest paid year to date	\$0.49

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
03-31	Beginning balance			\$1,957.95
04-30	Interest Credit	.08		1,958.03
05-31	Interest Credit	.09		1,958.12
06-30	Interest Credit	.08		1,958.20
06-30	Ending totals	.25	.00	\$1,958.20

INTEREST INFORMATION

Annual percentage yield earned	0.05%
Interest-bearing days	91
Average balance for APY	\$1,958.03
Interest earned	\$0.25

PLTF0104

AA4184

EMILY BELLISARIO
June 30, 2020

Page 2 of 2
XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0105

AA4185

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance \$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0337, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26337, Las Vegas, NV 89126-0337.

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Member FDIC.

PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: June 30, 2020
This statement: September 30, 2020
Total days in statement period: 92

Page 1 of 2
XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

THANK YOU FOR BANKING WITH US!

Personal Savings

Account number	XXXXXX8473
Low balance	\$1,958.36
Average balance	\$1,958.36
Avg collected balance	\$1,958
Interest paid year to date	\$0.73

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
06-30	Beginning balance			\$1,958.20
07-31	' Interest Credit	.08		1,958.28
08-31	' Interest Credit	.08		1,958.36
09-30	' Interest Credit	.08		1,958.44
09-30	Ending totals	.24	.00	\$1,958.44

INTEREST INFORMATION

Annual percentage yield earned	0.05%
Interest-bearing days	92
Average balance for APY	\$1,958.28
Interest earned	\$0.24

PLTF0107

AA4187

EMILY BELLISARIO
September 30, 2020

Page 2 of 2
XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0108

AA4188

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
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3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance

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IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

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Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: September 30, 2020
This statement: October 31, 2020
Total days in statement period: 31

Page 1 of 2
XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango ..
Las Vegas NV 89147

THANK YOU FOR BANKING WITH US!

Personal Savings

Account number	XXXXXX8473
Low balance	\$758.44
Average balance	\$1,500.38
Avg collected balance	\$1,500
Interest paid year to date	\$0.80

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
09-30	Beginning balance			\$1,958.44
10-19	Internet/Phone Xfer TO ACC XXXXXX3541DATE: 10-19-20 TIME: 16:09:48		-1,000.00	958.44
10-26	Internet/Phone Xfer TO ACC XXXXXX3541DATE: 10-26-20 TIME: 17:39:28		-200.00	758.44
10-31	Interest Credit	.07		758.51
10-31	Ending totals	.07	-1,200.00	\$758.51

INTEREST INFORMATION

Annual percentage yield earned	0.06%
Interest-bearing days	31
Average balance for APY	\$1,500.38
Interest earned	\$0.07

PLTF0110

AA4190

EMILY BELLISARIO
October 31, 2020

Page 2 of 2
XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0111

AA4191

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
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3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance \$

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1 **EXH**

2 Amanda M. Roberts, Esq.

3 State of Nevada Bar No. 9294

4 **ROBERTS STOFFEL FAMILY LAW GROUP**

5 4411 S. Pecos Road

6 Las Vegas, Nevada 89121

7 PH: (702) 474-7007

8 FAX: (702) 474-7477

9 EMAIL: efile@lvfamilylaw.com

10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT**
12 **FAMILY DIVISION**
13 **CLARK COUNTY, NEVADA**

14 EMILY BELLISARIO,

15 Plaintiff,

16 v.

17 BRADLEY BELLISARIO,

18 Defendant.

Case No: D-20-605263-D

Dept No: P

BOOK 3 of 3

Date of Trial: December 20, 2021

Time of Trial: 9:00 a.m.

19 **PLAINTIFF'S TRIAL EXHIBIT BOOKS**

20 COMES NOW the Plaintiff, Emily Bellisario, by and through her attorney of
21 record, Amanda M. Roberts, Esq., of Roberts Stoffel Family Law Group, and
22 hereby submits Plaintiff's Trial Exhibits enclosed herein.

23 **ROBERTS STOFFEL FAMILY LAW GROUP**

24 By: Amanda M. Roberts

25 Amanda M. Roberts, Esq.

26 State Bar of Nevada No. 9294

27 Attorney for Plaintiff, Emily Bellisario



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Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: October 31, 2020
This statement: December 31, 2020
Total days in statement period: 61

Page 1 of 2
XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

THANK YOU FOR BANKING WITH US!

Personal Savings

Account number	XXXXXX8473
Low balance	\$158.54
Average balance	\$352.09
Avg collected balance	\$352
Interest paid year to date	\$0.84

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
10-31	Beginning balance			\$758.51
11-30	* Interest Credit	.03		758.54
12-11	* Internet/Phone Xfer TO ACC XXXXXX3541DATE: 12-11-20 TIME: 14:54:16		-600.00	158.54
12-31	* Service Charge MAINTENANCE FEE		-3.00	155.54
12-31	* Interest Credit	.01		155.55
12-31	Ending totals	.04	-603.00	\$155.55

INTEREST INFORMATION

Annual percentage yield earned	0.04%
Interest-bearing days	61
Average balance for APY	\$551.97
Interest earned	\$0.04

PLTF0875

AA4194

EMILY BELLISARIO
December 31, 2020

Page 2 of 2
XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0876

AA4195

To Reconcile Your Checking Account:

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CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING				\$		TOTAL Should agree with your checkbook balance	\$

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 - We can apply any unpaid amount against your credit limit.

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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 can call us at (702) 248-4200 to find out if the deposit has been made.





Bank of Nevada, a division of Western Alliance Bank.
Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: December 31, 2020
This statement: February 28, 2021
Total days in statement period: 59

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XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

THANK YOU FOR BANKING WITH US!

Personal Savings

Account number	XXXXXX8473
Low balance	\$52.56
Average balance	\$63.27
Avg collected balance	\$63
Interest paid year to date	\$0.01

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
12-31	Beginning balance			\$155.55
01-31	' Service Charge MAINTENANCE FEE		-3.00	152.55
01-31	' Interest Credit	.01		152.56
02-04	' Internet/Phone Xfer TO ACC XXXXXX3541DATE: 02-04-21 TIME: 17:10:46		-100.00	52.56
02-28	' Service Charge MAINTENANCE FEE		-3.00	49.56
02-28	Ending totals	.01	-106.00	\$49.56

INTEREST INFORMATION

Annual percentage yield earned	0.06%
Interest-bearing days	59
Average balance for APY	\$111.76
Interest earned	\$0.01

PLTF0878

AA4197

EMILY BELLISARIO
February 28, 2021

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XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0879

AA4198

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$ TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

IMPORTANT INFORMATION ABOUT REVIEWING YOUR STATEMENT

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. The periodic statement will be considered correct for all purposes and we will not be liable for any payment made and charged to your Account unless you notify us in writing within certain time limits after the statement and checks are made available to you. We will not be liable for any check that is altered or any signature that is forged unless you notify us within thirty (30) calendar days after the statement is made available. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you notify us within thirty (30) calendar days after the statement is made available. If you have requested us to hold your Account statements, we have the right to mail your statements if you have not claimed them within thirty (30) calendar days. If we truncate your checks or provide you with an image of your checks, you understand that your original checks will not be returned to you with your statement. You agree that our retention of checks does not alter or waive your responsibility to examine your statements or change the time limits for notifying us of any errors.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at P.O. Box 26237, Las Vegas, NV 89126-0237, telephone us at (702) 248-4200 or E-mail us at inquiries@bankofnevada.com as soon as you think your statement or receipt is wrong or if you need more information about a transfer on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days for a new account), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

METHOD USED TO DETERMINE THE BALANCE ON WHICH THE INTEREST CHARGE WILL BE COMPUTED

Revolving Lines of Credit: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances and fees and subtract any unpaid interest charges and any payments or credits. This gives us the daily balance.

