· .		e e
ATTORNEY OR PAR	TELEPHONE NO.: TELEPHONE NO.:	FOR COURT USE ONLY
Liaw Offic 2643 Four San Diego Attorney For (M SUPERIOR C STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODI BRANCH NAM PETITION		CASE NUMBER: D 445105 ENK
Step 1 Attachments to this summary	I have completed x Income x Expense x Child Support (If child support is not an issue, do not complete the Child Support Inform do not complete the Income Information Form.)	
Step 2 Answer all questions that apply to you	b. If no: (1) When did you last work (month/year)?	<pre>K] No 2/19/58 work)</pre>
	6. What is the total number of minor children you are legally obligated to	o support?
Step 3 Monthly income information	 7. Net monthly disposable income (from line 16a of Income Information): 8. Current net monthly disposable income (if different from line 7, explain below Line 7 is based upon estimated income for amount that I'm advanced monthly by C. M. No. 150.00. See Page 2. 	oworonAttachment8): \$ 139 1998. Line 8 is based on
Step 4		
Expense information	9. Total monthly expenses from line 2q of Expense Information:	\$ <u>4,125</u> \$ <u>1,000</u>
Step 5 Other party's income	11. My estimate of the other party's gross monthly income is: As shown by her own declarations.	\$5,200
Step 6 Date and sign this form	I declare under penalty of perjury under the laws of the State of Califor the attached information forms are true and correct.	mia that the foregoing and \Box
Plaintiff,		etitioner E Respondent Page one of 5
Judicial Council of Ca	N285.50 INCOME AND EXPENSE DECLARATION	
1285.50 [Rev. January		x

	tha				
	PETITIONER/PLAINTIFF: Conrad R. Murray	······································	CASE NUMBER:		
	RESPONDENT/DEFENDANT: Nenita C. Malibiran		D 445305	1331 12	
	NCOME INFORMATION OF (name): Plaintiff, Conrad Murray		D 445105		
	Total gross salary or wages, including commissions, bonuses, and overtime pa All other money received during the last 12 months except welfare, AFDC, SSI, spousal support from this marriage, or any child support. Include pensions, social security, disability, unemployment, military ba-	Specify :	sources below:	. 2a.\$	
	sic allowance for quarters (BAQ), spousal support from a different mar- riage, dividends, interest or royalty, trust income, and annuities. Include income from a business, rental properties, and reimbursement of job-related expenses.				
	Prenare and attach a schedule showing gross receipts less pash ev-			. 2d. \$	
3,	Add lines 1 through 2d Divide line 3 by 12 and place result on line 4a.			. 3. \$	40,682
			Average last 12 months:		Last month:
4.	Gross income	4a.\$	3,390	4b.\$	2,083
5.	State income tax	5a.\$	163_	5b.\$	55
6.	Federal income tax	6a, \$.		6b.\$	232
7.	Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits	7a.\$	256	7b.\$	159
8.	Health insurance for you and any children you are required to support	8a.\$	324	8b.\$	
9.	State disability insurance	9a.\$	26_	9b.\$	21
0.	Mandatory union dues	10a.\$		10b.\$	· <u> </u>
1.	Mandatory retirement and pension fund contributions Do not include any deduction claimed in item 7.	11a.\$	· · · <u>·</u> · · · · · · · · · · · · · · ·	115.\$	
2.	Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship <i>other</i> than that involved in this proceeding:			12b.\$	
3.	Necessary job-related expenses (attach explanation)	13a. \$	1,153	13b.\$	1,153
4.	Hardship deduction (Line 4d on Child Support Information Form)	14a.\$	\$1485.00	14b.\$	\$1485.00
5.	Add lines 5 through 14 Total monthly deductions:	15a. \$	2,469	15b.\$	1,944
6.	Subtract line 15 from line 4 Net monthly disposable income:	<u>16a. \$</u>	<u>. 921</u>	16b.\$	139
	ACDO unifero anounal support from this mentions, and shild support from a	ther rele	tionabing reactived		/
1.	AFDC, welfare, spousal support from this marriage, and child support from o each month				
8.	Cash and checking accounts:				
	Savings, credit union, certificates of deposit, and money market accounts:				
	Stocks, bonds, and other liquid assets:				
	All other property, real or personal (specify below):				
	Attach a copy of your three most recent pay stubs.				Page <u>2</u> of <u>5</u>
, Ju					ist Atty-5003
1200	i.bdd-frkdv. Udrobhy 1, 1995) (Family Law)				

