

JOSHUA BERNSTEIN EXPENSES

#	Expense	Amount	Period	Pages from		
				Joshua Portion	Bills	Notes
1	Health Ins	893.25	Monthly	10,719.00	1-21	
2	Auto	39,971.00	1 time	39,971.00	22-25	
			Annual - Not including			
3	Auto Insurance	6,000.00	new car	3,200.00	26-28	Est new car 100/mo for Joshua Est from 2014 Homeowner Policy - No Policy at Current Time Quote will be done after inspections
4	Homeowner Ins	\$8,387.79	Annual	2,795.93		
6	Home Taxes					
	2018	7,816.46		2,605.49	29-32	
	2017	7,675.75		2,558.58	33-36	
	2016	2,115.07		705.02	37-40	John Cappeller and Oppenheimer - Tax Cert
	2015	6,924.92		2,308.31	41-44	John Cappeller and Oppenheimer - Tax Cert
	2014	6,332.70		2,110.90	45-48	WLATER E SAHM JR - Tax Cert WLATER E SAHM JR - Tax Cert and ATCF II?FLORIDA-A LLC CAPITALONENA CLTRL
	2013	6,037.39		2,012.46	49-50	ASSIGNEE - Tax Cert
7	Rent	17,576.00	Annual	17,576.00	51-52	
9	School Tuition	25,490.00	Annual	25,490.00	53-57	
10	Clothing	2,400.00	Annual	2,400.00		
11	Food	5,200.00	Annual	5,200.00		
12	Legal	1,000.00	Retainer - 1 Time	200.00	58-60	
13	Legal	1,500.00	Annual	1,500.00		
14	Accounting	1,000.00	Annual	1,000.00		
15	Electric	6,000.00	Annual	2,000.00	61	
16	Water	1,800.00	Annual	600.00	62	
17	Landscape	1,200.00	Annual	400.00	63	
18	Cable	3,600.00	Annual	1,200.00	64	
19	Cell Phone	5,400.00	Annual	1,080.00	65-66	
20	Wells Credit Card	1,241.16	1 Time	1,241.16	67-68	
TOTALS		165,561.49		128,873.85		Joshua Current Distribution in Court Registry
				146,751.12		(60,000.00 + 69,751.12 + 17,000)
				17,877.27		Balance to be invested in investment account for Joshua Bernstein



Proposal ID: 4038837

Date: 12/12/2018

Proposal Prepared for JOSHUA CERNSTEIN

Agent Contact Information

Name: NIGEL GREENE

Email: NIGEL.GREENE@BCBSFL.COM

Phone:

NPN #: 16660289

Agent / Agency ID: 011

Agency Contact Information

Name: BLUEDIRECT SALES

Phone: 8885764485

Address: ,

Summary

Individual on Proposals

Relationship	First Name	Gender	Date of Birth	Zip Code	County	Used Tobacco In The Past?
Applicant	JOSHUA	Male	08/27/1997	33434	PALM BEACH	Never

Health

Plan Name	Premium
BlueOptions Platinum 1424	\$893.25

Qualified Dental

Plan Name	Premium
BlueDental Copayment QF	\$25.35

Health Details

Proposed Effective Date: **12/12/2018**

Eligible Applicant(s)	BlueOptions Platinum 1424
JOSHUA	\$893.25
Total Monthly Premium	\$893.25

In-Network Benefits

Metal Level/CSR

Plan Details	BlueOptions Platinum 1424
Metal Level	Platinum

Plan Benefits

Plan Details	BlueOptions Platinum 1424
Annual Deductible	Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$0 / Family: \$0 per person \$0 per group
Annual Out-of-Pocket Maximum	Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$2,000 / Family: \$2000 per person \$4000 per group

Prescription Drugs

Plan Details	BlueOptions Platinum 1424
Generic Drugs	Copay: \$10 In-Network Only: \$0 preventive and \$4 generics for certain drugs, plus Mail Order for these drugs is \$0.
Preferred Brand Drugs	Copay: \$40 In-Network Only: Certain drugs are available for a lower cost (approximately half of the brand cost share).
Non-Preferred Brand Drugs	Coinsurance: 30%
Specialty Drugs	Coinsurance: 50%

Plan Details	BlueOptions Platinum 1424
Prescription Drug Deductible	Included with Medical Deductible
List of Covered Drugs	Covered
Three-month Mail Order Pharmacy Benefits	Yes
Prescription Drug Out-of-Pocket Maximum	N/A

Physician Office Services

Plan Details	BlueOptions Platinum 1424
Primary Care Physician	Copay: \$10
Specialist	Copay: \$20

Emergency and Urgent Care

Plan Details	BlueOptions Platinum 1424
Urgent Care Center	Copay: \$50
Emergency Room Facility	Copay: \$75 \$75 Copay applies to first visit then \$225 for remaining visits.

Hospital and Surgical Care

Plan Details	BlueOptions Platinum 1424
Outpatient Hospital Facility	Copay: \$300
Inpatient Hospital Facility	Copay: \$350 Copay per Day In-Network Only: The cost share is applied for a max of 3 days per admission.
Physician Services	Copay: No Charge

Outpatient Diagnostic Services

Plan Details	BlueOptions Platinum 1424
Laboratory Services	Copay: No Charge
Basic Imaging (e.g. x-ray, ultrasound)	Copay: \$75
Advance Imaging (e.g. CT/CAT Scan, MRI, MRA)	Copay: \$150

Vision Coverage

Plan Details	BlueOptions Platinum 1424
Routine Eye Exams for Adults	Not Covered
Routine Eye Exams for Children	Copay: No Charge

Plan Details	BlueOptions Platinum 1424
	1 Visit(s) per Year

Child Dental Coverage

Plan Details	BlueOptions Platinum 1424
Routine Dental Care	Not Covered
Basic Dental Care	Not Covered
Major Dental Care	Not Covered
Medically Necessary Orthodontia	Not Covered

Adult Dental Coverage

Plan Details	BlueOptions Platinum 1424
Routine Dental Care	Not Covered
Basic Dental Care	Not Covered
Major Dental Care	Not Covered
Orthodontia	Not Covered

Other Benefits

Plan Details	BlueOptions Platinum 1424
Mental/Behavioral Health Outpatient Services	Copay: \$20
Substance Abuse Dependency Outpatient Services	Copay: \$20
Outpatient Rehabilitation Services	<p>Copay: \$20</p> <p>35 Visit(s) per Benefit Period</p> <p>Combined limit for all outpatient therapy plus chiropractic.</p>
Habilitation Services	<p>Copay: \$20</p> <p>35 Visit(s) per Benefit Period</p> <p>Supplementing with the federal definition of habilitative services: Health care services that help a person keep, learn, or improve skills and functioning for daily living.</p> <p>Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.</p>
Prenatal and Postnatal - Office Visit	Copay: \$20
Labor and Delivery - Hospital Stay	<p>Copay: \$350</p> <p>In-Network Only: The cost share is applied for a max of 3 days per admission.</p>

Plan Details	BlueOptions Platinum 1424

Out-of-Network Benefits

Metal Level/CSR

Plan Details	BlueOptions Platinum 1424
Metal Level	Platinum

Plan Benefits

Plan Details	BlueOptions Platinum 1424
Annual Deductible	<p>Medical Deductible: N/A</p> <p>Drug Deductible: N/A</p> <p>Combined Medical and Drug Deductible: Individual: \$500 / Family: \$500 per person per group not applicable</p>
Annual Out-of-Pocket Maximum	<p>Medical Benefits: N/A</p> <p>Drug Benefits: N/A</p> <p>Medical and Drug Benefits Total: Individual: \$12,500 / Family: \$12500 per person \$25000 per group</p>

Prescription Drugs

Plan Details	BlueOptions Platinum 1424
Generic Drugs	In-Network Only: \$0 preventive and \$4 generics for certain drugs, plus Mail Order for these drugs is \$0. Coinsurance: 100%
Preferred Brand Drugs	In-Network Only: Certain drugs are available for a lower cost (approximately half of the brand cost share). Coinsurance: 100%
Non-Preferred Brand Drugs	Coinsurance: 100%
Specialty Drugs	Coinsurance: 100%
Prescription Drug Deductible	N/A
List of Covered Drugs	Covered
Three-month Mail Order Pharmacy Benefits	No
Prescription Drug Out-of-Pocket Maximum	N/A

Physician Office Services

Plan Details	BlueOptions Platinum 1424
Primary Care Physician	Coinsurance: 50% Coinsurance after deductible
Specialist	Coinsurance: 50% Coinsurance after deductible

Emergency and Urgent Care

Plan Details	BlueOptions Platinum 1424
Urgent Care Center	Copay: \$50 Copay after deductible
Emergency Room Facility	Copay: \$75 \$75 Copay applies to first visit then \$225 for remaining visits.

Hospital and Surgical Care

Plan Details	BlueOptions Platinum 1424
Outpatient Hospital Facility	Coinsurance: 50% Coinsurance after deductible
Inpatient Hospital Facility	In-Network Only: The cost share is applied for a max of 3 days per admission.
Physician Services	Copay: No Charge

Outpatient Diagnostic Services

Plan Details	BlueOptions Platinum 1424
Laboratory Services	Coinsurance: 50% Coinsurance after deductible

Plan Details	BlueOptions Platinum 1424
Basic Imaging (e.g. x-ray, ultrasound)	Coinsurance: 50% Coinsurance after deductible
Advance Imaging (e.g. CT/CAT Scan, MRI, MRA)	Coinsurance: 50% Coinsurance after deductible

Vision Coverage

Plan Details	BlueOptions Platinum 1424
Routine Eye Exams for Adults	Not Covered
Routine Eye Exams for Children	1 Visit(s) per Year Coinsurance: 100%

Child Dental Coverage

Plan Details	BlueOptions Platinum 1424
Routine Dental Care	Not Covered
Basic Dental Care	Not Covered
Major Dental Care	Not Covered
Medically Necessary Orthodontia	Not Covered

Adult Dental Coverage

Plan Details	BlueOptions Platinum 1424
Routine Dental Care	Not Covered
Basic Dental Care	Not Covered
Major Dental Care	Not Covered
Orthodontia	Not Covered

Other Benefits

Plan Details	BlueOptions Platinum 1424
Mental/Behavioral Health Outpatient Services	Coinsurance: 50% Coinsurance after deductible
Substance Abuse Dependency Outpatient Services	Coinsurance: 50% Coinsurance after deductible
Outpatient Rehabilitation Services	35 Visit(s) per Benefit Period Combined limit for all outpatient therapy plus chiropractic. Coinsurance: 50% Coinsurance after deductible
Habilitation Services	35 Visit(s) per Benefit Period Supplementing with the federal definition of habilitative services: Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include

