

JOSHUA BERNSTEIN EXPENSES

#	Expense	Amount	Period	Joshua Portion	Pages from 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 ASSIGNEE - Tax Cert
	2013	6,037.39		2,012.46	49-50	
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	
<b>TOTALS</b>		<b>165,561.49</b>		<b>128,873.85</b>		
				<b>146,751.12</b>		Joshua Current Distribution in Court Registry (60,000.00 + 69,751.12 + 17,000)
				<b>17,877.27</b>		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

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### Individual on Proposals

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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

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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

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Plan Details	BlueOptions Platinum 1424
<b>Annual Deductible</b>	Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$0 / Family: \$0 per person   \$0 per group
<b>Annual Out-of-Pocket Maximum</b>	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

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

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

## Physician Office Services

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Plan Details	BlueOptions Platinum 1424
<b>Primary Care Physician</b>	Copay: \$10
<b>Specialist</b>	Copay: \$20

## Emergency and Urgent Care

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

## Hospital and Surgical Care

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

## Outpatient Diagnostic Services

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

## Vision Coverage

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

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

## Child Dental Coverage

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Plan Details	BlueOptions Platinum 1424
<b>Routine Dental Care</b>	Not Covered
<b>Basic Dental Care</b>	Not Covered
<b>Major Dental Care</b>	Not Covered
<b>Medically Necessary Orthodontia</b>	Not Covered

## Adult Dental Coverage

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Plan Details	BlueOptions Platinum 1424
<b>Routine Dental Care</b>	Not Covered
<b>Basic Dental Care</b>	Not Covered
<b>Major Dental Care</b>	Not Covered
<b>Orthodontia</b>	Not Covered

## Other Benefits

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Plan Details		BlueOptions Platinum 1424
<b>Mental/Behavioral Health Outpatient Services</b>		Copay: \$20
<b>Substance Abuse Dependency Outpatient Services</b>		Copay: \$20
<b>Outpatient Rehabilitation Services</b>		<p>Copay: \$20</p> <p>35 Visit(s) per Benefit Period</p> <p>Combined limit for all outpatient therapy plus chiropractic.</p>
<b>Habilitation Services</b>		<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>
<b>Prenatal and Postnatal - Office Visit</b>		Copay: \$20
<b>Labor and Delivery - Hospital Stay</b>		<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
<b>Annual Deductible</b>	Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$500 / Family: \$500 per person   per group not applicable
<b>Annual Out-of-Pocket Maximum</b>	Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$12,500 / Family: \$12500 per person   \$25000 per group

## Prescription Drugs

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

## Physician Office Services

Plan Details	BlueOptions Platinum 1424
<b>Primary Care Physician</b>	Coinsurance: 50% Coinsurance after deductible
<b>Specialist</b>	Coinsurance: 50% Coinsurance after deductible

## Emergency and Urgent Care

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

## Hospital and Surgical Care

---

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

## Outpatient Diagnostic Services

---

Plan Details		BlueOptions Platinum 1424
<b>Laboratory Services</b>		Coinsurance: 50% Coinsurance after deductible

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

## Vision Coverage

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

## Child Dental Coverage

---

Plan Details	BlueOptions Platinum 1424
<b>Routine Dental Care</b>	Not Covered
<b>Basic Dental Care</b>	Not Covered
<b>Major Dental Care</b>	Not Covered
<b>Medically Necessary Orthodontia</b>	Not Covered

## Adult Dental Coverage

---

Plan Details	BlueOptions Platinum 1424
<b>Routine Dental Care</b>	Not Covered
<b>Basic Dental Care</b>	Not Covered
<b>Major Dental Care</b>	Not Covered
<b>Orthodontia</b>	Not Covered