, ,	,		<u>.</u>	
PETITIONER/PLAINTIFF: Conrad R. Murray RESPONDENT/DEFENDANT: Nenita C. Malibirat	~		ABER: 5105 ENK	
EXPENSE INFORMATION OF (name): Plaintiff, Con		D 443	TOD FUK	
		relationabia		anthly in arms
1. a. List all persons living in your <u>name</u> home whose expenses are 1. Janice Ad		relationship		onthly income
included below and their income: 2. Channel M	Murry 12	Daughter	0	
Continued on 3. Attachment 1a. 4.				
b. List all other persons living 1.				
in your home and their income: 2				•
Continued on 3.				
Attachment 1b.		I		
2. MONTHLY EXPENSES a. Residence payments	e Food at	home and househo	old supplies \$	400
(1) X Rent or mortgage \$1		nome and nousen		400
	f. Food ea	ting out	\$.	200
(2) If mortgage, include: Average principle\$	g. Utilities			50
Average interest\$	h. Telepho	ne	\$.	60
Impound for real property taxes \$		and cleaning		
Impound for home-	•• ••			200 <u>7</u> 56 00 8 0
owner's insurance\$				150
(3) Real property taxes (if not		e (life, accident, et to, home, or health		15
included in item (2))\$		on (specify):		
(4) Homeowner's or renter's insurance	i. Luudain	(specky)	· · · · · · · · · · · · · · · · · · ·	
(if not included in item (2)) \$		nment		75
(5) Maintenance	n. Transpo (insuran	rtation and auto ex ce, gas, oil, repair)	penses \$ _	
b. Unreimbursed medical and dental		ent payments <i>(inse</i>		
expenses		oelow in item 3)	\$ <u>.</u>	1,153
en en besta in de la anticipa a de la montra de la dela del de la dela del de la dela de	p. Other (s	pecify):	\$	
c. Child care\$	57			
d. Children's education\$	476 (do not i	EXPENSES (a-p)	\$ a(2))	4,125
3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER	DEBTS 🔽 Contin	nued on Attachmer	nt 3.	
CREDITOR'S NAME PAYME	NT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE
See attachment LS-294		1,153	157,973	
			area agust	
 ATTORNEY FEES a. To date I have paid my attorney for fees and costs: \$2, 	500	The source of this I	money weet To-	ne
b, I owe to date the following fees and costs over the amount				ALLO

Subject to written agreement c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

(SIGNATURE OF ATTORNEY)

Stephen J. Dimeff (YPE or PRINT NAME OF ATTORNEY

Page 3 oľ

Form Adopted by Rule 128	85,50b
Ludicial Council of Califord	ornia
C1286.605 (Rdv Lienduer)/A	1995

EXPENSE INFORMATION (Family Law)