Plan Details	BlueOptions Platinum 1424
	physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.
	Coinsurance: 50% Coinsurance after deductible
Prenatal and Postnatal - Office Visit	Coinsurance: 50% Coinsurance after deductible
Labor and Delivery - Hospital Stay	In-Network Only: The cost share is applied for a max of 3 days per admission. Coinsurance: 50% Coinsurance after deductible

Qualified Dental Details

Proposed Effective Date: **12/12/2018**

Eligible Applicant(s)	BlueDental Copayment QF
JOSHUA	\$25.35
Total Monthly Premium:	\$25.35

PEDIATRIC BENEFITS

Plan Details	BlueDental	BlueDental Copayment QF Out-Network Benefits
	Copayment QF In- Network Benefits	
Pediatric Deductible	\$25 per person; Combined for In and Out of Network	\$25 per person; Combined for In and Out of Network
Out of Pocket Maximum if only one child is covered	\$350	Unlimited
Out of Pocket Maximum if more than one child is covered	\$700	Unlimited
Preventive Services: Oral Exams, Cleanings, Fluoride, Bitewing X-Rays, Space Maintainers, Sealants	Copayment based on schedule of benefits after deductible	80% covered based on our fee schedule after deductible
Basic Services: Extractions, Oral Surgery, Anesthesia,	Copayment based on schedule of	60% covered based on our fee schedule after deductible

Plan Details	BlueDental	BlueDental Copayment QF Out-Network Benefits
	Copayment QF In- Network Benefits	
Emergency (Palliative), Amalgam and Resin Composite Anterior Fillings, Minor services for Periodontics, Endodontics, and Prosthodontics	benefits after deductible	
Major Services: Inlays and Crowns, Dentures, Bridges, Repair, Restorations - Major, Periodontics - Major, Endodontics - Major, Prosthodontic Services - Major	Copayment based on schedule of benefits after deductible	40% covered based on our fee schedule after deductible
Orthodontia/Implants: Medically Necessary (prior authorization required)	Copayment based on schedule of benefits after	30% covered based on our fee schedule after deductible

Plan Details	BlueDental	BlueDental Copayment QF Out-Network Benefits
	Copayment QF In- Network Benefits	
	deductible	

ADULT BENEFITS

Plan Details	BlueDental	BlueDental Copayment QF Out-Network Benefits
	Copayment QF In- Network Benefits	
Adult Deductible	\$50 per person (Basic and Major services only); Combined for In and Out of Network	\$50 per person (Basic and Major services only); Combined for In and Out of Network
Preventive Services: Oral Exams,	Copayment based on schedule of	80% covered based on our fee schedule after deductible

BlueDental Copayment QF Out-Network Benefits		
Plan Details	QF In-Network Benefits	BlueDental Copayment QF Out-Network Benefits
Cleanings, Bitewing X-Rays	benefits after deductible	
Basic Services**: Restorations - Minor, X-Rays - complete series, Prosthodontic Services - Minor, Emergency	Copayment based on schedule of benefits after deductible	60% covered based on our fee schedule after deductible
Major Services**: Inlays and Crowns, Dentures, Bridges, Repair, Restorations - Major,	Copayment based on schedule of benefits after deductible	40% covered based on our fee schedule after deductible

Plan Details	QF In-Network Benefits	BlueDental Copayment QF Out-Network Benefits
Periodontics - Major, Endodontics - Major, Prosthodontic Services - Major		
Orthodontia	Not Covered	Not Covered

Product Rates Are Subject to Change

The premium quoted above includes any rate modification(s) applied to your current policy. This quoted rate is subject to change based on demographics and other factors, such as tobacco status. Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, an HMO affiliate of Blue Cross and Blue Shield of Florida, Inc. Dental, Life and Disability are offered by Florida Combined Life Insurance Company, Inc., DBA Florida Combined Life, Inc. an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. Some policies have limitations and exclusions. For costs and complete details of coverage, call or write the insurance agent. The amount of benefits and premium will vary depending upon the plan selected. If the premium for a health plan is based on specific criteria, it must be stated. Life and Dental plans are offered by Florida Combined Life Insurance Company, Inc., an affiliate of BCBSF. Premium is based on age, gender, county, tobacco usage, etc.

Nondiscrimination and Accessibility Notice (ACA §1557)

Florida Blue, Florida Blue HMO and Florida Combined Life comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Florida Blue, Florida Blue HMO and Florida Combined Life do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Florida Blue, Florida Blue HMO and Florida Combined Life provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

Florida Blue and Florida Blue HMO (health and vision coverage): 1-877-465-1125

Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892

If you believe that Florida Blue, Florida Blue HMO or Florida Combined Life have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Florida Blue and Florida Blue HMO:
Section 1557 Coordinator
4800 Deerwood Campus Parkway, DC1-7
Jacksonville, FL 32246
800-477-3736 x29070
800-955-8770 (TTY)
904-301-1580 (fax)
section1557Coordinator@bcbsfl.com

Florida Combined Life:
Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
800-260-0331
800-955-8770 (TTY)
civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health and Vision insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental, Life and Disability insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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Florida Blue and Florida Blue HMO (health and vision coverage): 1-877-465-1125

Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892

TTY: 800-955-8770

Have a disability? Speak a language other than English? Call to get help for free.

¿Habla español? ¿Tiene alguna discapacidad? Llame para obtener ayuda de forma gratuita.

Èske w pale kreyòl ayisyen? Èske w andikape? Rele nou pou w jwenn èd gratis.

Quý vị nói tiếng Việt? Quý vị bị khuyết tật? Hãy gọi trợ giúp miễn phí.

Você fala português? Tem alguma deficiência? Telefone para obter assistência.

您会讲中文吗？是否为伤残人士？如需帮助，请拨打我们的免费电话：

Vous parlez français ? Vous avez une incapacité ? Appelez pour recevoir une assistance gratuite.

Nagsasalita ng Tagalog o Filipino? May kapansanan? Tumawag para sa libreng tulong.

Вы говорите по-русски? Вы являетесь инвалидом? Свяжитесь с нами для получения бесплатной помощи по телефону

ل تتحدث (العربية)؟ تistani من إعاقة؟ اتصل للحصول على مساعدة مجانية.

Parli italiano? Hai una disabilità? Chiama per un'assistenza gratuita.

Sprechen Sie deutsch? Haben Sie eine Behinderung? Rufen Sie an, um kostenlos Hilfe zu erhalten.

한국어 통역이 필요하세요? 장애가 있나요? 전화하시면 무료로 도와드립니다.

Mówisz po polsku? Jesteś osobą niepełnosprawną? Zadzwoń po bezpłatną pomoc.

ગુજરાતી બોલો છો? અક્ષમતા ધરાવો છો? મફત સહાયતા મેળવવા ફોન કરો.

พูดภาษาไทยได้? เป็นศูนย์พิการใช่หรือไม่? โทรทัศพ์ขอรับคำปรึกษาได้ฟรี

日本語をご希望ですか？障害をお持ちですか？無料の電話サービスをご利用ください。

زبان فارسی صحبت می کنید؟ دارای معلومات هستید؟ برای دریافت کمک رایگان تماس بگیرید

Health and Vision insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental, Life and Disability insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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NEW 2017 VOLVO V60 CROSS COUNTRY T5 AWD WAGON FOR SALE IN WEST PALM BEACH, FL



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Get a **Kelley Blue Book® Instant Cash Offer** in minutes.

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PHOTOS

STOCK PHOTOS

VIDEO



VOLVO CARS OF THE PALM BEACHES



VOLVOCARSOFTHEPALMBEACHES.COM

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MSRP	\$48,295
PRICE DIFFERENCE	\$8,324
OUR PRICE	\$39,971

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Schumacher Volvo Cars of the Palm Beaches

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West Palm Beach, FL 33409

Sales: 844-816-6702
Service: 561-656-9338
Parts: 561-656-9338

Loaner/
Demo

SHARE THIS VEHICLE



22 mpg
City

30 mpg
Hwy

2.0L I-4 cyl
AUTOMATIC WITH GEARTRONIC

ALL-WHEEL DRIVE

Exterior Color Bright Silver

Interior Color OFF-BLACK

Stock # VL0170216

VIN YV440MWK3H1037578

OPTIONS **PERFORMANCE** **LUXURY** **AUDIO & TECHNOLOGY**

SAFETY & SECURITY

Manufacturer's Suggested Retail Price (MSRP) \$41,700

Convenience Package \$1,500

- Cargo Net
- HomeLink® Integrated Garage Door Opener
- Keyless Drive
- Rear Park Assist Camera
- Electric Power Steering Personalization

Blind Spot Information System Package \$925

- Blind Spot Information System (BLIS)
- Front and Rear Park Assist

Metallic Paint \$595

Bumper Protector* \$95

Front Blind View Camera* \$895

Net Pocket Kit* \$150

12V Power Outlet* \$175

Protection Package* \$265

Heated Front Seats \$500

K30L Off-Black Sport Leather \$500

Destination Charge \$995

Total Manufacturer's Suggested Retail Price (MSRP) \$48,295

- 2.0L Turbo-Charged, Direct Injected Alloy Engine
- 240 HP @ 5600 RPM and 258 lb-ft Torque @ 1500 RPM
- ULEV II (Ultra-Low Emissions Vehicle)
- Start / Stop Engine Technology
- 8-Speed Geartronic Auto. Trans. w/ Adv Quick Shift
- All-Wheel-Drive with Instant Traction
- Front McPherson Strut & Rear Multi-Link Suspension
- Advanced Electronic Stability Control (ESC)
- Corner Traction Control through Torque Vectoring
- Electric Power Assisted Rack & Pinion Steering
- Anti-Lock Braking Sys (ABS) w/ Ready Alert Brakes
- Electronic Brake Distribution & Assistance
- 18" Alloy Wheels with All-Season Tires
- Milled Aluminum Inlay, Leather Seating Surfaces
- Electronic Ignition with Push Button Start & Stop
- Leather Wrapped Tilt & Telescopic Steering Wheel
- Rear Cargo Cover
- Electronic Parking Brake
- 2-zone Electronic Climate Control
- Heated Power Outside Rearview Mirrors w/ Memory
- 40/20/40 Flat Folding Seats w/ Center Arm Rest
- Power Foldable Rear Seat Headrests
- Rain-Sensing Windshield Wipers
- Power Retractable Exterior Mirrors
- Sensus with Integrated 7-inch Color, LCD Monitor
- 160W High Performance Audio System w/ 8 Speakers