The Annual Percentage Rate and Daily Periodic Rate may vary.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT

If you think there is an error on your statement, write to us at: Bank of Nevada, Loan Servicing Dept., P.O. Box 26237, Las Vegas, NV 89126-0237.

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- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
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Member FDIC.
PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: February 28, 2021
This statement: March 31, 2021
Total days in statement period: 31

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XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

THANK YOU FOR BANKING WITH US!

Personal Savings

Account number	XXXXXX8473
Low balance	\$49.56
Average balance	\$49.56
Avg collected balance	\$49
Interest paid year to date	\$0.01

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
02-28	Beginning balance			\$49.56
03-31	Service Charge		-3.00	46.56
	MAINTENANCE FEE			
03-31	Ending totals	.00	-3.00	\$46.56

INTEREST INFORMATION

Annual percentage yield earned	0.00%
Interest-bearing days	31
Average balance for APY	\$49.56
Interest earned	\$0.00

PLTF0881

AA4200

EMILY BELLISARIO
March 31, 2021

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XXXXXX8473

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0882

AA4201

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						TOTAL Should agree with your checkbook balance	\$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record, (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

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PO Box 26237 • Las Vegas, NV 89126-0237
Return Service Requested

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Last statement: March 31, 2021
This statement: June 30, 2021
Total days in statement period: 91

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XXXXXX8473
(0)

Direct inquiries to:
877-299-2265

Bank Of Nevada
3985 S Durango
Las Vegas NV 89147

EFFECTIVE AUGUST 1, 2021 AN EXCESS WITHDRAWAL FEE ON CONSUMER SAVINGS WILL BE INSTITUTED AT \$5.00 PER EXCESSIVE TRANSACTION ON ALL WITHDRAWALS OVER THE LIMIT OF 6 PER MONTHLY CYCLE. WITHDRAWALS AND TRANSFERS MADE AT ATMS WILL BE EXEMPT FROM THIS LIMITATION. IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR BRANCH OR CLIENT CARE AT 602-995-2265.

Personal Savings

Account number	XXXXXX8473
Low balance	\$40.57
Average balance	\$40.57
Avg collected balance	\$40
Interest paid year to date	\$0.02

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
03-31	Beginning balance			\$46.56
04-30	Service Charge MAINTENANCE FEE		-3.00	43.56
04-30	Interest Credit	.01		43.57
05-31	Service Charge MAINTENANCE FEE		-3.00	40.57
06-30	Service Charge MAINTENANCE FEE		-3.00	37.57
06-30	Ending totals	.01	-9.00	\$37.57

PLTF0884

AA4203

EMILY BELLISARIO
June 30, 2021

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XXXXXX8473

INTEREST INFORMATION

Annual percentage yield earned	0.09%
Interest-bearing days	91
Average balance for APY	\$43.57
Interest earned	\$0.01

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bank Of Nevada

PLTF0885

AA4204

To Reconcile Your Checking Account:

1. Subtract from your checkbook balance any service charge, fees, preauthorized automatic payments or transfers, withdrawals (including ATM) which have been deducted on this statement.
2. Compare and check off paid checks against your checkbook record. Note: An * on your statement indicates a break in check sequence.
3. List checks not accounted for in the section marked "Checks Outstanding" and complete the statement of reconciliation.

CHECKS OUTSTANDING						STATEMENT OF RECONCILIATION	
Number	Amount	Number	Amount	Number	Amount	Ending balance from this statement	\$
						ADD deposits made but not shown on this statement	
						SUB TOTAL	
						SUBTRACT TOTAL CHECKS OUTSTANDING	
TOTAL CHECKS OUTSTANDING						\$	TOTAL Should agree with your checkbook balance \$

If the total does not agree with your checkbook balance, the difference may be located by (1) checking the addition and subtraction in your checkbook record (2) making sure each check and deposit was entered correctly in your record, (3) reviewing each step in the balancing procedure.

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 - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit.

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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 can call us at (702) 248-4200 to find out if the deposit has been made.



AA4206

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

IMPORTANT INFORMATION ABOUT PAYMENTS BY PHONE - When using the optional Pay-by-Phone service, you authorize us to initiate an electronic payment from your account at the financial institution you designate. You must authorize the amount and timing of each payment. For your protection, we will ask for security information. A fee may apply for expedited service. To cancel, call us before the scheduled payment date. Same-day payments cannot be edited or canceled.

YOUR CREDIT LINES - The Total Credit Line is the amount of credit available for the account; however, only a portion of that is available for Bank Cash Advances. The Cash Credit Line is that amount you have available for Bank Cash Advances. Generally, Bank Cash Advances consist of ATM Cash Advances, Over the Counter (OTC) Cash Advances, Same-Day Online Cash Advances, Overdraft Protection Cash Advances, Cash Equivalents, and applicable transaction fees.

MISCELLANEOUS - Promotional Rate End Date: This date is based on a future statement closing date. If you change your payment due date, this date could change. The New Balance Total which appears on this statement is not a payoff amount and may be subject to additional interest charges when you pay in full after your statement closing date. Please contact the customer service number located on the front of this statement for a pay-off amount. Virtual cards are the digital form of your eligible physical credit cards stored within a digital wallet.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Purchases, new Account Fees, and new Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Balance Transfers, new Cash Advances and Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

To calculate a daily balance for each day prior to this statement's billing cycle that had a Pre-Cycle balance: (1) we take the beginning balance attributable solely to Pre-Cycle balance (which will be zero on the transaction date of the first Pre-Cycle balance); (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) and add only the applicable Pre-Cycle balances and their related Transaction Fees. We exclude from this calculation all transactions posted in previous billing cycles.

For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

PLTF0114

AB

AA4207

Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Fees						
09/17	09/18	LATE FEE FOR PAYMENT DUE		5689	25.00	
		TOTAL FEES FOR THIS PERIOD				\$25.00
Interest Charged						
09/20	09/20	INTEREST CHARGED ON PURCHASES			7.95	
09/20	09/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
09/20	09/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
09/20	09/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
		TOTAL INTEREST CHARGED FOR THIS PERIOD				\$7.95

2019 Totals Year-to-Date	
Total fees charged in 2019	\$84.00
Total interest charged in 2019	\$85.55

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	13.24%V				\$ 707.39	\$ 7.95
Balance Transfers	13.24%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash	18.99%V				\$ 0.00	\$ 0.00
Advances						
Bank Cash Advances	21.24%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

Important Messages

You're a valued customer and we want you to know that we haven't received your current payment due. Please send your payment due today. If you've already mailed it, thank you.