LA Dist Atty-5004 03635

Amount paid wi per month aExtraordinary health care expense (specify and attach any sup-	mployment skills ost was incurred and
 THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE. 1. Health insurance for my children is is not available through my employer. a. Monthly cost paid by me or on my behalf for the children only is: \$	ost was incurred and
 Health insurance for my children is ∑ is not available through my employer. Monthly cost paid by me or on my behalf for the children <i>only</i> is: \$Do not include the amount paid or payable by your employer. Name of carrier: 	ost was incurred and
 a. Monthly cost paid by me or on my behalf for the children only is: \$	ost was incurred and
 d. Policy or group policy number: 2. Approximate percentage of time each parent has primary physical responsibility for the children: Mother 85 % Father 15 % 3. The court is requested to order the following as additional child support: a. Child care costs related to employment or to reasonably necessary education or training for elevation (1) Monthly amount currenty paid by mother: \$ b. Uninsured health care costs for the children (for each cost state the purpose for which the cost the estimated monthly, yearly, or lump sum amount paid by each parent): c. Educational or other special needs of the children (for each cost state the purpose for which the cost and the estimated monthly, yearly, or lump sum amount paid by each parent): d. Travel expense for visitation (1) Monthly amount currently paid by father: \$ 500 4. Travel expense for visitation (1) Monthly amount currently paid by father: \$ 500 4. Travel expense for visitation (2) Monthly amount currently paid by father: \$ 500 4. Travel expense for visitation (3) Monthly amount currently paid by father: \$ 500 	ost was incurred and
 2. Approximate percentage of time each parent has primary physical responsibility for the children: Mother 85 % Father 1.5 % 3. The court is requested to order the following as additional child support: a. Child care costs related to employment or to reasonably necessary education or training for eta (1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ b. Uninsured health care costs for the children (for each cost state the purpose for which the cost the estimated monthly, yearly, or lump sum amount paid by each parent): c. Educational or other special needs of the children (for each cost state the purpose for which the cost and the estimated monthly, yearly, or lump sum amount paid by each parent): d. Travel expense for visitation (1) Monthly amount currently paid by father: \$ 500 4. The court is requested to allow the deductions identified below, which are justifiable expenses that hav financial hardship. Amount paid will per month a. Extraordinary health care expense (specify and attach any sup- 	ost was incurred and
 Mother 85 % Father 15 % 3. The court is requested to order the following as additional child support: a. Child care costs related to employment or to reasonably necessary education or training for elements (1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ b. Uninsured health care costs for the children (for each cost state the purpose for which the cost the estimated monthly, yearly, or lump sum amount paid by each parent): c. Educational or other special needs of the children (for each cost state the purpose for which the and the estimated monthly, yearly, or lump sum amount paid by each parent): d. Travel expense for visitation (1) Monthly amount currently paid by father: \$ (2) Monthly amount currently paid by father: \$ (3) Monthly amount currently paid by father: \$ (4) Monthly amount currently paid by father: \$ (5) Monthly amount currently paid by father: \$ (2) Monthly amount currently paid by father: \$ (3) Monthly amount currently paid by father: \$ (4) Monthly amount currently paid by father: \$ (5) Monthly amount currently paid by father: \$ (6) Monthly amount currently paid by father: \$ (7) Monthly amount currently paid by father: \$ (8) Monthly amount currently paid by father: \$ (9) Monthly amount currently paid by father: \$ 	ost was incurred and
 a. Child care costs related to employment or to reasonably necessary education or training for each (1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ b. Uninsured health care costs for the children (for each cost state the purpose for which the cost the estimated monthly, yearly, or lump sum amount paid by each parent): c. Educational or other special needs of the children (for each cost state the purpose for which the cost and the estimated monthly, yearly, or lump sum amount paid by each parent): d. X Travel expense for visitation (1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ 500 k. The court is requested to allow the deductions identified below, which are justifiable expenses that hav financial hardship. Amount paid will per month a. Extraordinary health care expense (specify and attach any sup- 	ost was incurred and
 and the estimated monthly, yearly, or lump sum amount paid by each parent): d. X Travel expense for visitation (1) Monthly amount currently paid by mother: (2) Monthly amount currently paid by father: 500 4. X The court is requested to allow the deductions identified below, which are justifiable expenses that hav financial hardship. Amount paid wi per month a. Extraordinary health care expense (specify and altach any sup- 	he cost was incurred
 (1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ 500 (2) Monthly amount currently paid by father: \$ 500 (3) Monthly amount currently paid by father: \$ 500 (4) Monthly amount currently paid by father: \$ 500 (5) Monthly amount currently paid by father: \$ 500 (2) Monthly amount currently paid by father: \$ 500 (3) Monthly amount currently paid by father: \$ 500 (4) Monthly amount currently paid by father: \$ 500 (5) Monthly amount currently paid by father: \$ 500 (5) Monthly amount currently paid by father: \$ 500 (5) Monthly amount currently paid by father: \$ 500 (5) Monthly amount currently paid by father: \$ 500 (6) Monthly amount currently paid by father: \$ 500 (7) Monthly amount currently paid by father: \$ 500 (7) Monthly amount currently paid by father: \$ 500 (7) Monthly amount currently paid by father: \$ 500 (7) Monthly amount currently paid by father: \$ 500 (7) Monthly amount currently paid by father: \$ 500 (8) Monthly amount currently paid by father: \$ 500 (7) Monthly amount currently paid by father: \$ 500 (8) Monthly amount currently paid by father: \$ 500 (8) Monthly amount currently paid by father: \$ 500 (9) Monthly amount currently paid by father: \$ 500 (9) Monthly amount currently paid by father: \$ 500 (9) Monthly amount currently paid by father: \$ 500 (9) Monthly amount currently paid by father: \$ 500 (9) Monthly amount currently paid by father: \$ 500 (9) Monthly a	
financial hardship. Amount paid wi per month aExtraordinary health care expense (specify and attach any sup-	
	How many months Il you need to make these payments
porting documents): \$	
b. Uninsured catastrophic losses (specify and attach supporting documents):	
 c. X Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify names and ages of these children): \$ \$1485.00 	50 appox
Chanel Murray age 5 Conrad Murray Jr, age 8 Camile Murray, age 2 1/2 \$1009. Total \$1485.	00
d. Total hardship deductions requested (add lines a - c):	
·	Page <u>4</u> of <u>5</u>
orm Adopted by Rule 1285.50c CHILD SUPPORT INFORMATION Judicial Council of California 345 506 [Ref. Junuary 1 1995] (Family Law)	A Dist Atty-500
Exhib	