- In-Dash Single CD w/WMA & MP3 Capability
- HD Radio / AUX Input and USB Port
- Bluetooth Hands Free w/ Audio Streaming
- SIRIUS Radio w/6-Month Complimentary Subscription
- Sensus Connect w/ WiFi Hotspot and Complimentary Subscription (up to 6-Mo or 3 GB Data)
- Volvo On-Call with 6-Mo Complimentary Subscription Incl Mobile App featuring Engine Remote Start
- Sensus Navigation System
- City Safety - Low Speed Collision Avoidance System
- Unibody High Strength Steel Safety Cage
- Five 3-Point Safety Belts w/ Pretensioners
- Front Safety Belts w/Height Adj. & Force Limiters
- Supplemental Restraint System (Airbags): Driver Adaptive & Front Passenger Dual Stage Driver/Front Passenger Dual Chamber Side-Impact Inflatable Curtain Head Side-Impact (Incl. Rear)
- Side Impact Protection System (SIPS)
- Whiplash Protection System (WHIPS) in Driver and Front Passenger Seats
- Security System w/ Back-Up Battery for Siren
- Lower Anchors and Tethers for Children (LATCH)
- Child Safety Locks in Rear Doors
- Tire Pressure Monitoring System (TPMS)
- LED Daytime Running Lights
- Rear Park Assist
- 10 Year Emergency Crash Notification

SIMILAR VEHICLES



2016 VOLVO XC90 T6 R-DESIGN SUV

\$41,887

- 37,857 miles
- 2.0L I-4 cyl
- Automatic with Geartronic
- Passion Red
- Charcoal



2018 VOLVO XC60 T5 MOMENTUM SUV

\$39,987

- 19,846 miles
- 2.0L I-4 cyl
- Automatic with Geartronic
- Denim Blue Metallic
- Amber



2018 VOLVO S90 T5 MOMENTUM SEDAN

\$31,998

- 17,747 miles
- 2.0L I-4 cyl
- Automatic with Geartronic
- Onyx Black Metallic
- Blond



2016 VOLVO S60 T5 DRIVE-E PREMIER SEDAN

\$19,897

- 28,071 miles
- 2.0L I-4 cyl
- Automatic with Geartronic
- Black
- Soft Beige

[VIEW DETAILS](#)

[VIEW DETAILS](#)

[VIEW DETAILS](#)

[VIEW DETAILS](#)

*Sales price includes application of Manufacturer Premier Package rebates, offer excludes 2016 XC90 and S90

1. See dealer for details. Tax, tag, title, license and \$995 dealer administration fee (unless itemized above) are extra.
2. While we make every effort to ensure the data listed here is correct, there may be instances where some of the factory rebates, incentives, options or vehicle features may be listed incorrectly as we get data from multiple data sources. PLEASE MAKE SURE to confirm the details of this vehicle (such as what factory rebates you may or may not qualify for) with the dealer to ensure its accuracy. Dealer cannot be held liable for data that is listed incorrectly.
3. Displayed MPG is based on applicable EPA mileage ratings. Use for comparison purposes only. Your actual mileage will vary, depending on how you drive and

maintain your vehicle, driving conditions, battery pack age/condition (hybrid models only) and other factors.

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V O L V O

DEALER.COM
A Dealertrack® Solution



GEICO Indemnity Company

ELECTRONIC FUNDS TRANSFER BILL NOTIFICATION

Policy Number & Period

Auto

Policy #4514-41-35-35

Oct-15-18 to Apr-15-19

Automatic Deductions From Your Checking Account

Due	Amount
Sep-15-18	\$ 514.60
Oct-15-18	\$ 442.19
Nov-15-18	\$ 443.19
Dec-15-18	\$ 443.19
Jan-15-19	\$ 443.19
Feb-15-19	\$ 443.19
Mar-15-19	\$ 443.15

Installments include a premium installment charge of \$1.00 or less based on the unpaid balance.

Billing Activity

Activity Date & Description	Amount
BALANCE FROM PREVIOUS POLICY TERM	\$ 3,081.70
Apr-15-Payment Received - Thank You	\$ -513.62
May-04-Premium Installment Charge	\$ 1.00
May-15-Payment Received - Thank You	\$ -514.62
Jun-04-Premium Installment Charge	\$ 1.00
Jun-15-Payment Received - Thank You	\$ -514.62
Jul-04-Premium Installment Charge	\$ 1.00
Jul-15-Payment Received - Thank You	\$ -514.62
Aug-04-Premium Installment Charge	\$ 1.00

SEE NEXT PAGE FOR MORE BILLING ACTIVITY.

Thank you for enrolling in Auto Pay. We will automatically deduct your payments from your checking account. If you have an email address on file and choose to receive Policy Services emails, you will receive reminder notices via email prior to your scheduled payment. Reminders will not be mailed. To terminate automatic payments, you must notify us by phone or at geico.com at least three business days before your next scheduled transaction to prevent payment processing. To review your billing and payment information, log in online at geico.com. Don't forget, you can also use GEICO's Mobile App to service your policy on the go.

CANDICE M BERNSTEIN AND ELIOT
BERNSTEIN
2753 NW 34TH ST
BOCA RATON FL 33434-3459

Eliot Bernstein

From: Candy <tourcandy@gmail.com>
Sent: Thursday, December 13, 2018 3:59 PM
To: Eliot I. Bernstein
Subject: Fwd: Confirming your recent quote transaction

Sent from my iPhone

Begin forwarded message:

From: "GEICO" <geico@email1.geico.com>
Date: December 13, 2018 at 3:50:34 PM EST
To: <tourcandy@gmail.com>
Subject: Confirming your recent quote transaction
Reply-To: "GEICO" <reply-fec41776756c007b-26_HTML-554890267-1058498-4838@email1.geico.com>

[View this email in your browser](#)

GEICO

CANDICE BERNSTEIN
Auto Policy Number: 4514413535

 **Retrieve your saved quote**

The quote to add the 2017 VOLVO V60 to your insurance policy will be saved for 14 days, but there's no need to wait to make your change.

Simply log in online to review the details and update your policy.

TAKE ME TO MY QUOTE!

As a reminder, your current premium is **\$2,653.10**. If you apply this change, your new premium will be **\$3,679.60**. Your quote reference number is **P2VF02**.

Thank you for insuring with GEICO.

Sincerely,

Your GEICO Service Team

[Manage Your Policy](#)

[Claims Center](#)

[About GEICO](#)

This email was sent to you at the following email address: tourcandy@gmail.com

[Contact Us](#)

[Privacy Policy](#)

Message ID: I-306



GEICO Indemnity Company
One GEICO Plaza, Washington, D.C. 20076



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Anne M. Gannon
Constitutional Tax Collector
Serving Palm Beach County
P.O. Box 3353
West Palm Beach, FL 33402-3353

Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number	Property Type	Status						
06-42-47-10-02-007-0680	Real Property	Active						
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment

Tax Installment									
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due	
INST 1	(05/31/2018) 2018:10749	5/31/2018	2018	\$7,438.30	\$0.00	\$6.25	\$371.91	\$7,816.46	
Total Due:				\$7,438.30	\$0.00	\$6.25	\$371.91	\$7,816.46	

<p>Notice to Tax Payer</p> <p>Tax Certificates</p> <p>Payments made between 5/31 – 6/7 of any year indicates the purchase of a <u>Tax Certificate</u> for delinquent taxes. <u>Tax Certificate</u> purchase(s) ARE NOT a payment of taxes. "Paid By" information displays the name of the <u>Tax Certificate</u> purchaser.</p> <p>If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for <u>delinquent property taxes</u>. The amount due is shown above in the "Tax Installment" section under the Total Due column.</p>	<p>Property Tax Help</p>
--	---------------------------------

** This Icon  indicates delinquent taxes and the tax bill cannot be paid on-line at this time. It may also indicate a recent TDA where additional fees are required. Contact our office at 561-355-2264 or email ClientAdvocate@taxcollectorpbc.com for additional details.



Tax Payment

No Payment Records Found



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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number		Property Type		Status				
06-42-47-10-02-007-0680		Real Property		Active				
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment		Gross Tax	Credit	Net Tax	Saving
Ad Valorem					
<u>CITY OF BOCA RATON</u>		\$1,331.22	\$0.00	\$1,331.22	\$0.00
<u>COUNTY</u>		\$1,772.46	\$0.00	\$1,772.46	\$0.00
<u>SO FLA WATER MANAGEMENT DIST.</u>		\$106.25	\$0.00	\$106.25	\$0.00
<u>SCHOOL</u>		\$2,378.23	\$0.00	\$2,378.23	\$0.00
<u>CHILDRENS SERVICES COUNCIL</u>		\$231.71	\$0.00	\$231.71	\$0.00
<u>F.I.N.D.</u>		\$11.58	\$0.00	\$11.58	\$0.00
<u>PBC HEALTH CARE DISTRICT</u>		\$262.76	\$0.00	\$262.76	\$0.00
<u>GREATER BOCA RATON BH & PK DIST</u>		\$331.01	\$0.00	\$331.01	\$0.00
Sub Total		\$6,425.22	\$0.00	\$6,425.22	\$0.00
Non Ad Valorem		Gross Tax	Credit	Net Tax	Saving
<u>LAKE WORTH DRAINAGE DISTRICT MAINT</u>		\$49.50	\$0.00	\$49.50	\$0.00
<u>LAKE WORTH DRAINAGE DISTRICT MAINT FLAT</u>		\$0.00	\$0.00	\$0.00	\$0.00
<u>SOLID WASTE AUTHORITY OF PBC</u>		\$175.00	\$0.00	\$175.00	\$0.00

<u>BOCA RATON FIRE OPERATIONS</u>	\$135.00	\$0.00	\$135.00	\$0.00
Sub Total	\$359.50	\$0.00	\$359.50	\$0.00
Total Tax	\$6,784.72	\$0.00	\$6,784.72	\$0.00

Tax Installment								
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	101302341	4/1/2019	2018	\$6,784.72	(\$203.55)	\$0.00	\$0.00	\$6,581.17
Total Due:				\$6,784.72	(\$203.55)	\$0.00	\$0.00	\$6,581.17

Notice to Tax Payer

Tax Certificates

Property Tax Help

Payments made between 5/31 – 6/7 of any year indicates the purchase of a Tax Certificate for delinquent taxes. Tax Certificate purchase(s) ARE **NOT** a payment of taxes. "Paid By" information displays the name of the Tax Certificate purchaser.