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BankAmericard®

BANK OF AMERICA 

Customer Service Information:

www.bankofamerica.com

1.800.421.2110

TTY: 1.800.346.3178

Mail billing Inquiries to:

Bank of America

P.O. Box 982234

El Paso TX 79998-2234

Mail payment to:

Bank of America

P.O. Box 851001

Dallas TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

September 21 - October 20, 2019
Account#  5689

Account Summary

Previous Balance	\$733.30
Payments and Other Credits	-\$70.00
Purchases and Adjustments	\$0.00
Fees Charged	\$0.00
Interest Charged	\$7.27

New Balance Total	\$670.57
Total Credit Line	\$1,300.00
Total Credit Available	\$629.43
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$400.00
Statement Closing Date	10/20/2019
Days In Billing Cycle	30

Payment Information

New Balance Total	\$670.57
Current Payment Due	\$25.00

Total Minimum Payment Due	\$25.00
Payment Due Date	11/17/2019

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	3 years	\$787.00

If you would like information about credit counseling services, call 866.300.5238.

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BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

Account Number:  5689

New Balance Total	\$670.57
Total Minimum Payment Due	\$25.00
Payment Due Date	11/17/2019

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Enter payment amount \$

For change of address/phone number, see reverse side.
Make your payment online at www.bankofamerica.com or

Mail this coupon along with your check payable to: Bank of America

⑆524022250⑆ 

PLTF0117

AA4210

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

IMPORTANT INFORMATION ABOUT PAYMENTS BY PHONE - When using the optional Pay-by-Phone service, you authorize us to initiate an electronic payment from your account at the financial institution you designate. You must authorize the amount and timing of each payment. For your protection, we will ask for security information. A fee may apply for expedited service. To cancel, call us before the scheduled payment date. Same-day payments cannot be edited or canceled.

YOUR CREDIT LINES - The Total Credit Line is the amount of credit available for the account; however, only a portion of that is available for Bank Cash Advances. The Cash Credit Line is that amount you have available for Bank Cash Advances. Generally, Bank Cash Advances consist of ATM Cash Advances, Over the Counter (OTC) Cash Advances, Same-Day Online Cash Advances, Overdraft Protection Cash Advances, Cash Equivalents, and applicable transaction fees.

MISCELLANEOUS - Promotional Rate End Date: This date is based on a future statement closing date. If you change your payment due date, this date could change. The New Balance Total which appears on this statement is not a payoff amount and may be subject to additional interest charges when you pay in full after your statement closing date. Please contact the customer service number located on the front of this statement for a pay-off amount. Virtual cards are the digital form of your eligible physical credit cards stored within a digital wallet.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

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For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

PLTF0118

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AA4211

Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
09/27	09/28	Online payment from CHK 9	0633	5689	-70.00	
TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD						-\$70.00
Interest Charged						
10/20	10/20	INTEREST CHARGED ON PURCHASES			7.27	
10/20	10/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
10/20	10/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
10/20	10/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
TOTAL INTEREST CHARGED FOR THIS PERIOD						\$7.27

2019 Totals Year-to-Date	
Total fees charged in 2019	\$84.00
Total interest charged in 2019	\$92.82

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	12.99%V				\$ 680.86	\$ 7.27
Balance Transfers	12.99%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	18.74%V				\$ 0.00	\$ 0.00
Bank Cash Advances	20.99%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

What's on your mind?

When you join the Bank of America® Advisory Panel, you can help us understand what you like and don't like.
Enter code **CACC** at bankofamerica.com/AdvisoryPanel to learn more and join.

Inclusion on the Advisory Panel subject to qualifications.

SSM-01-19-2128.C1 | ARG377XX

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TTY: 1.800.346.3178

Mail billing inquiries to:

Bank of America

P.O. Box 982234

El Paso TX 79998-2234

Mail payment to:

Bank of America

P.O. Box 851001

Dallas TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

October 21 - November 20, 2019

Account#  6343

Account Summary

Previous Balance	\$670.57
Payments and Other Credits	-\$60.00
Purchases and Adjustments	\$0.00
Fees Charged	\$0.00
Interest Charged	\$7.16

New Balance Total	\$617.73
Total Credit Line	\$1,300.00
Total Credit Available	\$682.27
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$400.00
Statement Closing Date	11/20/2019
Days in Billing Cycle	31

Payment Information

New Balance Total	\$617.73
Current Payment Due	\$25.00

Total Minimum Payment Due	\$25.00
Payment Due Date	12/17/2019

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	2 years	\$712.00

If you would like information about credit counseling services, call 866.300.5238.

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BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

Account Number:  6343

New Balance Total	\$617.73
Total Minimum Payment Due	\$25.00
Payment Due Date	12/17/2019

Enter payment amount \$ 

For change of address/phone number, see reverse side.

Make your payment online at www.bankofamerica.com or

Mail this coupon along with your check payable to: Bank of America

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

⑆5240 22 250⑆ 

PLTF0121

AA4214

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total interest charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

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Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

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PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

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We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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PLTF0122

AA4215

Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
11/08	11/08	Online payment from CHK 9476	5086	5689	-60.00	
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD				-\$60.00
Interest Charged						
11/20	11/20	INTEREST CHARGED ON PURCHASES			7.16	
11/20	11/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
11/20	11/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
11/20	11/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
		TOTAL INTEREST CHARGED FOR THIS PERIOD				\$7.16

2019 Totals Year-to-Date	
Total fees charged in 2019	\$84.00
Total interest charged in 2019	\$99.98

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	12.99%V				\$ 648.94	\$ 7.16
Balance Transfers	12.99%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	18.74%V				\$ 0.00	\$ 0.00
Bank Cash Advances	20.99%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)



Help prevent fraud

Just a friendly reminder to make sure your contact information is up to date. It helps us reach you quickly if we detect suspicious activity. Simply sign in to Online Banking and go to Profile & Settings or use the Mobile Banking app.¹

Is your contact info up to date? Check now at [bankofamerica.com](https://www.bankofamerica.com).

¹Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
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El Paso TX 79998-2234

Mail payment to:

Bank of America

P.O. Box 851001

Dallas TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

November 21 - December 20, 2019

Account#  6343

Account Summary

Previous Balance	\$617.73
Payments and Other Credits	-\$135.48
Purchases and Adjustments	\$496.28
Fees Charged	\$0.00
Interest Charged	\$8.55

New Balance Total	\$987.08
Total Credit Line	\$1,300.00
Total Credit Available	\$312.92
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$312.92
Statement Closing Date	12/20/2019
Days in Billing Cycle	30

Payment Information

New Balance Total	\$987.08
Current Payment Due	\$25.00

Total Minimum Payment Due	\$25.00
Payment Due Date	01/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	4 years	\$1,270.00
\$33.00	36 months	\$1,188.00 (Savings = \$82.00)

If you would like information about credit counseling services, call 866.300.5238.