ATTACHMENT TO INCOME & EXPENSE DECLARATION

Ċ

\$

(Page 3 - Continued)

	······································			······
CREDITOR NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE
Sallie Mae Sallie Mae Sallie Mae Sallie Mae Housold Bank	Govenment Ed. Loan Govenment Ed. Loan Govenment Ed. Loan Govenment Ed. Loan Loan to Pay Fed Tax Levy	\$358.08 \$101.03 \$16.64 \$77.64 \$500.00	\$26,126.94	Starts April 1999 Starts April 1999 Starts April 1999 Starts April 1999 Starts April 1999
Providan Bank Cal Franchise TB Loan frm Parents and othr moder Relatives	Visa Lien for Ca Taxes Loan	\$100.00 ? Deferred-	\$600.00 \$6,134.00 \$82,000.00	None-Levy on 3/8/9
		_	э.	- NO BK Nusch
*		Ê. î		
				•
	· .		Ptnr's Ex. <u>4</u> D <u><u>445105</u> Rec'd Dept<u>FS</u>Cik.</u>	 All
CONFIDENTIAL	ىرىپىيى بىرىكى يەرىپىرىيىنىڭ ئىلىكى بىلىكى بىلىكى بىرىپىرىيى <u>بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى</u>	<u>\$1,153,39</u> Total:	\$237,972,62	LA Dist Atty 5006

CM Medical Corporation Income Statement for the period January 15, 1999 thru February 15, 1999

R#21. s.

.1 *•	Revenue		\$14,680.80	
	Less: Expenses	¢.		
	Professional Dues & Fees	\$ 175.00		
	Auto	155.00		
	Bank Fees	66.00		
	Insurance	1,234.33		
	Meals & Entertainment	. 0.00		
	Distributions	1,572.00-		e ngan ta Ara Ba
	Accounts Payable	7,834.43		
	Cleaning	0,00		
	Contributions	577.00		
	Supplies & Forms	139.18		
	Gifts	0.00		
	Lectures, Seminars, Training	1,736.43		
•	Lectures, Seminars, Training Registrat: in	0.00		
	Training Supplies	0.00		
	Legal	500.00		
	Furniture & Equipment	0.00	5 <u>9</u>	
	Miscellaneous, Postage etc	420.00		
	Estimated Taxes: Federal Taxes	5,578.70		
	State Taxes	3,670.20		
	Total Expenses		23,658.27	
	Income over Experises		<u>(\$ 8,977,47)</u>	

Notes:

- Dr. Murray has a 50% interest in CM Medical Corporation
- \$0 dividends have been issued by this Corporaton due to limited earnings.