If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for delinquent property taxes. The amount due is shown above in the "Tax Installment" section under the Total Due column.

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Tax Payment	
No Payment Records Found	



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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account					
Property Control Number	Property Type	Status			
06-42-47-10-02-007-0680	Real Property	Active			
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434				
Geo CD:	Deed Number: 0				
Legal Description					
BOCA MADERA UNIT 2 LT 68 BLK G					

Tax & Assessment

Tax Installment									
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due	
INST 1	(05/31/2017) 2017:11377	5/31/2017	2017	\$7,304.29	\$0.00	\$6.25	\$365.21	\$7,675.75	
Total Due:				\$7,304.29	\$0.00	\$6.25	\$365.21	\$7,675.75	

Notice to Tax Payer	Tax Certificates	Property Tax Help
Payments made between 5/31 – 6/7 of any year indicates the purchase of a <u>Tax Certificate</u> for delinquent taxes. <u>Tax Certificate</u> purchase(s) ARE NOT a payment of taxes. "Paid By" information displays the name of the <u>Tax Certificate</u> purchaser.		

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Tax Payment

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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number	Property Type	Status						
06-42-47-10-02-007-0680	Real Property	Active						
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment					
Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>CITY OF BOCA RATON</u>	\$1,330.20	\$0.00	\$1,330.20	\$0.00	
<u>COUNTY</u>	\$1,772.59	\$0.00	\$1,772.59	\$0.00	
<u>SO FLA WATER MANAGEMENT DIST.</u>	\$112.09	\$0.00	\$112.09	\$0.00	
<u>SCHOOL</u>	\$2,447.57	\$0.00	\$2,447.57	\$0.00	
<u>CHILDRENS SERVICES COUNCIL</u>	\$238.28	\$0.00	\$238.28	\$0.00	
<u>F.I.N.D.</u>	\$11.57	\$0.00	\$11.57	\$0.00	
<u>PBC HEALTH CARE DISTRICT</u>	\$282.32	\$0.00	\$282.32	\$0.00	
<u>GREATER BOCA RATON BH & PK DIST</u>	\$330.74	\$0.00	\$330.74	\$0.00	
Sub Total	\$6,525.36	\$0.00	\$6,525.36	\$0.00	
Non Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT</u>	\$48.00	\$0.00	\$48.00	\$0.00	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT FLAT</u>	\$0.00	\$0.00	\$0.00	\$0.00	
<u>SOLID WASTE AUTHORITY OF PBC</u>	\$172.00	\$0.00	\$172.00	\$0.00	
<u>BOCA RATON FIRE OPERATIONS</u>	\$125.00	\$0.00	\$125.00	\$0.00	

Bill Detail

	Sub Total	\$345.00	\$0.00	\$345.00	\$0.00
	Total Tax	\$6,870.36	\$0.00	\$6,870.36	\$0.00

Tax Installment

Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	101302517	4/2/2018	2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notice to Tax Payer

Tax Certificates

Payments made between 5/31 – 6/7 of any year indicates the purchase of a Tax Certificate for delinquent taxes. Tax Certificate purchase(s) ARE **NOT** a payment of taxes. "Paid By" information displays the name of the Tax Certificate purchaser.

Property Tax Help

If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for delinquent property taxes. The amount due is shown above in the "Tax Installment" section under the Total Due column.

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Tax Payment

Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2017	101302517	B18.455371	\$7,438.30	5/31/2018	TLGFY, LLC



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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account						
Property Control Number		Property Type		Status		
06-42-47-10-02-007-0680		Real Property		Active		
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434				
Geo CD:		Deed Number: 0				
Legal Description						
BOCA MADERA UNIT 2 LT 68 BLK G						

Tax & Assessment

Tax Installment								
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	(05/31/2016) 2016:11461	5/31/2016	2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notice to Tax Payer	Tax Certificates	Property Tax Help
Payments made between 5/31 – 6/7 of any year indicates the purchase of a <u>Tax Certificate</u> for delinquent taxes. <u>Tax Certificate</u> purchase(s) ARE NOT a payment of taxes. "Paid By" information displays the name of the <u>Tax Certificate</u> purchaser.		

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Tax Payment					
Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2016	(05/31/2016) 2016:11461	U18.381363	\$2,115.07	3/29/2018	JOHN M CAPPELLER DBA CAPPELLER LAW
2016	(05/31/2016) 2016:11461	U17.448895	\$5,377.32	8/16/2016	OPPENHEIMER TRUST COMPANY OF DELAWARE



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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number	Property Type	Status						
06-42-47-10-02-007-0680	Real Property	Active						
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment					
Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>CITY OF BOCA RATON</u>	\$1,276.07	\$0.00	\$1,276.07	\$0.00	
<u>COUNTY</u>	\$1,704.55	\$0.00	\$1,704.55	\$0.00	
<u>SO FLA WATER MANAGEMENT DIST.</u>	\$114.71	\$0.00	\$114.71	\$0.00	
<u>SCHOOL</u>	\$2,452.31	\$0.00	\$2,452.31	\$0.00	
<u>CHILDRENS SERVICES COUNCIL</u>	\$237.01	\$0.00	\$237.01	\$0.00	
<u>F.I.N.D.</u>	\$11.10	\$0.00	\$11.10	\$0.00	
<u>PBC HEALTH CARE DISTRICT</u>	\$311.93	\$0.00	\$311.93	\$0.00	
<u>GREATER BOCA RATON BH & PK DIST</u>	\$317.27	\$0.00	\$317.27	\$0.00	
Sub Total	\$6,424.95	\$0.00	\$6,424.95	\$0.00	
Non Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT</u>	\$46.50	\$0.00	\$46.50	\$0.00	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT FLAT</u>	\$0.00	\$0.00	\$0.00	\$0.00	
<u>SOLID WASTE AUTHORITY OF PBC</u>	\$170.00	\$0.00	\$170.00	\$0.00	
<u>BOCA RATON FIRE OPERATIONS</u>	\$105.00	\$0.00	\$105.00	\$0.00	

Bill Detail

	Sub Total	\$321.50	\$0.00	\$321.50	\$0.00
	Total Tax	\$6,746.45	\$0.00	\$6,746.45	\$0.00

Tax Installment

Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	101302900	3/31/2017	2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notice to Tax Payer

Tax Certificates

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Property Tax Help

If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for delinquent property taxes. The amount due is shown above in the "Tax Installment" section under the Total Due column.

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Tax Payment

Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2016	101302900	B17.442244	\$7,304.29	5/31/2017	ATCF II FLORIDA-A LLC



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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number	Property Type	Status						
06-42-47-10-02-007-0680	Real Property	Active						
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment

Tax Installment									
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due	
INST 1	(05/31/2015) 2015:11487	5/31/2015	2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

<p>Tax Certificates</p> <p>Payments made between 5/31 – 6/7 of any year indicates the purchase of a <u>Tax Certificate</u> for delinquent taxes. <u>Tax Certificate</u> purchase(s) ARE NOT a payment of taxes. "Paid By" information displays the name of the <u>Tax Certificate</u> purchaser.</p> <p>If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for <u>delinquent property taxes</u>. The amount due is shown above in the "Tax Installment" section under the Total Due column.</p>	<p>Property Tax Help</p>
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Tax Payment					
Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2015	(05/31/2015) 2015:11487	U17.396625	\$6,924.92	3/31/2017	JOHN M CAPPELLER



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West Palm Beach, FL 33402-3353

Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number		Property Type		Status				
	06-42-47-10-02-007-0680		Real Property	Active				
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment					
Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>CITY OF BOCA RATON</u>	\$1,190.37	\$0.00	\$1,190.37	\$0.00	
<u>COUNTY</u>	\$1,594.01	\$0.00	\$1,594.01	\$0.00	
<u>SO FLA WATER MANAGEMENT DIST.</u>	\$114.87	\$0.00	\$114.87	\$0.00	
<u>SCHOOL</u>	\$2,429.98	\$0.00	\$2,429.98	\$0.00	
<u>CHILDRENS SERVICES COUNCIL</u>	\$215.99	\$0.00	\$215.99	\$0.00	
<u>F.I.N.D.</u>	\$10.35	\$0.00	\$10.35	\$0.00	
<u>PBC HEALTH CARE DISTRICT</u>	\$337.26	\$0.00	\$337.26	\$0.00	
<u>GREATER BOCA RATON BH & PK DIST</u>	\$313.00	\$0.00	\$313.00	\$0.00	
Sub Total	\$6,205.83	\$0.00	\$6,205.83	\$0.00	
Non Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT</u>	\$45.00	\$0.00	\$45.00	\$0.00	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT FLAT</u>	\$0.00	\$0.00	\$0.00	\$0.00	
<u>SOLID WASTE AUTHORITY OF PBC</u>	\$170.00	\$0.00	\$170.00	\$0.00	
<u>BOCA RATON FIRE OPERATIONS</u>	\$85.00	\$0.00	\$85.00	\$0.00	

Bill Detail

	Sub Total	\$300.00	\$0.00	\$300.00	\$0.00
	Total Tax	\$6,505.83	\$0.00	\$6,505.83	\$0.00

Tax Installment								
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	101292335	3/31/2016	2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notice to Tax Payer

Tax Certificates

Property Tax Help

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If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for delinquent property taxes. The amount due is shown above in the "Tax Installment" section under the Total Due column.

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Tax Payment					
Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2015	101292335	B16.443770	\$7,044.05	5/31/2016	BLACK CUB, LLC



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Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number	Property Type	Status						
06-42-47-10-02-007-0680	Real Property	Active						
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment

Tax Installment								
Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	(06/01/2014) 2014:12364	6/1/2014	2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<p>Notice to Tax Payer</p> <p>Tax Certificates</p> <p>Payments made between 5/31 – 6/7 of any year indicates the purchase of a <u>Tax Certificate</u> for delinquent taxes. <u>Tax Certificate</u> purchase(s) ARE NOT a payment of taxes. "Paid By" information displays the name of the <u>Tax Certificate</u> purchaser.</p> <p>If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for <u>delinquent property taxes</u>. The amount due is shown above in the "Tax Installment" section under the Total Due column.</p>	<p>Property Tax Help</p>
--	---------------------------------

** This Icon  indicates delinquent taxes and the tax bill cannot be paid on-line at this time. It may also indicate a recent TDA where additional fees are required. Contact our office at 561-355-2264 or email ClientAdvocate@taxcollectorpbc.com for additional details.