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BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

Account Number:  6343

New Balance Total	\$987.08
Total Minimum Payment Due	\$25.00
Payment Due Date	01/17/2020

Enter payment amount \$

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

For change of address/phone number, see reverse side.

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Mail this coupon along with your check payable to: Bank of America

⑆524022250⑆ 

PLTF0125

AA4218

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

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To calculate a daily balance for each day prior to this statement's billing cycle that had a Pre-Cycle balance: (1) we take the beginning balance attributable solely to Pre-Cycle balance (which will be zero on the transaction date of the first Pre-Cycle balance); (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) and add only the applicable Pre-Cycle balances and their related Transaction Fees. We exclude from this calculation all transactions posted in previous billing cycles.

For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

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If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

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PLTF0126

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AA4219

Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
12/05	12/05	TARGET.COM * 800-591-3869 MN	3240	6343	-10.60	
12/06	12/06	TARGET PLUS BROOKLYN PARKMN	2974	6343	-24.88	
12/08	12/09	Online payment from CHK 9476	4738	6343	-100.00	
TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD						-\$135.48
Purchases and Adjustments						
11/30	12/02	WALGREENS #3922 LAS VEGAS NV	2484	6343	17.28	
11/30	12/02	RICE N NOODLE LAS VEGAS NV	0433	6343	26.40	
12/01	12/02	TARGET.COM * 800-591-3869 MN	1521	6343	10.60	
12/01	12/02	TARGET.COM * 800-591-3869 MN	9122	6343	23.34	
12/01	12/02	TARGET.COM * 800-591-3869 MN	2700	6343	21.22	
12/01	12/02	LA LA PHOTOGRAPHY LLC LAS VEGAS NV	0045	6343	24.99	
12/01	12/02	WUHU LAS VEGAS NV	0593	6343	15.16	
12/02	12/02	TARGET.COM * 800-591-3869 MN	9022	6343	31.79	
12/02	12/03	TARGET PLUS 763-440-5234 MN	1947	6343	24.88	
12/02	12/03	MACYS SUMMERLIN LAS VEGAS NV	7744	6343	40.21	
12/03	12/04	WWW.SALLYBEAUTY.COM 9689 940-297-2405 TX	3449	6343	12.98	
12/05	12/06	WWW.SALLYBEAUTY.COM 9689 940-297-2405 TX	3542	6343	15.14	
12/10	12/10	TARGET.COM * 800-591-3869 MN	5107	6343	76.88	
12/10	12/10	TARGET.COM * 800-591-3869 MN	1786	6343	155.41	
TOTAL PURCHASES AND ADJUSTMENTS FOR THIS PERIOD						\$496.28
Interest Charged						
12/20	12/20	INTEREST CHARGED ON PURCHASES			8.55	
12/20	12/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
12/20	12/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
12/20	12/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
TOTAL INTEREST CHARGED FOR THIS PERIOD						\$8.55

2019 Totals Year-to-Date	
Total fees charged in 2019	\$84.00
Total interest charged in 2019	\$108.53

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	12.74%V				\$ 816.51	\$ 8.55
Balance Transfers	12.74%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	18.49%V				\$ 0.00	\$ 0.00
Bank Cash Advances	20.74%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V = Variable Rate (rate may vary)

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Customer Service Information:

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Mail billing inquiries to:

Bank of America

P.O. Box 982234

El Paso TX 79998-2234

Mail payment to:

Bank of America

P.O. Box 851001

Dallas TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

December 21 - January 20, 2020

Account# 6343

Account Summary

Previous Balance	\$987.08
Payments and Other Credits	\$0.00
Purchases and Adjustments	\$0.00
Fees Charged	\$25.00
Interest Charged	\$10.77

New Balance Total	\$1,022.85
Total Credit Line	\$1,300.00
Total Credit Available	\$277.15
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$277.15
Statement Closing Date	01/20/2020
Days in Billing Cycle	31

Payment Information

New Balance Total	\$1,022.85
Current Payment Due	\$45.00
Past Due Amount	\$25.00

Total Minimum Payment Due	\$70.00
Payment Due Date	02/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	4 years	\$1,299.00

If you would like information about credit counseling services, call 866.300.5238.

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DALLAS TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Account Number: 6343

New Balance Total	\$1,022.85
Total Minimum Payment Due	\$70.00
Payment Due Date	02/17/2020

Enter payment amount \$

For change of address/phone number, see reverse side.

Make your payment online at www.bankofamerica.com or

Mail this coupon along with your check payable to: Bank of America

524022250

PLTF0129

AA4222

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

IMPORTANT INFORMATION ABOUT PAYMENTS BY PHONE - When using the optional Pay-by-Phone service, you authorize us to initiate an electronic payment from your account at the financial institution you designate. You must authorize the amount and timing of each payment. For your protection, we will ask for security information. A fee may apply for expedited service. To cancel, call us before the scheduled payment date. Same-day payments cannot be edited or canceled.

YOUR CREDIT LINES - The Total Credit Line is the amount of credit available for the account; however, only a portion of that is available for Bank Cash Advances. The Cash Credit Line is that amount you have available for Bank Cash Advances. Generally, Bank Cash Advances consist of ATM Cash Advances, Over the Counter (OTC) Cash Advances, Same-Day Online Cash Advances, Overdraft Protection Cash Advances, Cash Equivalents, and applicable transaction fees.

MISCELLANEOUS - Promotional Rate End Date: This date is based on a future statement closing date. If you change your payment due date, this date could change. The New Balance Total which appears on this statement is not a payoff amount and may be subject to additional interest charges when you pay in full after your statement closing date. Please contact the customer service number located on the front of this statement for a pay-off amount. Virtual cards are the digital form of your eligible physical credit cards stored within a digital wallet.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Purchases, new Account Fees, and new Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Balance Transfers, new Cash Advances and Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

To calculate a daily balance for each day prior to this statement's billing cycle that had a Pre-Cycle balance: (1) we take the beginning balance attributable solely to Pre-Cycle balance (which will be zero on the transaction date of the first Pre-Cycle balance); (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) and add only the applicable Pre-Cycle balances and their related Transaction Fees. We exclude from this calculation all transactions posted in previous billing cycles.

For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Fees						
01/17	01/18	LATE FEE FOR PAYMENT DUE		6343	25.00	
		TOTAL FEES FOR THIS PERIOD				\$25.00
Interest Charged						
01/20	01/20	INTEREST CHARGED ON PURCHASES			10.77	
01/20	01/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
01/20	01/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
01/20	01/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
		TOTAL INTEREST CHARGED FOR THIS PERIOD				\$10.77

2020 Totals Year-to-Date	
Total fees charged in 2020	\$25.00
Total interest charged in 2020	\$10.77

Interest Charge Calculation

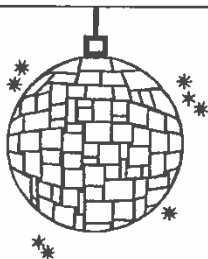
Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	12.74%V				\$ 995.49	\$ 10.77
Balance Transfers	12.74%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	18.49%V				\$ 0.00	\$ 0.00
Bank Cash Advances	20.74%V				\$ 0.00	\$ 0.00

APR Type Definitions: Daily Interest Rate Type: V= Variable Rate (rate may vary)

Important Messages

You're a valued customer and we want you to know that we haven't received your current payment due. Please send your payment due today. If you've already mailed it, thank you.