CONFIDENTIAL

LA Dist Atty-5007638

CM Medical Corporation Income Statement for the period March 15, 1998 thru February 15, 1999

а л

, ,

.

RHIS

Revenue	\$120,597.01
Less: Expenses	
Professional Dues & Fees	\$ 1,614.15
Auto	5,739.86
Bank Fees	737.00
Insurance	9,411.00
Meals & Entertainment	0.00
Distributions	13,261.18
Accounts Payable	57,734.12
Cleaning	1,625.04
Contributions	877.00
Supplies & Forms	3,003.43
Gifts	1,444.02
Lectures, Seminars, Training	8,242.01
Lectures, Seminars, Training F	legistration 836,19
Training Supplies	1,500.00
Legal	1,721.00
Furniture & Equipment	645.49
Miscellaneous, Postage etc	718.27
Estimated Taxes: Federal Tax	ces 45,826.86
State Taxes	30,149.25
Total Expenses	185,086.87
Income over Expenses	(<u>\$ 64,487,86)</u>

Notes:

.

• Dr. Murray has a 50% interest in CM M vical Corporation

• \$0 dividends have been issued by this Corporaton due to limited earnings.

CONFIDENTIAL

LA Dist Atty-5008

C M Medical corporation M. Usman Shoriff, MD

C/O Dept Of Interventional Cardiology 7901 Frost Street San Diego CA 92123 USA

Phone 619-541-3917 FAX 619-541-3920 Email aslam123@aol.com

February 22, 1999

To: Whomsoever it may concern

This is to certify that Conrad Murray draws a salary of two thousand dollars (+/- one to two hundred dollars) a month from CM medical corporation. His income is made as a direct deposit and split between his personal accounts # 0721561728 and 6832337125 on or about 15th - 20th of each month.

Please feel free to contact me if you need any clarification .

Sincerely,

Md. Useran Steering

CFO. CM Med.Corp.

דש אשלי מא דששה זמי לסונו רד

THU VH.I

Exhibit 462 - 5009

LA Dist Atty-

03640

7

JUJ Department of the Treasur

Internal Revenue Service FRESNO, CA 93888

'ice Number: CP 504 tice Date: 03-08-1999

SSN/EIN: 33-0720215 Caller ID:

****** C M MEDICAL CORPORATION % SHARP MEMORIAL HOSPITAL 7901 FROST ST SAN DIEGO CA 92123-2701012 - a ...



30720215221*

U gent !!

We intend to levy on certain ssets. Please respond NOW. (To avoid additional late payment penalty .nd interest, pay your overdue liability now.)

time you file your return. This is your notice, as required by Internal Revenue Code Section 6331(d), of our intent to levy (take) any state tax refunds to which yo' may be entitled to if we don't receive your payment in full. In addition, we will begin to search for other ass is we may levy. We can also file a Notice of Federal now. If you've already paid, can't pay, or have arranged for an installment agreement, it is important that you call us immediately at the telephone number shown below.