Tax Payment					
Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2014	(06/01/2014) 2014:12364	U16.20802	\$6,332.70	10/13/2015	WLATER E SAHM JR



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

Anne M. Gannon
Constitutional Tax Collector
Serving Palm Beach County
P.O. Box 3353
West Palm Beach, FL 33402-3353

Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account					
Property Control Number	Property Type	Status			
06-42-47-10-02-007-0680	Real Property	Active			
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434			
Geo CD:		Deed Number: 0			
Legal Description					
BOCA MADERA UNIT 2 LT 68 BLK G					

Tax & Assessment					
Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>CITY OF BOCA RATON</u>	\$1,103.93	\$0.00	\$1,103.93	\$0.00	
<u>COUNTY</u>	\$1,478.67	\$0.00	\$1,478.67	\$0.00	
<u>SO FLA WATER MANAGEMENT DIST.</u>	\$114.23	\$0.00	\$114.23	\$0.00	
<u>SCHOOL</u>	\$2,269.27	\$0.00	\$2,269.27	\$0.00	
<u>CHILDRENS SERVICES COUNCIL</u>	\$200.56	\$0.00	\$200.56	\$0.00	
<u>F.I.N.D.</u>	\$10.26	\$0.00	\$10.26	\$0.00	
<u>PBC HEALTH CARE DISTRICT</u>	\$321.13	\$0.00	\$321.13	\$0.00	
<u>GREATER BOCA RATON BH & PK DIST</u>	\$287.71	\$0.00	\$287.71	\$0.00	
Sub Total	\$5,785.76	\$0.00	\$5,785.76	\$0.00	
Non Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT</u>	\$45.00	\$0.00	\$45.00	\$0.00	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT FLAT</u>	\$0.00	\$0.00	\$0.00	\$0.00	
<u>SOLID WASTE AUTHORITY OF PBC</u>	\$175.00	\$0.00	\$175.00	\$0.00	
<u>BOCA RATON FIRE OPERATIONS</u>	\$85.00	\$0.00	\$85.00	\$0.00	

Bill Detail

	Sub Total	\$305.00	\$0.00	\$305.00	\$0.00
	Total Tax	\$6,090.76	\$0.00	\$6,090.76	\$0.00

Tax Installment

Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	101304911	3/31/2015	2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notice to Tax Payer

Tax Certificates

Payments made between 5/31 – 6/7 of any year indicates the purchase of a Tax Certificate for delinquent taxes. Tax Certificate purchase(s) ARE **NOT** a payment of taxes. "Paid By" information displays the name of the Tax Certificate purchaser.

Property Tax Help

If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for delinquent property taxes. The amount due is shown above in the "Tax Installment" section under the Total Due column.

** This Icon  indicates delinquent taxes and the tax bill cannot be paid on-line at this time. It may also indicate a recent TDA where additional fees are required. Contact our office at 561-355-2264 or email ClientAdvocate@taxcollectorpbc.com for additional details.



Tax Payment

Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2014	101304911	U17.396625	\$6.25	3/31/2017	JOHN M CAPPELLER
2014	101304911	B15.812120	\$6,595.16	5/31/2015	CHRISTIANA TRUST AS CUSTODIAN



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CONSTITUTIONAL TAX COLLECTOR
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Serving you.

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P.O. Box 3353
West Palm Beach, FL 33402-3353

Collection Cart	Items	Total	Checkout	View
Collection Cart	0	\$0.00	Checkout	View

Tax Account								
Property Control Number		Property Type		Status				
	06-42-47-10-02-007-0680		Real Property	Active				
Mailing Address: BERNSTEIN FAMILY REALTY LLC 950 PENINSULA CORPORATE CIR STE 3010 BOCA RATON , FL 33487-1387	Property Address: 2753 NW 34TH ST BOCA RATON FL 33434							
Geo CD:	Deed Number: 0							
Legal Description								
BOCA MADERA UNIT 2 LT 68 BLK G								

Tax & Assessment					
Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>CITY OF BOCA RATON</u>	\$1,006.25	\$0.00	\$1,006.25	\$0.00	
<u>COUNTY</u>	\$1,347.57	\$0.00	\$1,347.57	\$0.00	
<u>SO FLA WATER MANAGEMENT DIST.</u>	\$111.10	\$0.00	\$111.10	\$0.00	
<u>SCHOOL</u>	\$2,050.60	\$0.00	\$2,050.60	\$0.00	
<u>CHILDRENS SERVICES COUNCIL</u>	\$189.90	\$0.00	\$189.90	\$0.00	
<u>F.I.N.D.</u>	\$9.33	\$0.00	\$9.33	\$0.00	
<u>PBC HEALTH CARE DISTRICT</u>	\$291.94	\$0.00	\$291.94	\$0.00	
<u>GREATER BOCA RATON BH & PK DIST</u>	\$261.56	\$0.00	\$261.56	\$0.00	
Sub Total	\$5,268.25	\$0.00	\$5,268.25	\$0.00	
Non Ad Valorem	Gross Tax	Credit	Net Tax	Saving	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT</u>	\$42.00	\$0.00	\$42.00	\$0.00	
<u>LAKE WORTH DRAINAGE DISTRICT MAINT FLAT</u>	\$0.00	\$0.00	\$0.00	\$0.00	
<u>SOLID WASTE AUTHORITY OF PBC</u>	\$174.00	\$0.00	\$174.00	\$0.00	
<u>BOCA RATON FIRE OPERATIONS</u>	\$85.00	\$0.00	\$85.00	\$0.00	

Bill Detail

	Sub Total	\$301.00	\$0.00	\$301.00	\$0.00
	Total Tax	\$5,569.25	\$0.00	\$5,569.25	\$0.00

Tax Installment

Period	Bill Number	Due Date	Bill Year	Tax	Discount	Penalty/Fee	Interest	Total Due
INST 1	101304074	3/31/2014	2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Due:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notice to Tax Payer

Tax Certificates

Payments made between 5/31 – 6/7 of any year indicates the purchase of a Tax Certificate for delinquent taxes. Tax Certificate purchase(s) ARE **NOT** a payment of taxes. "Paid By" information displays the name of the Tax Certificate purchaser.

Property Tax Help

If a bill number begins with a year (i.e. 2017-001234), a Tax Certificate was sold for delinquent property taxes. The amount due is shown above in the "Tax Installment" section under the Total Due column.

** This Icon  indicates delinquent taxes and the tax bill cannot be paid on-line at this time. It may also indicate a recent TDA where additional fees are required. Contact our office at 561-355-2264 or email ClientAdvocate@taxcollectorpbc.com for additional details.



Tax Payment

Bill Year	Bill Number	Receipt Number	Amount Paid	Last Paid	Paid By
2013	101304074	U16.20802	\$6.25	10/13/2015	WLATER E SAHM JR
2013	101304074	B14.1203181	\$6,031.14	6/1/2014	ATCF II?FLORIDA-A LLC CAPITALONENA CLTRL ASSIGNEE

Sent from my iPhone

Begin forwarded message:

From: Sylvia Pierantoni <SPierantoni@gables.com>
Date: December 13, 2018 at 12:47:54 PM EST
To: "tourcandy@gmail.com" <tourcandy@gmail.com>
Subject: Gables Town Place

Hi,

Attached are pictures of our 1 bedrooms. (They actually mostly have the dark wood cabinets not white in the kitchen). Also what is required and due each month—

Due to Apply—

- \$85 application per person
- \$485 administration one time

Due to create Lease—

- \$400 security deposit with approved credit (half a month - one month rent if conditional)
- Internationally is 1 month rent security deposit

Due at Move in—

- 1st month's rent including water/sewer/trash

Let me know if you have any other questions.

For January 1st, I have APT 2211 second floor, vaulted ceilings, \$1340 + \$47 (water/sewer/trash/pest) = \$1352/month.

Additionally renter's insurance is needed \$95.00/year or \$8.72/month.
Also Electric the FPL.

-Sylvia

Sylvia Pierantoni | Leasing Professional
Gables Town Place | *Taking Care of the Way You Live™*

21409 Town Lakes Dr. | Boca Raton, FL 33486

o: 561.338.6861 | f: 561.394.6718

spierantoni@gables.com | www.gables.com/townplace

FINANCIAL AID

Menu

Cost of Attendance @ FAU for 2018-2019

Click [here](#) to View Cost of Attendance for 2017-2018 Academic Year

Cost Basics

A college education is an important investment. In order to award aid, a school must first establish an estimated cost of attendance. Based on the estimated cost of attendance and the information from the [FAFSA](#), the FAU Office of Financial aid processes award offers to continuing and admitted students.

Financial aid awards are based on a cost of attendance that is constructed based on six components as designated by federal regulations (tuition & fees, books & supplies, housing, dining, transportation fees, and personal expenses). Your actual cost may vary.

Because costs are only estimated, each student may find that their overall costs are more or less, depending on the student's educational requirements and living arrangements. It's important for the student (or student's family) to calculate what the costs will be, so you can budget your finances, and manage your money wisely. Review [FAUs Net Price Calculator](#) , to give you an estimate cost to attend this University:

Florida Residents

Estimated nine-month budgets for full-time **Florida Resident students** used in **2018-2019** are listed below (based on 27 credits for Undergraduate students and 20 credits for Graduate students):

Undergraduate Students

	On Campus	Off Campus	With Parents
Tuition & Fees	\$ 5,432	\$ 5,432	\$ 5,432
Books & Supplies	\$ 1,208	\$ 1,208	\$ 1,208
Housing	\$ 8,286	\$ 8,226	\$ 0

Dining	\$ 3,610	\$ 3,208	\$ 1,402
Transportation Fees	\$ 1,900	\$ 3,016	\$ 3,016
Personal Expenses	\$ 4,400	\$ 4,400	\$ 4,400
TOTAL	\$ 24,836	\$ 25,490	\$ 15,458

Graduate Students

	On Campus	Off Campus	With Parents
Tuition & Fees	\$ 7,400	\$ 7,400	\$ 7,400
Books & Supplies	\$ 1,208	\$ 1,208	\$ 1,208
Housing	\$ 8,286	\$ 8,226	\$ 0
Dining	\$ 3,610	\$ 3,208	\$ 1,402
Transportation Fees	\$ 1,900	\$ 3,016	\$ 3,016
Personal Expenses	\$ 4,400	\$ 4,400	\$ 4,400
TOTAL	\$ 26,804	\$ 27,458	\$ 17,426

Non-Florida Residents

Estimated nine-month budgets for full-time Non-Florida Resident students used in **2018-2019** are listed below (based on 27 credits for Undergraduate students and 20 credits for Graduate students):

Undergraduate Students

	On Campus	Off Campus	With Parents
Tuition & Fees	\$ 19,432	\$ 19,432	\$ 19,432
Books & Supplies	\$ 1,208	\$ 1,208	\$ 1,208
Housing	\$ 8,286	\$ 8,226	\$ 0
Dining	\$ 3,610	\$ 3,208	\$ 1,402
Transportation Fees	\$ 1,900	\$ 3,016	\$ 3,016
Personal Expenses	\$ 4,400	\$ 4,400	\$ 4,400
TOTAL	\$ 38,836	\$ 39,490	\$ 29,458

Graduate Students

	On Campus	Off Campus	With Parents
Tuition & Fees	\$ 20,496	\$ 20,496	\$ 20,496

Books & Supplies	\$ 1,208	\$ 1,208	\$ 1,208
Housing	\$ 8,286	\$ 8,226	\$ 0
Dining	\$ 3,610	\$ 3,208	\$ 1,402
Transportation Fees	\$ 1,900	\$ 3,016	\$ 3,016
Personal Expenses	\$ 4,400	\$ 4,400	\$ 4,400
TOTAL	\$ 39,900	\$ 40,554	\$ 30,522

Tuition and Fee estimates are based on the average combined Fall and Spring FAU enrollment of students attending FAU full time in both Fall and Spring semesters, multiplied by the projected cost per credit hour.