## Other Benefits

Plan Details	BlueOptions Platinum 1424
<b>Mental/Behavioral Health Outpatient Services</b>	Coinsurance: 50% Coinsurance after deductible
<b>Substance Abuse Dependency Outpatient Services</b>	Coinsurance: 50% Coinsurance after deductible
<b>Outpatient Rehabilitation Services</b>	<p>35 Visit(s) per Benefit Period</p> <p>Combined limit for all outpatient therapy plus chiropractic.</p> <p>Coinsurance: 50% Coinsurance after deductible</p>
<b>Habilitation Services</b>	<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. Examples include therapy for a child who is not walking or talking at the expected age. These services may include</p>

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

## Qualified Dental Details

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

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

## PEDIATRIC BENEFITS

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

## ADULT BENEFITS

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

BlueDental Copayment		
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)  
civilrightscordinator@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)؟ تعاني 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? เป็นผู้พิการใช้หรือไม่? โทรศัพท์ขอรับคำปรึกษาได้ฟรี

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 معلولیت 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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MSRP **\$48,295**

PRICE DIFFERENCE **\$8,324**

OUR PRICE **\$39,971**

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☐ 22 mpg  
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30 mpg  
Hwy

☐ 2.0L I-4 cyl  
AUTOMATIC WITH GEARTRONIC

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## 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](#)

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\*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**

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GEICO Indemnity Company

## ELECTRONIC FUNDS TRANSFER BILL NOTIFICATION

### Policy Number & Period

Auto

Policy #4514-41-35-35

Oct-15-18 to Apr-15-19

### Billing Activity

Activity Date & Description		Amount
<b>BALANCE FROM PREVIOUS POLICY TERM</b>	\$	<b>3,081.70</b>
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

### 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.

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](http://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](http://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](mailto:geico@email1.geico.com)>  
**Date:** December 13, 2018 at 3:50:34 PM EST  
**To:** <[tourcandy@gmail.com](mailto:tourcandy@gmail.com)>  
**Subject:** Confirming your recent quote transaction  
**Reply-To:** "GEICO" <[reply-fec41776756c007b-26\\_HTML-554890267-1058498-4838@email1.geico.com](mailto:reply-fec41776756c007b-26_HTML-554890267-1058498-4838@email1.geico.com)>

[View this email in your browser](#)



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](mailto:tourcandy@gmail.com)

[Contact Us](#)

[Privacy Policy](#)

**Message ID: I-306**



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



**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

Collection Cart	Items 0	Total \$0.00	<a href="#">Checkout</a>	<a href="#">View</a>
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## 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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

## Tax &amp; 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
<b>Total Due:</b>				<b>\$7,438.30</b>	<b>\$0.00</b>	<b>\$6.25</b>	<b>\$371.91</b>	<b>\$7,816.46</b>


## Notice to Tax Payer

## Tax Certificates

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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.

## Property Tax Help

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Tax Payment

No Payment Records Found



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

Collection Cart	Items	Total	
Collection Cart	0	\$0.00	<a href="#">Checkout</a> <a href="#">View</a>

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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

Tax & Assessment				
Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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 &amp; PK DIST</u>	\$331.01	\$0.00	\$331.01	\$0.00
Sub Total	<b>\$6,425.22</b>	<b>\$0.00</b>	<b>\$6,425.22</b>	<b>\$0.00</b>
Non Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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



Tax Payment
No Payment Records Found



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## Collection Cart

Collection Cart	Items 0	Total \$0.00	<a href="#">Checkout</a>	<a href="#">View</a>
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## 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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

## Tax &amp; 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
<b>Total Due:</b>				<b>\$7,304.29</b>	<b>\$0.00</b>	<b>\$6.25</b>	<b>\$365.21</b>	<b>\$7,675.75</b>

## Notice to Tax Payer

## Tax Certificates

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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.