Our records indicate that you haven't paid the amount you owe. The law requires that you pay your tax at the Tax Lien, if we haven't already done so. To prevent collection action, please pay the current balance 41°

	All in the interest of the int	Account SL	amary	the first stand	7
	N/ S S S	Form: 1120 Ta	Period: 12-31-1997		
	ちんが	Current Balance:	\$6,133.61	Service Servic	c
		Includes:		201-31-34 4	415
		Penalty:	\$28.26	S. S. S. S. S.	in the second
		Interest:	\$40.84	× Charles Par	10
		Last Payment:	\$0.00	~ /	ฮ้
2	The second s	1-800-829-8815	See enclosed Publication 594 that explains your rights and responsibilities as a taxpayer.		
•	Please mail this part with your	payment, payable to United	States Treasury.	Notice Number: CP 504	
				Notice Date: 03-08-1999	
	-	*			
	ž				
	write on your check:		Г	Amount Due:	
	1120 12-31-199	7 33-0720215		\$6,133.61	
	1220 AL VA 477		Ļ		
			~		
	330720215 WY CMME (02 2 9712 670 0000	0673367	546 	
,	Internal Revenue Service FRESN0, CA 93888		% SHARP MEMO	CORPORATION RIAL HOSPITAL	
	INCORUJ ON JOOOD			A 92123-2701012	

CONFIDENTIAL

Exhibit 462 - 5010

LA Dist Atty-5010

03641

	· · · · · · · · · · · · · · · · · · ·		
PD BOX 7700 WILKES BARRE PA 18773-7700			(800) 345-6984
5			
	REPAYMENT OBLIGATION (VARIABLE RATE)		
CONRAD R MURRAY			
454 51 37991		.1	03/12/99
· •		*e	e)
This is the schedule for the repayment o by SALLIE MAE	of your variable-rate Federal HEALTH EDUCAT ("The Lender") and a disclosu	ION ASSISTANCE are of the finance ch	LOAN (HEAL) owned arges related to this loan.

Loan Date: 05/02/86 Original Loan Amount: \$ 16,000.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loss bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

f the credit as a year	ly rate The doll	CE CHARGE: ar amount the	credit will cost	Amount Financed:* The amount of credit pro- you or on your behalf	vided to	Total of Payments: The amount that will be p payments have been made	
7.500 %	\$	49,976.52	2	\$ 46,705.08		\$ 96,681.60	
YMENT SCHEDUL	E WILL BE						
Amount of Payments	Due Monthly Beginning	No. of Payments		Due Monthly Beginning			Due Monthi Beginning
358.08	04/16/99	11.	\$ 358.	09/16/21		\$	
	YMENT SCHEDUL Amount of Payments	YMENT SCHEDULE WILL BE Amount of Due Monthly Payments Beginning	YMENT SCHEDULE WILL BE Amount of Due Monthly Payments Beginning Payments	YMENT SCHEDULE WILL BE Amount of Payments Due Monthly Beginning No. of Payments Amount of Payments	7.500 % \$ 49,976.52 \$ 46,705.08 YMENT SCHEDULE WILL BE Amount of Due Monthly Amount of Due Monthly No. of Amount of Payments Beginning Payments Beginning	7.500 % \$ 49,976.52 \$ 46,705.08 YMENT SCHEDULE WILL BE Amount of Payments Due Monthly Beginning Payments No. of Payments Due Monthly Beginning No. of Payments Due Monthly Beginning	7.500 % \$ 49,976.52 \$ 46,705.08 \$ 96,681.60 YMENT SCHEDULE WILL BE Amount of Payments Due Monthly Beginning No. of Payments Amount of Payments Due Monthly Beginning No. of Payments Amount of Payments

Variable Rate: The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates, reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increased to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.
Prepayment: If you pay off all or part of this obligation early, you will not have to pay a penalty.
Late Charge: If your loan date is on or after April 7, 1987, you will be charged five cents for each dollar of the installment payment due if a scheduled payment is late.
Note: Please see your Promissory Note for additional information about nonpayment, default, and any required repayment in full before the scheduled date.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

WARNING: Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute. CONFIDENTIAL

***ITEMIZATION OF AMOUNT FINANCED**

	A. Outstanding Principal	\$ 44,964.37	
	B. Accrued Unpaid Interest	s1,740.71	
	Total (A& B)	S A TOIST A	tty-5011
I			· 03642

U	Ц	Шĩ	L	uu	DeJ	U.	1 191	iel	901	5		1
P	00	BO	X	°77	R 00	A	T	1	٥	N		1,
W	rl	KE	S	BA	RR	E	PA		187	773	-7700	3

1.50

(800) 345-6984

REPAYMENT OBLIGATION (VARIABLE RATE CEILING)

CONRAD R MURRAY 454 51 37991

03/12/99

 This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION ASSISTANCE LOAN (HEAL) owned by SALLIE MAE ("the Lender") and a disclosure of the finance charges related to this loan.