Book and Supplies estimates are based on the national average for 4-year public institutions listed in the most recent College Board Trends in College Pricing publication, adjusted for inflation.

On-campus Housing and Dining estimates are based on a weighted average of all available residence hall accommodation types. When calculating the on-campus dining estimates, the projected 19 Meal Plan rate was assumed for accommodations which require meal plan subscription and the off-campus dining estimate (see below) was assumed for accommodations which do not require meal plan subscription.

Off-campus Housing estimates are based on an average of rates obtained in an annual survey of local apartment complexes. An allowance for utilities (power, water, cable, internet, phone) is included in the estimate. Estimates are based on double occupancy.

Off-campus Dining estimates are based on the Cost of Food at Home data published by the United States Department of Agriculture, adjusted for the regional Cost of Living Index and inflation.

Off-campus Transportation Fee estimates are based on the monthly vehicle operating costs for the Dade and Broward county region as listed in the IRS Local Transportation Standards publication. **On-campus transportation** is calculated as a prorated portion of the off-campus calculation to reflect reduced variable costs.

Personal Expense estimates are based on U.S. Bureau of Labor Statistics Consumer Expenditure data for the Miami Area, adjusted for inflation.

An additional allowance is added to the appropriate budget for students paying federal loan fees. Budgets for part time students will be reduced based on actual enrollment.

Tuition Per Credit Hour

([more info](#))

	Undergraduate	Graduate
Florida Resident	\$ 201.29	\$ 369.82
Non-Florida Resident	\$ 719.84	\$ 1,024.81

Please visit the Office of Medical Student Financial Aid for Cost of Attendance at <http://med.fau.edu/students/financialaid/cost.php>.

REPEAT COURSE SURCHARGE

Each student enrolled in the same undergraduate course more than twice shall be assessed a Repeat Course Surcharge of \$190.84 per credit hour in addition to the fees outlined above for each course.

EXCESS HOURS SURCHARGE

Florida Statutes mandate the assessment of a surcharge to each credit hour taken in excess of the total number of credit hours required to complete the degree being pursued. Details regarding Excess Hours Surcharge can be found [here](#).

Period Based Budgeting

Every student receiving financial aid is assigned a cost of attendance based on the following:

- Classification = Undergraduate or Graduate
- Residency = Florida or Non-Florida
- Enrollment Status = Full-Time, $\frac{3}{4}$ time, half-time or less than half-time
- Housing Status = On-campus, off-campus or with parents

Your Housing Status is initially assigned based on your planned housing response on the FAFSA application. After drop/add, students who indicated they would be living "on campus" but are not will be assigned a "with parent" housing status by default. Students who indicated "on campus" on their FAFSA but are living off campus independent from parents/relatives should submit a Housing Status Revision Request with the appropriate documentation. The form is located on our Financial Aid Forms page.

Your financial aid award is initially based on an enrollment status of full time (12 credit hours for undergraduates fall, spring, and summer or 9 credit hours for graduates fall, spring and 6 credit hours for summer). If your enrollment is less than full time expect your cost of attendance to be reduced, **this may also impact and reduce the amount of aid you were initially offered.**

Florida Prepaid, Tuition Waivers, and Scholarships are considered resources and used to calculate aid eligibility.

IMPORTANT NOTE: If you will NOT be receiving enough financial aid to cover all your charges for the semester, or are unsure of the amount you will need to pay, please check with the **Controller's Office** during the first week of school. Please click [here](#) for a *Cost per Credit* breakdown.

In cases where your charges exceed your financial aid award, it is your responsibility to pay the amount of any uncovered charges by the semester's last day to pay deadline to avoid a late payment fee of \$100.00. The last day to pay deadline is listed on the Academic Calendar, which may be viewed by clicking [here](#).

Billing Statements: For questions regarding your Billing Statement, please go to the [FAU Controller's website FAQs](#).



Partly Cloudy, 77 F

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[Harbor Branch](#)
[Jupiter](#)

Last Modified 4/20/18

<p>“Good Law Day” began 10.31.2013. 10.15.2018</p>	<p>LAW OFFICES OF LALIT K JAIN ESQ Practice of Law in NY State, US Tax and District Courts, US Supreme Court, and <i>all</i> Courts in India.™</p>	<p>Fon: 718-255-6576 Cell: 718-316-5921 Fax: 347-637-5498</p>
<p>Claimer instead of Disclaimers: Let all live in truth Knowing Justice <i>always</i> insures nature.™</p>		

Copyrighted Client Engagement Letter (“CEL”): Legal Help for *all* Matters of Eliot I Bernstein’s Family (“Cases”)

As required by NYS Court Rule effective March 4, 2002, this CEL, under attached One-Pager *LKJMOL* by *LKJESQ* as 100% *normal* making it 100% *different* than all others, memorializes the “meeting of the minds with regard to the basic clearly understood and agreed upon terms of the engagement.” They are as follows.

- 1 *Preamble*: “You” and “Your” mean *LKJESQ* Offices. “I,” “My” and “Mine” mean Eliot I Bernstein who failed *pro se* and/or with other 100% *different* lawyers who still believe in Justicide by laws *misapplied*.
- 2 *The CEL*: It is *Privileged and Confidential* for help *only* in *all* My matters in Para. 3 and *in no others*.
- 3 *The Cases*: *All* My patents, parents’ estates, etc. matters *no matter what or where* they are (“Cases”).
- 4 *The Legal Help*: My *correctly informed decision* is to use Your legal help in due process of law funded by taxes to help make torturers reimburse victims by laws *correctly applied* as Justice (“*Safe*”) since it ends nullities disgracing nations by laws *misapplied* as Justicide (“*Unsafe*”) that all other lawyers believe in. Due process of law does not end *with no time limit until* the record of the case reveals “arriving at the truth”¹ *no matter who has the burden of proof*,² because the *immunized duty to serve Justice keeping all Safe still prevails over immunized power to commit Justicide keeping all Unsafe. It’s the law, isn’t it?*
- 5 *Retainer, Contingency Fee Agreement and Expenses*: Your *non-refundable good faith Retainer* is \$1,000 (Special Courtesy Discount). No Collection, no Contingency Fee. If and when collected by Me or paid to You by way of settlement, Judgment, or otherwise, only then, Your *Contingency Fee* is 1/3rd to You and 2/3rd to Me of Net Collection which means Gross Collection less actual expenses incurred by You. Expenses include legal fees, if any, paid by You to local counsel if needed to take local legal actions.
- 6 *Amendment, Termination and Timely Cooperation*: I read, discussed and understood this CEL in Plain English. It is not in legalese used by *all* other lawyers. It can be amended in writing to change the scope of legal help. Without My timely help and support, You are *disabled* and *vice versa*. I agreed to give You My prompt help and support as and when needed or risk earlier termination of CEL for My default. The aggrieved can terminate this CEL if default is not cured upon 10 days’ notice *subject to continuing lien* of the 1/3rd Contingency Fee on the Net Collection made before, during and/or after such termination.
- 7 *The Buyer Beware Law*: I did read, understand and agree with the duly attached One-Pager *LKJMOL* by *LKJESQ*. It proves that this CEL is *unbiased* since it is *not one-sided* as *all* other lawyers’ retainers are.

Law Offices of Lalit K. Jain, Esq. Read, understood, approved, accepted, and received a Signed Copy.

Sign/Date:

Sign/Date: *October 15, 2018*

By Name: Lalit K. Jain, Esq.

By Name: Eliot I Bernstein for Self, Wife and Three Sons as Family
2753 NW 34th Street Boca Raton FL 33434

¹ *Per se*, “arriving at the truth [for Justice by laws correctly applied] is a fundamental goal of our legal system” in *US v Havens*, 1980, 446 US 620, 626. *Per se*, “we are, after all, always engaged in a search for truth in a criminal [**, same as or even more so in a civil,**] case so long as the search is surrounded with the safeguards provided by our Constitution [**to prevent arriving at the lies instead**].” *Oregon v Hass*, 1975, 420 US 714, 722.

² “There shall be full disclosure of all matter material and necessary in the prosecution or defense of an action, *regardless of the burden of proof*, by... [*all* litigants and forensic experts *to prevent arriving at the lies* for Justicide by laws *misapplied but for which arriving at the truth* for Justice by laws *correctly applied saving time and money* will be delayed thus denied, knowing that Justice delayed is Justice denied, that Justice denied is Justicide multiplied, and that Justicide multiplied is Justice crucified until *mandatory resurrection* of Justice since day one with no time limit, no ifs, ands/or buts, period, case closed]” *NYCPLR - CVP § 3101*. Scope of disclosure.

Recipients:	Elliot Ivan Bernstein	cc	cc
Fon:	561 245-8588		
Fax:	N/A		
Email:	IVViewIt@IVViewIt.TV		
Unlawful use of this confidential/privileged fax and/or its contents is Unauthorized. Unintended recipients please fax back top page, destroy all pages and help prevent unintended consequences.			Total Page(s): 2 + 1 LKJMOL = 3

Copyrighted Client Engagement Letter (“CEL”): *all* Matters of Eliot I Bernstein’s Family (“Cases”).