Happy New Year!

All the best to you and yours in 2020 and beyond.

Thank you for being a Bank of America® customer.

SSM 09-19-0762C | ARSBNMVL

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P.O. BOX 15284
WILMINGTON, DE 19850

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Customer Service Information:

www.bankofamerica.com

1.800.421.2110

TTY: 1.800.346.3178

Mail billing inquiries to:

Bank of America

P.O. Box 982234

El Paso TX 79998-2234

Mail payment to:

Bank of America

P.O. Box 851001

Dallas TX 75285-1001

January 21 - February 20, 2020
Account# 6343

Account Summary

Previous Balance	\$1,022.85
Payments and Other Credits	-\$400.00
Purchases and Adjustments	\$376.17
Fees Charged	\$0.00
Interest Charged	\$12.82
New Balance Total	\$1,011.84
Total Credit Line	\$1,300.00
Total Credit Available	\$288.16
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$288.16
Statement Closing Date	02/20/2020
Days in Billing Cycle	31

Payment Information

New Balance Total	\$1,011.84
Current Payment Due	\$25.00
Total Minimum Payment Due	\$25.00
Payment Due Date	03/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	4 years	\$1,313.00
\$34.00	36 months	\$1,224.00 (Savings = \$89.00)

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DALLAS TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Account Number: 6343

New Balance Total	\$1,011.84
Total Minimum Payment Due	\$25.00
Payment Due Date	03/17/2020

Enter payment amount \$

For change of address/phone number, see reverse side.

Make your payment online at www.bankofamerica.com or

Mail this coupon along with your check payable to: Bank of America

⑆524022250⑆

PLTF0133

AA4226

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total interest charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Purchases, new Account Fees, and new Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Balance Transfers, new Cash Advances and Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

To calculate a daily balance for each day prior to this statement's billing cycle that had a Pre-Cycle balance: (1) we take the beginning balance attributable solely to Pre-Cycle balance (which will be zero on the transaction date of the first Pre-Cycle balance); (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) and add only the applicable Pre-Cycle balances and their related Transaction Fees. We exclude from this calculation all transactions posted in previous billing cycles.

For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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PLTF0134

AA4227

Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
01/21	01/21	Online payment from CHK 9476	9601	6343	-100.00	
02/20	02/20	Online payment from CHK 9476	7929	6343	-300.00	
TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD						-\$400.00
Purchases and Adjustments						
01/23	01/25	HERTZ RENT-A-CAR LAS VEGAS NV	0402	6343	187.82	
02/04	02/06	NOTHING BUNDT CAKES CS1 LAS VEGAS NV	9359	6343	20.50	
02/06	02/07	WALGREENS #4242 LAS VEGAS NV	0830	6343	22.57	
02/06	02/08	ALBERTSONS 3333 LAS VEGAS NV	0637	6343	68.28	
02/06	02/08	STARBUCKS STORE 05561 LAS VEGAS NV	4450	6343	2.34	
02/06	02/08	CYNTHIA N. OSBURN COUNSELLAS VEGAS NV	3809	6343	25.00	
02/07	02/08	SUMMERLIN AREA COMMAND 7028288764 NV	0038	6343	20.00	
02/07	02/08	DOLLARTREE LAS VEGAS NV	7234	6343	4.34	
02/07	02/08	DOLLARTREE LAS VEGAS NV	7150	6343	8.67	
02/08	02/10	MCDONALD'S F25467 LAS VEGAS NV	5999	6343	16.65	
TOTAL PURCHASES AND ADJUSTMENTS FOR THIS PERIOD						\$376.17
Interest Charged						
02/20	02/20	INTEREST CHARGED ON PURCHASES			12.82	
02/20	02/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
02/20	02/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
02/20	02/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
TOTAL INTEREST CHARGED FOR THIS PERIOD						\$12.82

2020 Totals Year-to-Date	
Total fees charged in 2020	\$25.00
Total interest charged in 2020	\$23.59

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	12.74%V				\$ 1,185.12	\$ 12.82
Balance Transfers	12.74%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	18.49%V				\$ 0.00	\$ 0.00
Bank Cash Advances	20.74%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

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BANK OF AMERICA

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EMILY BELLISARIO
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LAS VEGAS NV 89134-2593

Customer Service Information:

www.bankofamerica.com
1.800.421.2110
TTY: 1.800.346.3178
Mail billing inquiries to:
Bank of America
P.O. Box 982234
El Paso TX 79998-2234
Mail payment to:
Bank of America
P.O. Box 851001
Dallas TX 75285-1001

February 21 - March 20, 2020
Account# 6343

Account Summary

Previous Balance	\$1,011.84
Payments and Other Credits	-\$100.00
Purchases and Adjustments	\$0.00
Fees Charged	\$0.00
Interest Charged	\$9.28
New Balance Total	\$921.12
Total Credit Line	\$1,300.00
Total Credit Available	\$378.88
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$378.88
Statement Closing Date	03/20/2020
Days in Billing Cycle	29

Payment Information

New Balance Total	\$921.12
Current Payment Due	\$25.00
Total Minimum Payment Due	\$25.00
Payment Due Date	04/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	4 years	\$1,123.00
\$31.00	36 months	\$1,116.00 (Savings = \$7.00)

If you would like information about credit counseling services, call 866.300.5238.

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P.O. BOX 851001
DALLAS TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Account Number: 6343

New Balance Total	\$921.12
Total Minimum Payment Due	\$25.00
Payment Due Date	04/17/2020

Enter payment amount \$

For change of address/phone number, see reverse side.
Make your payment online at www.bankofamerica.com or
Mail this coupon along with your check payable to: Bank of America

5240 222501

PLTF0137

AA4230

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

IMPORTANT INFORMATION ABOUT PAYMENTS BY PHONE - When using the optional Pay-by-Phone service, you authorize us to initiate an electronic payment from your account at the financial institution you designate. You must authorize the amount and timing of each payment. For your protection, we will ask for security information. A fee may apply for expedited service. To cancel, call us before the scheduled payment date. Same-day payments cannot be edited or canceled.

YOUR CREDIT LINES - The Total Credit Line is the amount of credit available for the account; however, only a portion of that is available for Bank Cash Advances. The Cash Credit Line is that amount you have available for Bank Cash Advances. Generally, Bank Cash Advances consist of ATM Cash Advances, Over the Counter (OTC) Cash Advances, Same-Day Online Cash Advances, Overdraft Protection Cash Advances, Cash Equivalents, and applicable transaction fees.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

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Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

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For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
02/21	02/21	Online payment from CHK 9476	5781	6343	-100.00	
TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD						-\$100.00
Interest Charged						
03/20	03/20	INTEREST CHARGED ON PURCHASES			9.28	
03/20	03/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
03/20	03/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
03/20	03/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
TOTAL INTEREST CHARGED FOR THIS PERIOD						\$9.28

2020 Totals Year-to-Date	
Total fees charged in 2020	\$25.00
Total interest charged in 2020	\$32.87

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	12.74%V				\$ 916.31	\$ 9.28
Balance Transfers	12.74%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash	18.49%V				\$ 0.00	\$ 0.00
Advances						
Bank Cash Advances	20.74%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

What's on your mind?