 Loan Date: 03/09/88
 Original Loan Amount: \$ 5,399.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

	UAL PERCENTAGE cost of the credit as a y		ICE CHARGE	i: e credit will cost	Amount Financed:" The amount of credit pro you or on your behalf	ovided to	Total of Payments: The amount that will be paid after all payments have been made as scheduled		
	7.500 %	\$	13,171.6	53	\$ 12,997.31	L	\$ 26,168.94		
YOUR RE	PAYMENT SCHEDU	LE WILL BE				11 - 12 - 14 - 14 - 14 - 14 - 14 - 14 -		•	
No. of Payments	Amount of Payments	Due Monthly Beginning	No. of Payments	Amount of Payments	Due Monthly Beginning	No. o Paymer		Due Monthly Beginning	
257	\$ 101.43	04/16/99	1	\$ 101.4	3 09/16/20		\$		
257 \$ 101.43 04/16/99 1 \$ 101.43 09/16/20 \$ 'ariable Rate: The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter, and will not increase above 18.000 % per year. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increases to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.									

Late Charge: If your loan date is on or after April 7, 1987, you will be charged five cents for each dollar of the installment payment due if a scheduled payment is late.

Note: Please see your Promissory Note for additional information about nonpayment, default, and any required repayment in full before the scheduled date.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

WARNING: Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

*ITEMIZATION	OF AMOUN	FINANCED
--------------	----------	-----------------

A. Outstanding Principal	\$	12,512.90
B. Accrued Unpaid Interest	\$_	484.41
Total (A & B)	\$_	12,997.31

CONFIDENTIAL

454513799176377094

LA Dist Atty-5012

03643

(800) 345-6984

REPAYMENT OBLIGATION (VARIABLE RATE CEILING)

i.

æ

0

WILKES BARRE PA 18773-7700

CONRAD R MURRAY 454 51 37991 ,

PO BOX 7700

03/12/99

 This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION-ASSISTANCE LOAN (HEAL) owned

 by
 SALLIE MAE

 Loan Date:
 08/25/88

 Original Loan Amount:
 953.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

			FINANCE CHARGE: The dollar amount the credit will cost				mount Financed:" he amount of credit prov ou or on your behalf	viđed to	Total of Payments: The amount that will be paid after all payments have been made as scheduled	
	: (\$ 1,583.46				\$ 2,616.32		\$ 3,599.78		
YOUR REPAYMENT SCHEDULE WILL BE										
No. of Payments	Amount of Payments	Due Monthly Beginning		No. of Payments	Amount of Payments		Due Monthly Beginning	No. o Paymer		Due Monthly Beginning
216	\$ 16.64	04/16/99		1	\$ <u>5</u> .	54	04/16/17		\$	
Variable Ra	/ariable Rate: The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter, and will not increase above 18.000 % per year. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increases to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.									
Prepayment	Prepayment: If you pay off all or part of this obligation early, you will not have to pay a penalty.									
Late Charge		late is on or afte uled payment is		oril 7, 19	87, you will be	ch:	arged five cents for	r each d	lollar of the installn	nent payment
Note:		ir Promissory N scheduled date.	ote l	for addit	ional informat	ion	about nonpaymen	t, defau	lt, and any required	d repayment in

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

WARNING: Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

CONFIDENTIAL

***ITEMIZATION OF AMOUNT FINANCED**

A. Outstanding Principal	\$	1,943.95
B. Accrued Unpaid Interest	ş	72.37
Total (A & B)	\$	2,016.32

LA Dist Atty-5013

CORPORATION TO BOX 7700 WILKES BARRE PA 18773-7700

(800) 345-6984

REPAYMENT OBLIGATION (VARIABLE RATE CEILING)