Eliot I Bernstein for Self, Wife and Three Sons as Family

10.15.2018

Statement of My Rights (As adopted by the Administrative Board of the Courts)

“I/We/Us/Our” mean the “Client(s)” as Appropriate.

1 I am entitled to be treated with courtesy and consideration at all times by My lawyer and the other lawyers and personnel in My lawyer’s offices.

2 I am entitled to an attorney capable of handling My legal matter competently and diligently, in accordance with the highest standards of the profession. If I am not satisfied with how My matter is being handled, I have the right to withdraw from the attorney-client relationship at any time (court approval may be required in some matters and My attorney may have a claim against Me for the value of services rendered to Me up to the point of discharge).

3 I am entitled to My lawyer’s independent professional judgment and undivided loyalty uncompromised by conflicts of interest.

4 I am entitled to be charged a reasonable fee and to have My lawyer explain at the outset how the fee will be computed and the manner and frequency of billing. I am entitled to request and receive a written itemized bill from My attorney at reasonable intervals. I may refuse to enter into any fee arrangement that I find unsatisfactory. In the event of a fee dispute, I may have the right to seek arbitration; My attorney will provide Me with the necessary information regarding arbitration in the event of a fee dispute, or upon My request.

5 I am entitled to have My questions and concerns addressed in a prompt manner and to have My telephone calls returned promptly.

6 I am entitled to be kept informed as to the status of My matter and to request and receive copies of papers. I am entitled to sufficient information to allow Me to participate meaningfully in the development of My matter.

7 I am entitled to have My legitimate objectives respected by My attorney, including whether or not to settle My matter (court approval of a settlement is required in some matters).

8 I have the right to privacy in My dealings with My lawyer and to have My secrets and confidences preserved to the extent permitted by law.

9 I am entitled to have My attorney conduct himself or herself ethically in accordance with the Code of Professional Responsibility.

10 I may not be refused representation on the basis of race, creed, color, age, religion, sex, sexual orientation, national origin or disability. ♦

Statement of My Duties (As adopted by the Administrative Board of the Courts)

Reciprocal trust, courtesy and respect are the hallmarks of the attorney-client relationship. Within that relationship, the client looks to the attorney for expertise, education, sound judgment, protection, advocacy and representation. These expectations can be achieved only if the client fulfills the following duties:

1 I am expected to treat the lawyer and the lawyer’s staff with courtesy and consideration.

2 My relationship with the lawyer must be one of complete candor and the lawyer must be apprised of all facts or circumstances of the matter being handled by the lawyer even if I believe that those facts may be detrimental to My cause or unflattering to Me.

3 I must honor the fee arrangement as agreed to with the lawyer in accordance with law.

4 All bills for services rendered which are tendered to Me pursuant to the agreed upon fee arrangement should be paid promptly.

5 I may withdraw from the attorney-client relationship, subject to financial commitments under the agreed to fee arrangement, and, in certain circumstances, subject to court approval.

6 Although I should expect that his or her correspondence, telephone calls and other communications will be answered within a reasonable time frame, I should recognize that the lawyer has other clients equally demanding of the lawyer’s time and attention.

7 I should maintain contact with the lawyer, promptly notify the lawyer of any change in telephone number or address and respond promptly to a request by the lawyer for information and cooperation.

8 I must realize that the lawyer need respect only My legitimate objectives and that the lawyer will not advocate or propose positions which are unprofessional or contrary to law or the Lawyer’s Code of Professional responsibility.

9 The lawyer may be unable to accept a case if the lawyer has previous professional commitments which will result in inadequate time being available for the proper representation of a new client.

10 A lawyer is under no obligation to accept a client if the lawyer determines that the cause of the client is without merit, a conflict of interest would exist or that a suitable working relationship with the client is not likely. ♦


2 of 2

"Good Law Day" began 10.31.2013. 07.04.2018	LAW OFFICES OF LALIT K JAIN ESQ Practice of Law in NY State, US Tax and District Courts, US Supreme Court, and <i>all Courts in India.™</i>	Fon: 718-255-6576 Cell: 718-316-5921 Fax: 347-637-5498
Claimer instead of Disclaimers: Let all live in truth Knowing Justice <i>always insures nature.™</i>		

An Unbiased Memorandum of Law ("LKJMOL") is to help *Resurrect Justice with Absolute Judicial Immunity.™*

Due process of law, funded by taxes,¹ *ending all nullities² disgracing nations³* by laws *misapplied* as Justicide⁴ ("Unsafe") *makes* torturers *restitute⁵* victims⁶ by laws *correctly applied* as Justice⁷ ("Safe").

¹ "Taxes are what we pay for *civilized society*... A *penalty*... is intended... *to prevent [torture, etc. as] the thing...*" *Compania General de Tabacos v Collector*, 1927, Justice Holmes, 275 US 87, 100.

² "...where a court has jurisdiction, it has a right to decide every question [of law and fact] which occurs in the cause... But if it act [above the law thus *without jurisdiction or authority in law*], its [void] judgments and orders are regarded as **nullities** [*torturing lives by laws misapplied*]... all persons... executing [them] are considered in law as trespassers [("Outlaws")]. *Elliott v Lessee of Piersol*, 1828, 26 US (1 Pet.) 328, 340-341.

Petitions are *rarely granted* when the asserted error consists of *erroneous factual findings or the misapplication of a properly stated rule of law [evidencing lies]*. Rule 10, Supreme Court of the United States ("SCOTUS").

"A *void* act ... may be attacked in any forum, state or federal, where its validity may be drawn in issue." *Pennoyer v Neff*, 1878, 95 US 714, 732-733, *World-Wide Volkswagen Corp. v. Woodson*, 444 US 286.

"When rule providing for relief from *void judgments* is applicable, relief is *not a discretionary matter*, but is **mandatory** [to make torturers *pay* victims *punitive damages, all properties held in constructive and/or deemed trusts to learn to never repeat tortures* ("Mandatory Restitution")]. *Orner v Shalala*, Colo. 1994, 30 F3d 1307.

³ "Tortura legume pessima... *The torture... of laws is the worst [kind of torture]*...," *Bl. Dict.*, 6th ed., p.1490. Every baby's birth from every seed is Justice served. Denying Justice by Justicide *misapplying* everyone's One Creator's One Universal Law *is the worst kind of torture* by *evil power evidenced by insane mental health*. Using DNA-match (it is 99% evidence), not marriage (it is 0% evidence), *undisgraces all disgraced nations to adopt the safest system*, end tortures of laws, prove illicit sex, prosecute lies, use the right evidences to prove all facts in all cases, make the man the illicit father (bastard), birth the world's first moral, ethical and spiritual nation, and end killing of reporters selling exposés as scandals, knowing that babies can do no wrong, can they?

⁴ "...if two policemen see a rape and watch it just for their own amusement [*from sexual-torture*], no violation of the Constitution [*immunizing Outlaws enforcing Nullities* as the State Created Danger from *human rights to do wrong still sold as* the State Confirmed Security *with no human duties to do right*]... (laughter)."

May It Please the Court... Transcripts of... Landmark Cases before the SCOTUS ... 1993, pp 39-60 at pp 46-47. Hear at <http://tinyurl.com/pmu9lrj> at 39:00 to 41:00 minutes this Nov 2, 1988 *lexually-tortuous due process* by CJ Rehnquist making the *DeShaney* case *one more evil* landmark case reported as 1989, 489 US 189. *Due process continues in this case of boy's physical abuse by his father same as it does in all sexual abuse cases.*

⁵ "No one shall be permitted to profit by his own fraud, or to take advantage of his own wrong, or to found any claim upon his own iniquity, or to acquire property by his own crime. These **maxims** are dictated by *public policy [and procedure]*, have their foundation in universal law [*correctly*] administered..., and have nowhere been superseded by statutes [*and/or case laws made by Courts*]." *Riggs v Palmer*, 1889, 115 NY 506, 511-512.

⁶ "...But if you think that it is terribly important that the case came out wrong, *you miss the point* of the common law. In *the grand scheme of [lies], whether the right party won is really secondary...*" 1997, *A Matter of Interpretation, Federal Courts and the Law*, p6, Justice Scalia. Knowing that "Government, *even in its best state*, is but *a necessary evil; in its worst state, an intolerable one*", even Thomas Paine in *Common Sense*, 1776, *confessed but did not correct the common law tradition of lies as the nation's ethics, morality, etc.*

⁷ "[p20] ...Court: ... I do find the defendant guilty...unless you [Jain] want to be heard... [p21] MR JAIN: Yes ... [p22]. Court...Parties *step up real quick*. (Whereupon a bench discussion was held) ... Court: After *re-examining the statute more closely...* as I *reread it, many, many more times [helped by correct practice of law]*, *my initial reading of it [helped by incorrect practice, aka malpractice, of law] was incorrect*. [p23]. ...I *have to change* my verdict to not guilty ... ¶ Court Officer: *You are free to go.*" Docket No. 2012QN040877 in *People v Onuorah* in NYS Queens County Criminal Court's 25-page 10.31.2013 Transcript. *This newest court-ordered role-model-precedent is for V-Turns from State Created Danger to State Confirmed Security.*

Please request changes on the back.
Notes on the front will not be detected.

The amount enclosed includes the following donation:

FPL Care To Share \$ _____

B 2,5 4117 9



AUTO **C0 3408
009779

THE BERNSTEIN FAMILY REALTY
LLC
2753 NW 34TH ST
BOCA RATON FL 33434-3459

Make check payable to FPL in U.S. funds
and mail along with this coupon to:

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Account number	Total amount you owe	New charges due by	Amount enclosed
[REDACTED]	\$1,003.62	Dec 27 2018	\$

Your electric statement

For: Oct 24 2018 to Nov 26 2018 (33 days)

Customer name: THE BERNSTEIN FAMILY REALTY
Service address: 2753 NW 34TH ST

Account number: 53111-50311

Statement date: Nov 26 2018
Next meter reading: Dec 26 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
1,275.50	756.11 CR	0.00	519.39	484.23	\$1,003.62	Dec 27 2018

Meter reading - Meter 7C05169

Current reading	77192	Amount of your last bill	1,275.50
Previous reading	- 73498	Payments received - Thank you	756.11 CR
kWh used	3694	Additional activity:	
Energy usage		Credit	48.00 CR
	Last Year	Field collection charge	48.00
kWh this month	3660	Balance before new charges	\$519.39
Service days	32		
kWh per day	114		
**The electric service amount includes the following charges:			
Customer charge:	\$7.98	Electric service amount	383.37**
Fuel:	\$111.64	Storm charge	4.58
(First 1000 kWh at \$0.022930)		Non-std meter surcharge	13.00
(Over 1000 kWh at \$0.032930)		Gross receipts tax	10.28
Non-fuel:	\$263.75	Franchise charge	26.53
(First 1000 kWh at \$0.063990)		Utility tax	35.13
(Over 1000 kWh at \$0.074150)		Late payment charge	11.34
		Total new charges	\$484.23
		Total amount you owe	\$1,003.62

- Payments received after **December 27, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

- FPL's 62Plus Payment Plan extends your due date into the next billing cycle. Your bill reflects a balance before new charges, however, as long as it is paid by the due date on the prior bill, your payment history is not negatively impacted.