## Property Tax Help

No Payment Records Found



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West Palm Beach, FL 33402-3353

Collection Cart		Items	Total	
Collection Cart		0	\$0.00	<a href="#">Checkout</a> <a href="#">View</a>

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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

Tax & Assessment				
Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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 &amp; PK DIST</u>	\$330.74	\$0.00	\$330.74	\$0.00
Sub Total	<b>\$6,525.36</b>	<b>\$0.00</b>	<b>\$6,525.36</b>	<b>\$0.00</b>
Non Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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

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

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## Property Tax Help



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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West Palm Beach, FL 33402-3353

## Collection Cart

Collection Cart	Items 0	Total \$0.00	<a href="#">Checkout</a>	<a href="#">View</a>
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## 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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

## Tax &amp; 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
<b>Total Due:</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>


## Notice to Tax Payer

## Tax Certificates

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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	
Collection Cart		0	\$0.00	<a href="#">Checkout</a> <a href="#">View</a>

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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

Tax & Assessment				
Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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 &amp; PK DIST</u>	\$317.27	\$0.00	\$317.27	\$0.00
Sub Total	<b>\$6,424.95</b>	<b>\$0.00</b>	<b>\$6,424.95</b>	<b>\$0.00</b>
Non Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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



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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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

Collection Cart	Items 0	Total \$0.00	<a href="#">Checkout</a>	<a href="#">View</a>
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## 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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

## Tax &amp; 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
<b>Total Due:</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>


## Notice to Tax Payer

## Tax Certificates

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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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Collection Cart				
Collection Cart	Items	Total		
	0	\$0.00	<a href="#">Checkout</a>	<a href="#">View</a>

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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

Tax & Assessment					
Ad Valorem	Gross Tax	Credit	Net Tax	Savings	
<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 &amp; PK DIST</u>	\$313.00	\$0.00	\$313.00	\$0.00	
Sub Total	<b>\$6,205.83</b>	<b>\$0.00</b>	<b>\$6,205.83</b>	<b>\$0.00</b>	
Non Ad Valorem	Gross Tax	Credit	Net Tax	Savings	
<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	





**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

Collection Cart	Items 0	Total \$0.00	<a href="#">Checkout</a>	<a href="#">View</a>
-----------------	------------	-----------------	--------------------------	----------------------

## 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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

## Tax &amp; 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


## 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.

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.

## Property Tax Help

\*\* 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@taxcollectorpb.com](mailto:ClientAdvocate@taxcollectorpb.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



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West Palm Beach, FL 33402-3353

Collection Cart		Items	Total	
Collection Cart	0	\$0.00	<a href="#">Checkout</a>	<a href="#">View</a>

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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

Tax & Assessment				
Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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 &amp; PK DIST</u>	\$287.71	\$0.00	\$287.71	\$0.00
Sub Total	<b>\$5,785.76</b>	<b>\$0.00</b>	<b>\$5,785.76</b>	<b>\$0.00</b>
Non Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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
Page 47 of 68				



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
<b>Total Due:</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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.

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@taxcollectorpbcc.com](mailto:ClientAdvocate@taxcollectorpbcc.com) for additional details.

## Property Tax Help



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

Collection Cart			
Collection Cart	Items 0	Total \$0.00	<a href="#">Checkout</a> <a href="#">View</a>

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 Geo CD:		Property Address: 2753 NW 34TH ST BOCA RATON FL 33434  Deed Number: 0
Legal Description		
BOCA MADERA UNIT 2 LT 68 BLK G		

Tax & Assessment				
Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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 &amp; PK DIST</u>	\$261.56	\$0.00	\$261.56	\$0.00
Sub Total	<b>\$5,268.25</b>	<b>\$0.00</b>	<b>\$5,268.25</b>	<b>\$0.00</b>
Non Ad Valorem	Gross Tax	Credit	Net Tax	Savings
<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

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.

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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## Property Tax Help



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](mailto:SPierantoni@gables.com)>  
**Date:** December 13, 2018 at 12:47:54 PM EST  
**To:** "[tourcandy@gmail.com](mailto:tourcandy@gmail.com)" <[tourcandy@gmail.com](mailto: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—

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

Let me know if you have any other questions.