CONRAD R MURRAY 454 51 37991

03/12/99

This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION ASSISTANCE LOAN (HEAL) owned by SALLIE: MAE ("the Lender") and a disclosure of the finance charges related to this loan. by •• Original Loan Amount: \$ 4,577.00 Loan Date: .01/17/89

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

The c	UAL FERCENTAOE ost of the credit as a y		FINANCE CHARG The Joliar amount U		Amount Financed:", The amount of credit p you or on your behalf	rovided to	otal of Payments: The amount that will be paid after all ayments have been made as scheduled	
	7.200 %	.]	\$ 7,490.	05	\$ 9,440.2	5	\$ 16,930.30	
YOUR REP	AYMENT SCHEDU	LE WILL BE						
No. of Payments	Amount of Payments	Due Monti Beginning		Amount of Payments	Due Monthly Beginning	No. of Payment		Due Monthly Beginning
218	\$ 77.57	04/16/	/99 1	\$ 20.1	06/16/17		\$	
		D I DICODI	TAGE MALE	may increase d	uring the term of th	is transac	tion if the index 1	to the average of
	the bond equi determined by once every cal of the Lender, maturity. For at 10% for 20 during the foll	ivalent rates v the interes lendar quart , take the fo r example, s) years and lowing quar	s reported for 9 st calculation for ter, and will not form of higher reg should the Lende the rate increase ter.	1-day U.S. Tre mula set forth increase above gular payments, r exercise the o s to 11% in a c	asury Bills auctione in your Promissory 18.000 % per year, more payments of ption to raise the re- quarter, your regula	d during Note, Ti Any inc the same a gular payn r monthly	the preceding qua he rate will not cl crease in the rate v amount, or a larg nents, if your loan	arter increases as hange more than will, at the option er amount due at h was for \$10,000
Prepayment:	the bond equi determined by once every cal of the Lender, maturity. Foo at 10% for 20 during the foll	ivalent rates v the interes lendar quart , take the fo r example, s) years and lowing quar	s reported for 9 st calculation for ter, and will not form of higher reg should the Lende the rate increase ter.	1-day U.S. Tre mula set forth increase above gular payments, r exercise the o s to 11% in a c	asury Bills auctione in your Promissory 18.000 % per year more payments of ption to raise the re	d during Note, Ti Any inc the same a gular payn r monthly	the preceding qua he rate will not cl crease in the rate v amount, or a larg nents, if your loan	arter increases as hange more than will, at the option er amount due at h was for \$10,000
	the bond equi determined by once every cal of the Lender, maturity. Foo at 10% for 20 during the foll If you pay off	ivalent rates y the interes lendar quart , take the for r example, s) years and lowing quar all or part fate is on or	s reported for 9 it calculation for ter, and will not orm of higher reg should the Lende the rate increase ter. of this obligation after April 7, 19	1-day U.S. Tre mula set forth increase above gular payments, r exercise the o is to 11% in a o n early, you wil	asury Bills auctione in your Promissory 18.000 % per year, more payments of ption to raise the re- quarter, your regula	d during Note. The Any include the same a gular payn r monthly penalty.	the preceding qua he rate will not cl rease in the rate v amount, or a larg nents, if your loan payments would	arter increases as hange more than will, at the option er amount due at h was for \$10,000 increase by \$6.72

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest. 5-

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

WARNING:	Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject
	to a fine or imprisonment under Federal statute.

CONFIDENTIAL

TIEMIZATION OF AMO		THANCED
A. Outstanding Principal	S	9,101.43
B. Accrued Unpaid Interest	\$	338.82
Total (A & B)	\$	9,440.25

·. ... FITERITATION OF AMOTINE ENNANCED

LA Dist Atty-5014 454513799176377888 03645

الميسية التجاسي