City of Boca Raton

UTILITIES PROCESSING CENTER
P.O. Box 31042
Tampa, FL 33631-3042

FINANCIAL SERVICES DEPARTMENT

WATER BILL
For Inquiries Call: (561) 393-7750
201 W. Palmetto Park Road
8:00 A.M. - 4:45 P.M. Monday-Friday

AUTO5-DIGIT 33434 3 PSS 110745AA23-A-1
770 1 AV 0-375

BERNSTEIN FAMILY REAL ESTATE
C/O ELIOT BERNSTEIN
2753 NW 34TH ST
BOCA RATON FL 33434-3459



Account Statement

ACCOUNT INFORMATION

ACCOUNT:
SERVICE ADDRESS:
BILLING DATE:

2753 NW 34 ST
11/23/18

PREVIOUS BALANCE 457.80
TOTAL CURRENT CHARGES 236.14
TOTAL AMOUNT DUE 693.94

Balance is due when rendered. A late fee of \$15.00 is charged on payments not received within 30 days of billing date.

BI06920

DETAIL INFORMATION

CYCLE/ROUTE : 70/82 RATE CLASS : SINGLE FAMILY

LAST PAYMENT AMOUNT/DATE: 378.62 7/19/18

WA	Service Period	Days	Meter Number	Consumption	Units	Current	Previous	Total
WA	9/17/18	11/21/18	65		TNGL	430738	424585	
WA	CUSTOMER CHARGE					6.54		
WA	CAPACITY CHARGE					22.48		
WA	COMMODITY CHARGE			61.53		102.82		131.84
GB	CURBSIDE COLLECTION					35.20		35.20
SW	SEWER CHARGE					48.94		48.94
ST	STORMWATER-SINGL/FAM					6.98		6.98
	UTILITY TAX					13.18		13.18

SPECIAL MESSAGE

PLEASE SEE REVERSE SIDE FOR INFORMATION REGARDING CHANGES TO WATER, SEWER AND SANITATION RATES EFFECTIVE OCTOBER 2018.

BOARD0718R86101 - 110745AA23.A.1770.1.2.0.375

Payment Coupon

ACCOUNT INFORMATION

ACCOUNT:
SERVICE ADDRESS: 2753 NW 34 ST
SERVICE PERIOD: 9/17/18 to 11/21/18
BILLING DATE: 11/23/18

BERNSTEIN FAMILY REAL ESTATE
C/O ELIOT BERNSTEIN
2753 NW 34TH ST
BOCA RATON FL 33434-3459

INDICATE MAILING ADDRESS CHANGE BELOW:

old
new

1

AMOUNT DUE

TOTAL AMOUNT DUE 693.94

AMOUNT ENCLOSED

ALL PAYMENTS MUST BE MADE IN U.S. FUNDS

Mail Payment To:



CITY OF BOCA RATON
UTILITIES PROCESSING CENTER
PO BOX 31042
TAMPA FL 33631-3042



Bizoniste Hilaire

Residential/Commercial • Licensed & Insured

Free Estimates Proposal

3424 Boulevard Chatelaine • Delray Beach, FL 33445-2247
(561) 305 9012



DATE 11/21/10
CUSTOMER'S
ORDER NO. _____
SHIP _____
VIA _____
SALESMAN

ALL Claims and Returned Goods MUST Be Accompanied By This Bill

SIGNATURE



Account Number

Billing Date

Nov 17, 2018

Services From

Dec 01, 2018 to Dec 30, 2018

Page

1 of 5

Hello Lic Bernstein,

Thank you for choosing XFINITY from Comcast.

Your bill at a glance

For 2753 NW 34TH ST, BOCA RATON, FL, 33434-3459

Previous balance		\$827.31
One-time EFT Payment - thank you	Nov 16	-\$250.00
Balance forward due now		\$577.31
Partial charges	Page 3	\$4.49
Regular monthly charges	Page 3	\$241.61
One-time charges	Page 4	\$15.99
Taxes, surcharges & fees	Page 4	\$23.70
New charges due Dec 08, 2018		\$285.79

Amount due

\$863.10

! Your account is past due

Your account is past due, so you may have been charged a late fee of \$10.00. To keep your services, please pay the balance forward now.

Your bill explained

- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.
- Your regular monthly charges have changed because a change was made to your XFINITY services. See Regular monthly charges for details.
- The charge on your bill is different this month because you have some one-time charges on your account. See One-time charges for more details.

Need help?

- Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Detach the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order



141 NW 16TH ST
POMPANO BEACH FL 33060-5250

LLC BERNSTEIN
950 PENINSULA CORP CR 3010
BOCA RATON, FL 33487-1387

Account number

\$577.31

Balance forward due now

New charges due Dec 08, 2018

Total amount due

\$863.10

Amount enclosed

\$

Make checks payable to Comcast
Do not send cash

COMCAST
PO BOX 71211
CHARLOTTE NC 28272-1211

You've got options.

We have all sorts of ways to pay so that you can pick the one that's right for you.



Pay with the My Verizon app

You can download the My Verizon app in both the App Store and Google Play.



Pay online at vzw.com

Go to vzw.com and sign in to My Verizon to pay your bill online.



Pay by phone: #PMT (#768)

Simply dial #PMT on your phone and follow the instructions to pay.

Splitting the bill?

Here are your charges by line, with plan and account charges separated out.

Balance past due	\$662.50
Plan and account	\$163.61
Ginger Anne Stanger 530.526.5748	\$27.26
Ginger Anne Stanger 561.400.0430	\$24.27
Ginger Anne Stanger 561.862.2991	\$24.27
Ginger Anne Stanger 561.886.7546	\$60.51
Ginger Anne Stanger 561.886.7627	\$63.85
Ginger Anne Stanger 561.886.7628	\$34.69
Ginger Anne Stanger 561.886.7629	\$24.27
Ginger Anne Stanger 954.553.1352	\$71.35

\$1,156.58

To see a full breakdown of charges per line, view your bill in My Verizon.

Total Amount Due

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$1,156.58

\$, .

PO BOX 660108
DALLAS, TX 75266-0108



What's changed

Last month

August 21 - September 20

This month

September 21 - October 20

Next month

October 21 - November 20

Balance past due	\$758.59	Balance past due	\$662.50	To preview next month's bill go to vzw.com/nextbillsummary
One-time charges	\$34.71	One-time charges	\$22.08	
		See next page for details.		
Monthly charges	\$434.55	Monthly charges	\$434.55	
Surcharges	\$18.84	Surcharges	\$16.30	
Taxes and gov. fees	\$23.81	Taxes and gov. fees	\$21.15	
\$1,270.50		\$1,156.58		

00124116000100000000300044654000794455425

Account Number	[REDACTED]
New Balance	\$1,241.16
Minimum Payment	\$30.00
Payment Due Date	12/16/2018

JOSHUA E BERNSTEIN
2753 NW 34TH ST
BOCA RATON FL 33434-2

170002
MSP 1039

REFERENCES AND NOTES

WELLS FARGO CARD SERVICES
PO BOX 77053
MINNEAPOLIS MN 55480-7753

WELLS FARGO

WELLS
FARGO

Account Number
Statement Billing Period
Page 1 of 3

Ending in 5542
10/23/2018 to 11/21/2018

Balance Summary

Previous Balance	\$815.39
- Payments	\$100.00
- Other Credits	\$0.00
+ Cash Advances	\$0.00
+ Purchases, Balance Transfers & Other Charges	\$508.19
+ Fees Charged	\$0.00
+ Interest Charged	\$17.58
= New Balance	\$1,241.16

Total Credit Limit

Cash Advance Limit

24-Hour Customer Service: 1-800-642-4720
TTY for Hearing/Speech Impaired: 1-800-419-2265
Outside the US Call Collect: 1-925-825-7600
Wells Fargo Online®: wellsfargo.com

Send General Inquiries To:
PO Box 10347, Des Moines IA, 50306-0347

Total Available Credit
Available For Cash Advances

Payment Information

New Balance	\$1,241.16
Minimum Payment	\$30.00
Payment Due Date	12/16/2018

Send Payments To:
PO Box 77053, Minneapolis MN, 55480-7753

Late Payment Warning: If we do not receive your Minimum Payment by 12/16/2018, you may have to pay a late fee up to \$37.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay ...	You will pay off the New Balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Only the minimum payment	8 years	\$2,502
\$48	3 years	\$1,733 (Savings of \$769)

If you would like information about credit counseling services, refer to www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm or call 1-877-285-2108.

Important Information

CONGRATULATIONS-YOUR CREDIT LIMIT HAS BEEN INCREASED TO \$1,900. NOW YOU HAVE MORE PURCHASING POWER AND IT'S AVAILABLE IMMEDIATELY. IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 1-800-642-4720.

Go Far Rewards Summary

Rewards balance as of: 10/31/2018 \$29.52

The rewards balance is for Rewards ID 60012450155.

This balance may be inclusive of other contributing rewards accounts. For up-to-date rewards balance information, or more ways to earn and redeem your rewards, visit GoFarRewards.wf.com or call 1-877-517-1358.

Transactions

Trans	Post	Reference Number	Description	Credits	Charges
Payments					
10/23	10/23	7446539MT0A96EX3Q	ONLINE PAYMENT	100.00	
			TOTAL PAYMENTS FOR THIS PERIOD	\$100.00	

Purchases, Balance Transfers & Other Charges

18.00
17.11
33.25
52.74

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

5596 0020 YKG 1 7 14 181121 0 PAGE 1 of 3 10 5581 6540 STL3 010P5596 170002

Continued

Detach and mail with check payable to Wells Fargo. For faster processing, include your account number on your check.