When you join the Bank of America® Advisory Panel, you can help us understand what you like and don't like.
Enter code **CACC** at bankofamerica.com/AdvisoryPanel to learn more and join.

Inclusion on the Advisory Panel subject to qualifications.

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IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

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PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Purchases and Adjustments						
03/22	03/23	PP*APPLE.COM/BILL 402-935-7733 CA	6627	6343	2.99	
03/23	03/24	PP*APPLE.COM/BILL 402-935-7733 CA	4898	6343	4.99	
03/31	04/01	PAYPAL *MACCOSMETIC 402-935-7733 NY	7199	6343	33.60	
03/31	04/01	PAYPAL *HOMER LEARN 402-935-7733 CA	5555	6343	7.95	
04/01	04/03	PAYPAL *DIPSYNAILS 402-935-7733 DC	0471	6343	31.90	
04/05	04/07	PAYPAL *SMILEYHOMEY 4029357733	4530	6343	28.94	
04/10	04/11	PAYPAL *CHILDRENSPL 402-935-7733 NJ	8275	6343	15.56	
TOTAL PURCHASES AND ADJUSTMENTS FOR THIS PERIOD						\$125.93
Fees						
04/05	04/07	FOREIGN TRANSACTION FEE	4530	6343	0.86	
TOTAL FEES FOR THIS PERIOD						\$0.86
Interest Charged						
04/20	04/20	INTEREST CHARGED ON PURCHASES			9.57	
04/20	04/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
04/20	04/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
04/20	04/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
TOTAL INTEREST CHARGED FOR THIS PERIOD						\$9.57

2020 Totals Year-to-Date	
Total fees charged in 2020	\$25.86
Total interest charged in 2020	\$42.44

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	11.24%V				\$ 1,002.80	\$ 9.57
Balance Transfers	11.24%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	16.99%V				\$ 0.00	\$ 0.00
Bank Cash Advances	19.24%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

Important Messages

Thank you for reaching out about your payment. We have processed your payment deferral request on your account for the payment due date reflected on this billing statement.

What you need to know

- You will need to cancel any automatic payments you already have scheduled
- Interest and applicable fees will continue to accrue
- We will automatically refund a late fee if charged to your account for the payment due date on this statement

If you need additional assistance related to any of your Bank of America accounts, please visit us online at our Client Resource Site at bankofamerica.com/HelpfulResources.

Additional Information

Together, we can identify and resolve fraud events faster. Visit the Security Center at bankofamerica.com/Security to learn how you can help prevent fraud and recognize the common red flags for scams.

BANK OF AMERICA

P.O. BOX 15284
WILMINGTON, DE 19850

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Customer Service Information:

www.bankofamerica.com
1.800.421.2110
TTY: 1.800.346.3178
Mail billing inquiries to:
Bank of America
P.O. Box 982234
El Paso TX 79998-2234
Mail payment to:
Bank of America
P.O. Box 851001
Dallas TX 75285-1001

April 21 - May 20, 2020
Account# 6343

Account Summary

Previous Balance	\$1,057.48
Payments and Other Credits	\$0.00
Purchases and Adjustments	\$0.00
Fees Charged	\$59.00
Interest Charged	\$10.20
New Balance Total	\$1,126.68
Total Credit Line	\$1,300.00
Total Credit Available	\$173.32
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$173.32
Statement Closing Date	05/20/2020
Days in Billing Cycle	30

Payment Information

New Balance Total	\$1,126.68
Current Payment Due	\$0.00
Total Minimum Payment Due	\$0.00
Payment Due Date	06/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%. Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	5 years	\$1,472.00
\$37.00	36 months	\$1,332.00 (Savings = \$140.00)

If you would like information about credit counseling services, call 866.300.5238.

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BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Account Number: 6343

New Balance Total	\$1,126.68
Total Minimum Payment Due	\$0.00
Payment Due Date	06/17/2020

Enter payment amount \$

For change of address/phone number, see reverse side.
Make your payment online at www.bankofamerica.com or
Mail this coupon along with your check payable to: Bank of America

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IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total interest charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

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Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
04/30	04/30	Fees ANNUAL FEE		6343	59.00	
		TOTAL FEES FOR THIS PERIOD				\$59.00
		Interest Charged				
05/20	05/20	INTEREST CHARGED ON PURCHASES			10.20	
05/20	05/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
05/20	05/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
05/20	05/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
		TOTAL INTEREST CHARGED FOR THIS PERIOD				\$10.20

2020 Totals Year-to-Date	
Total fees charged in 2020	\$84.86
Total interest charged in 2020	\$52.64

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	11.24%V				\$ 1,103.64	\$ 10.20
Balance Transfers	11.24%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	16.99%V				\$ 0.00	\$ 0.00
Bank Cash Advances	19.24%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

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If you need additional assistance related to any of your Bank of America accounts, please visit us online at our Client Resource Site at bankofamerica.com/HelpfulResources.

Please see important information entitled "Your Billing Rights" on the following pages.

You may qualify for a payment deferral for your personal credit card or line of credit accounts, for future due dates on or before August 15, 2020. Making a minimum payment during this time will be optional. Interest charges or applicable fees will continue to accrue and be added to your balance.

What you need to know

- If you have already received assistance with your payments through a prior request, assistance will automatically be extended to payment due dates through August 15, 2020.
- To request assistance for the first time, please visit us online at our Client Resource Site at bankofamerica.com/HelpfulResources, through your mobile device, or by calling the number on this statement to request assistance through the automated phone service. You can even specify each personal credit card or line of credit account you would like to enroll in the payment deferral period - now through August 15, 2020.

If you no longer need assistance, please call us at the phone number that appears on your statement to request the removal of this account from future deferrals.



**Know how to
prevent fraud**

- Never provide access codes to an unsolicited caller or through email or text.
- Protect your account numbers by using Zelle¹ or Bill Pay for digital payments.
- Don't abbreviate the year 2020. Scammers can easily manipulate it.

For more tips and information, visit bankofamerica.com/Security.

¹ Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

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Important Information

Please read the information below to stay informed about changes or other important details that may impact you.

YOUR BILLING RIGHTS

Keep This Document For Future Use

This notice tells you about your rights and our responsibilities under the Fair Credit Billing Act.

What To Do If You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

Bank of America
P.O. Box 982234
El Paso, TX 79998-2234

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
- At least 3 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

Note: It is very helpful if your letter includes the transaction date and the reference number for the charge, if available.

What Will Happen After We Receive Your Letter

When we receive your letter, we must do two things:

1. Within 30 days of receiving your letter, we must tell you that we received your letter. We will also tell you if we have already corrected the error.
2. Within 90 days of receiving your letter, we must either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your Total Credit Line.