For January 1<sup>st</sup>, 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](mailto:spierantoni@gables.com) | [www.gables.com/townplace](http://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
<b>TOTAL</b>	<b>\$ 24,836</b>	<b>\$ 25,490</b>	<b>\$ 15,458</b>

## 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
<b>TOTAL</b>	<b>\$ 26,804</b>	<b>\$ 27,458</b>	<b>\$ 17,426</b>

## 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
<b>TOTAL</b>	<b>\$ 38,836</b>	<b>\$ 39,490</b>	<b>\$ 29,458</b>

### 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
<b>TOTAL</b>	<b>\$ 39,900</b>	<b>\$ 40,554</b>	<b>\$ 30,522</b>

**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

## COLLEGE OF MEDICINE STUDENTS



## 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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Equal Access Institution  
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**University Campuses**

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[Dania Beach](#)  
[Davie](#)  
[Fort Lauderdale](#)  
[Harbor Branch](#)  
[Jupiter](#)

Last Modified 4/20/18

<p>"Good Law Day" began 10.31.2013. 10.15.2018</p>	<p><b>LAW OFFICES OF LALIT K JAIN ESQ</b> 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><b>Claimer instead of Disclaimers: Let all live in truth Knowing Justice <i>always</i> insures nature.™</b></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 retribute 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"<sup>1</sup> *no matter who has the burden of proof*,<sup>2</sup> 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 1/3<sup>rd</sup> to You and 2/3<sup>rd</sup> 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 1/3<sup>rd</sup> 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 34<sup>th</sup> 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:	Eliot Ivan Bernstein	cc		cc	
Fon:	561 245-8588				
Fax:	N/A				
Email:	IViewIt@IViewIt.TV				
<p>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.</p>				<p>Total Page(s): 2 + 1 LKJMOL = 3</p>	

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LKJESQ@LKJESQ.COM / 61-22 Booth Street Rego Park NY 11374-1034.

**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 *all* Courts in India.™

Fon: 718-255-6576  
Cell: 718-316-5921  
Fax: 347-637-5498

Claimer instead of Disclaimers: Let all live in truth Knowing Justice *always* insures nature.™

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

Due process of law, funded by taxes,<sup>1</sup> *ending all nullities<sup>2</sup> disgracing nations<sup>3</sup>* by laws *misapplied* as Justicide<sup>4</sup> ("Unsafe") *makes* torturers retribute<sup>5</sup> victims<sup>6</sup> by laws *correctly* applied as Justice<sup>7</sup> ("Safe").

<sup>1</sup> "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.

<sup>2</sup> "...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.

<sup>3</sup> "*Tortura legume pessima...The torture...of laws is the worst [kind of torture]...*" *Bl. Dict.*, 6<sup>th</sup> 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?

<sup>4</sup> "...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/pnu9lrj> 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*.

<sup>5</sup> "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.

<sup>6</sup> "...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.*

<sup>7</sup> "[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*.





/ 27

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 \*\*CO 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
	\$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  
Previous reading - 73498  
kWh used 3694

#### Energy usage

	Last Year	This Year
kWh this month	3660	3694
Service days	32	33
kWh per day	114	112

#### \*\*The electric service amount includes the following charges:

Customer charge: \$7.98  
Fuel: \$111.64  
(First 1000 kWh at \$0.022930)  
(Over 1000 kWh at \$0.032930)  
Non-fuel: \$263.75  
(First 1000 kWh at \$0.063990)  
(Over 1000 kWh at \$0.074150)

Amount of your last bill 1,275.50  
Payments received - Thank you 756.11 CR  
Additional activity:  
Credit 48.00 CR  
Field collection charge 48.00

Balance before new charges \$519.39

#### New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount	383.37**
Storm charge	4.58
Non-std meter surcharge	13.00
Gross receipts tax	10.28
Franchise charge	26.53
Utility tax	35.13
Late payment charge	11.34
<b>Total new charges</b>	<b>\$484.23</b>

**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.



Please have your account number ready when contacting FPL.

Customer service: (561) 994-8227

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: [www.FPL.com](http://www.FPL.com)



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

\*\*AUTO\*\*5-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: [REDACTED]  
SERVICE ADDRESS: 2753 NW 34 ST  
BILLING DATE: 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

Service	Service Period	Days	Meter Number	Units	Current	Previous	Charge	Total
WA	9/17/18 11/21/18	65	[REDACTED]	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.

## Payment Coupon

PLEASE FOLD ON PERFORATION BEFORE TEARING - RETURN BOTTOM PORTION WITH YOUR PAYMENT  
MAKE CHECKS PAYABLE TO THE CITY OF BOCA RATON

### ACCOUNT INFORMATION

ACCOUNT: [REDACTED]  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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









Account Number

Billing Date

Nov 17, 2018

Services From

Dec 01, 2018 to Dec 30, 2018

Page

1 of 5

## Hello Llc 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
<b>Balance forward due now</b>		<b>\$577.31</b>
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
<b>New charges due Dec 08, 2018</b>		<b>\$285.79</b>

**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](http://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

**Balance forward due now \$577.31**

New charges due Dec 08, 2018 \$285.79

**Total amount due \$863.10****Amount enclosed \$**

Make checks payable to Comcast  
Do not send cash

COMCAST  
PO BOX 71211  
CHARLOTTE NC 28272-1211



Billing period Sep 21, 2018 to Oct 20, 2018 | Account [REDACTED] | Invoice # 9138638354

## 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.



[REDACTED]  
2753 NW 34TH ST  
BOCA RATON, FL 33434-3459

Bill date  
Account number  
Invoice number

October 20, 2018  
470547806-00002  
9138638354

### Total Amount Due

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

**\$1,156.58**

\$ , .

PO BOX 660108  
DALLAS, TX 75266-0108





Billing period Sep 21, 2018 to Oct 20, 2018 | Account # [REDACTED] | Invoice # 9138638354

## What's changed

### Last month

August 21 - September 20

Balance past due \$758.59

One-time charges \$34.71

Monthly charges \$434.55

Surcharges \$18.84

Taxes and gov. fees \$23.81

**\$1,270.50**

### This month

September 21 - October 20

Balance past due \$662.50

One-time charges \$22.08

See next page for details.

Monthly charges \$434.55

Surcharges \$16.30

Taxes and gov. fees \$21.15

**\$1,156.58**

### Next month

October 21 - November 20

To preview next month's bill go to [vzw.com/nextbillssummary](http://vzw.com/nextbillssummary)

Account Number

New Balance

Minimum Payment

Payment Due Date

\$1,241.16

\$30.00

12/16/2018

00124116000100000000300044654000794455425

Amount  
Enclosed

\$									
----	--	--	--	--	--	--	--	--	--

JOSHUA E BERNSTEIN  
2753 NW 34TH ST  
BOCA RATON FL 33434-3459

170002  
MSP 1039



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

YKG  
57



Page 67 of 68



Check here and see reverse for address and/or phone number correction.



Account Number  
Statement Billing Period  
Page 1 of 3

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

WELLS  
FARGO

### 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

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®: wells Fargo.com

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

Total Credit Limit  
Cash Advance Limit

Total Available Credit  
Available For Cash Advances

### Payment Information

New Balance	\$1,241.16
Minimum Payment	\$30.00
Payment Due Date	12/15/2018

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

**Late Payment Warning:** If we do not receive your Minimum Payment by 12/15/2018, 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](http://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](http://GoFarRewards.wf.com) or call 1-877-517-1358.

### Transactions

Trans	Post	Reference Number	Description	Credits	Charges
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
	82.74

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Continued

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

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