After we finish our investigation, one of two things will happen:

- If we determine there was a mistake: You will not have to pay the amount in question or any interest or other fees related to that amount.
- If we do not believe there was a mistake: You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may then report you as delinquent, including to credit reporting agencies, if you do not pay the amount we think you owe.

If you receive our explanation but still believe your bill is wrong, you must write to us within 10 days telling us that you still refuse to pay. If you do so, we cannot report you as delinquent without also reporting that you are questioning your bill. We must tell you the name of anyone to whom we reported you as delinquent, and we must let those organizations know when the matter has been settled between us.

If we do not follow all of the rules above, you do not have to pay the first \$50 of the amount you question even if your bill is correct.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

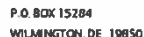
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at:

Bank of America
P.O. Box 982234
El Paso, TX 79998-2234

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

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EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

www.bankofamerica.com
1.800.421.2110
TTY: 1.800.346.3178
Mail billing inquiries to:
Bank of America
P.O. Box 982234
El Paso TX 79998-2234
Mail payment to:
Bank of America
P.O. Box 851001
Dallas TX 75285-1001

May 21 - June 20, 2020

Account# [REDACTED] 6343

Previous Balance	\$1,126.68
Payments and Other Credits	\$0.00
Purchases and Adjustments	\$0.00
Fees Charged	\$0.00
Interest Charged	\$10.81

New Balance Total	\$1,137.49
Total Credit Line	\$1,300.00
Total Credit Available	\$162.51
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$162.51
Statement Closing Date	06/20/2020
Days in Billing Cycle	31

New Balance Total	\$1,137.49
Current Payment Due	\$0.00
<hr/>	
Total Minimum Payment Due	\$0.00
Payment Due Date	07/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	5 years	\$1,491.00
\$37.00	36 months	\$1,332.00 (Savings = \$159.00)

If you would like information about credit counseling services, call 866.300.5238.

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BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Account Number: [REDACTED] 6343

New Balance Total	\$1,137.49
Total Minimum Payment Due	\$0.00
Payment Due Date	07/17/2020

Enter payment amount \$

For change of address/phone number, see reverse side.
Make your payment online at www.bankofamerica.com or
Mail this coupon along with your check payable to: Bank of America

152402225012

PLTF0151

AA4244

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the interest charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total interest charge for the billing cycle, we add the Periodic Rate interest charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

IMPORTANT INFORMATION ABOUT PAYMENTS BY PHONE - When using the optional Pay-by-Phone service, you authorize us to initiate an electronic payment from your account at the financial institution you designate. You must authorize the amount and timing of each payment. For your protection, we will ask for security information. A fee may apply for expedited service. To cancel, call us before the scheduled payment date. Same-day payments cannot be edited or canceled.

YOUR CREDIT LINES - The Total Credit Line is the amount of credit available for the account; however, only a portion of that is available for Bank Cash Advances. The Cash Credit Line is that amount you have available for Bank Cash Advances. Generally, Bank Cash Advances consist of ATM Cash Advances, Over the Counter (OTC) Cash Advances, Same-Day Online Cash Advances, Overdraft Protection Cash Advances, Cash Equivalents, and applicable transaction fees.

MISCELLANEOUS - Promotional Rate End Date: This date is based on a future statement closing date. If you change your payment due date, this date could change. The New Balance Total which appears on this statement is not a payoff amount and may be subject to additional interest charges when you pay in full after your statement closing date. Please contact the customer service number located on the front of this statement for a pay-off amount. Virtual cards are the digital form of your eligible physical credit cards stored within a digital wallet.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Purchases, new Account Fees, and new Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Balance Transfers, new Cash Advances and Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

To calculate a daily balance for each day prior to this statement's billing cycle that had a Pre-Cycle balance: (1) we take the beginning balance attributable solely to Pre-Cycle balance (which will be zero on the transaction date of the first Pre-Cycle balance); (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) and add only the applicable Pre-Cycle balances and their related Transaction Fees. We exclude from this calculation all transactions posted in previous billing cycles.

For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers or ATM with Teller Assist (ATA) will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Interest Charged						
06/20	06/20	INTEREST CHARGED ON PURCHASES			10.81	
06/20	06/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
06/20	06/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
06/20	06/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
TOTAL INTEREST CHARGED FOR THIS PERIOD						\$10.81

2020 Totals Year-to-Date	
Total fees charged in 2020	\$84.86
Total interest charged in 2020	\$63.45

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	11.24%V				\$ 1,131.90	\$ 10.81
Balance Transfers	11.24%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash Advances	16.99%V				\$ 0.00	\$ 0.00
Bank Cash Advances	19.24%V				\$ 0.00	\$ 0.00

APR Type Definitions Daily Interest Rate Type: V= Variable Rate (rate may vary)

Important Messages

Thank you for reaching out about your payment. We have processed your payment deferral request on your account for the payment due date reflected on this billing statement.

What you need to know

- You will need to cancel any automatic payments you already have scheduled
- Interest and applicable fees will continue to accrue
- We will automatically refund a late fee if charged to your account for the payment due date on this statement

If you need additional assistance related to any of your Bank of America accounts, please visit us online at our Client Resource Site at bankofamerica.com/HelpfulResources.



**Know how
to identify and
avoid scams**

- Don't buy gift cards for someone you don't know, and never send gift cards as payment.
- Never provide access codes to an unsolicited caller or through email or text.
- Hang up if an unsolicited caller asks for money or personal information. Scammers can fake caller ID to trick you, so hang up and call back through a trusted number.

For more tips and information on the tricks scammers use, visit [bankofamerica.com/Security](https://www.bankofamerica.com/Security).

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BANK OF AMERICA

P.O. BOX 15284
WILMINGTON, DE 19850

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Customer Service Information:

www.bankofamerica.com
1.800.421.2110
TTY: 1.800.346.3178
Mail billing inquiries to:
Bank of America
P.O. Box 982234
El Paso TX 79998-2234
Mail payment to:
Bank of America
P.O. Box 851001
Dallas TX 75285-1001

June 21 - July 20, 2020
Account# 6343

Account Summary

Previous Balance	\$1,137.49
Payments and Other Credits	-\$150.00
Purchases and Adjustments	\$0.00
Fees Charged	\$0.00
Interest Charged	\$10.09
New Balance Total	\$997.58
Total Credit Line	\$1,300.00
Total Credit Available	\$302.42
Cash Credit Line	\$400.00
Portion of Credit Available for Cash	\$302.42
Statement Closing Date	07/20/2020
Days in Billing Cycle	30

Payment Information

New Balance Total	\$997.58
Current Payment Due	\$25.00
Total Minimum Payment Due	\$25.00
Payment Due Date	08/17/2020

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your APRs may be increased up to the Penalty APR of 29.99%.

Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will payoff the balance shown on this statement in about	And you will end up paying an estimated total of
Only the Total Minimum Payment	4 years	\$1,241.00
\$33.00	36 months	\$1,188.00 (Savings = \$53.00)

If you would like information about credit counseling services, call 866.300.5238.

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BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS NV 89134-2593

Account Number: 6343

New Balance Total	\$997.58
Total Minimum Payment Due	\$25.00
Payment Due Date	08/17/2020

Enter payment amount \$

For change of address/phone number, see reverse side.
Make your payment online at www.bankofamerica.com or
Mail this coupon along with your check payable to: Bank of America

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PLTF0155

AA4248

IMPORTANT INFORMATION ABOUT THIS ACCOUNT

PAYING INTEREST - We will not charge interest on Purchases on the next statement if you pay the New Balance Total in full by the Payment Due Date, and you had paid in full by the previous Payment Due Date. We will begin charging interest on Balance Transfers and Cash Advances on the transaction date.

TOTAL INTEREST CHARGE COMPUTATION - Interest Charges accrue and are compounded on a daily basis. To determine the Interest Charges, we multiply each Balance Subject to Interest Rate by its applicable Daily Periodic Rate and that result is multiplied by the number of days in the billing cycle. To determine the total Interest Charge for the billing cycle, we add the Periodic Rate Interest Charges together. A Daily Periodic Rate is calculated by dividing an Annual Percentage Rate by 365.

HOW WE ALLOCATE YOUR PAYMENTS - Payments are allocated to posted balances. If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first (including transactions made after this statement). Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs.

IMPORTANT INFORMATION ABOUT PAYMENTS BY PHONE - When using the optional Pay-by-Phone service, you authorize us to initiate an electronic payment from your account at the financial institution you designate. You must authorize the amount and timing of each payment. For your protection, we will ask for security information. A fee may apply for expedited service. To cancel, call us before the scheduled payment date. Same-day payments cannot be edited or canceled.

YOUR CREDIT LINES - The Total Credit Line is the amount of credit available for the account; however, only a portion of that is available for Bank Cash Advances. The Cash Credit Line is that amount you have available for Bank Cash Advances. Generally, Bank Cash Advances consist of ATM Cash Advances, Over the Counter (OTC) Cash Advances, Same-Day Online Cash Advances, Overdraft Protection Cash Advances, Cash Equivalents, and applicable transaction fees.

MISCELLANEOUS - Promotional Rate End Date: This date is based on a future statement closing date. If you change your payment due date, this date could change. The New Balance Total which appears on this statement is not a payoff amount and may be subject to additional interest charges when you pay in full after your statement closing date. Please contact the customer service number located on the front of this statement for a pay-off amount. Virtual cards are the digital form of your eligible physical credit cards stored within a digital wallet.

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CALCULATION OF BALANCES SUBJECT TO INTEREST RATE

Average Daily Balance Method (including new Purchases): We calculate separate Balances Subject to an Interest Rate for Purchases and for each Introductory or Promotional Offer balance consisting of Purchases. We do this by: (1) calculating a daily balance for each day in the billing cycle; (2) adding all the daily balances together; and (3) dividing the sum of the daily balances by the number of days in the billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Purchases, new Account Fees, and new Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

Average Balance Method (including new Balance Transfers and new Cash Advances): We calculate separate Balances Subject to an Interest Rate for Balance Transfers, Cash Advances, and for each Introductory or Promotional Offer balance consisting of Balance Transfers or Cash Advances. We do this by: (1) calculating a daily balance for each day in this statement's billing cycle; (2) calculating a daily balance for each day prior to this statement's billing cycle that had a "Pre-Cycle balance" - a Pre-Cycle balance is a Balance Transfer or a Cash Advance with a transaction date prior to this statement's billing cycle but with a posting date within this statement's billing cycle; (3) adding all the daily balances together; and (4) dividing the sum of the daily balances by the number of days in this statement's billing cycle.

To calculate the daily balance for each day in this statement's billing cycle, we: (1) take the beginning balance; (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) add new Balance Transfers, new Cash Advances and Transaction Fees; and (4) subtract applicable payments and credits. If any daily balance is less than zero we treat it as zero.

To calculate a daily balance for each day prior to this statement's billing cycle that had a Pre-Cycle balance: (1) we take the beginning balance attributable solely to Pre-Cycle balance (which will be zero on the transaction date of the first Pre-Cycle balance); (2) add an amount equal to the applicable Daily Periodic Rate multiplied by the previous day's daily balance; (3) and add only the applicable Pre-Cycle balances and their related Transaction Fees. We exclude from this calculation all transactions posted in previous billing cycles.

For the complete terms and conditions of your account, consult your Credit Card Agreement. This account is issued and administered by Bank of America. Bank of America is a registered trademark of Bank of America Corporation.

PAYMENTS - We credit mailed payments as of the date received, if the payment is: (1) received by 5 p.m. local time at the address shown on the remittance portion of your monthly statement; (2) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order; and (3) sent in the return envelope with only the remittance portion of your statement accompanying it. Payments received by mail after 5 p.m. local time at the remittance address on any day including the Payment Due Date, but that otherwise meet the above requirements, will be credited as of the next day. Payments made online or by phone will be credited as of the date of receipt if made by 5 p.m. Central. Credit for any other payments may be delayed up to five days. Cash payments made with our tellers will only be accepted with a valid identification (ID).

No payment shall operate as an accord and satisfaction without the prior written approval of one of our Senior Officers.

We process most payment checks electronically by using the information found on your check. Each check authorizes us to create a one-time electronic funds transfer (or process it as a check or paper draft). Funds may be withdrawn from your account as soon as the same day we receive your payment. Checks are not returned to you.

If you have authorized us to pay your credit card bill automatically from your savings or checking account with us, you can stop the payment on any amount you think is wrong. To stop payment, your letter must reach us at least three business days before the automatic payment is scheduled to occur.

Change of Address/Phone number: Online at www.bankofamerica.com

Please do not add any written communication in this space.

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Transactions

Transaction Date	Posting Date	Description	Reference Number	Account Number	Amount	Total
Payments and Other Credits						
07/11	07/11	Online payment from CHK 9476	8408	6343	-150.00	
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD				-\$150.00
Interest Charged						
07/20	07/20	INTEREST CHARGED ON PURCHASES			10.09	
07/20	07/20	INTEREST CHARGED ON BALANCE TRANSFERS			0.00	
07/20	07/20	INTEREST CHARGED ON DIR DEP&CHK CASHADV			0.00	
07/20	07/20	INTEREST CHARGED ON BANK CASH ADVANCES			0.00	
		TOTAL INTEREST CHARGED FOR THIS PERIOD				\$10.09

2020 Totals Year-to-Date	
Total fees charged in 2020	\$84.86
Total interest charged in 2020	\$73.54

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate	Promotional Transaction Type	Promotional Offer ID	Promotional Rate End Date	Balance Subject to Interest Rate	Interest Charges by Transaction Type
Purchases	11.24%V				\$ 1,092.51	\$ 10.09
Balance Transfers	11.24%V				\$ 0.00	\$ 0.00
Direct Deposit and Check Cash	16.99%V				\$ 0.00	\$ 0.00
Advances						
Bank Cash Advances	19.24%V				\$ 0.00	\$ 0.00

APR Type Definitions: Daily Interest Rate Type: V= Variable Rate (rate may vary)