



SHAWNYNE GARREN, RECORDER

1
2 APN # _____
3
4
5

6 **Recording Requested by and returned to:**
7

(for Recorder's use only)

8 **Name:** Division of Welfare and Supportive Services
9 Child Support Enforcement
10 **Address:** 300 E. Second St., Ste. 1200
11 **City/State/Zip:** Reno, NV 89501-1580

- 12 Release of Lien (RELN)
13
14 Judgment and Order
15
16 Stipulation and Order
17
18 Other:

19 **Obligor's Name:** Edmund Hammond

20 **Case number:** 3200337600
21

22
23
24 This page added to provide additional information required by NRS 111.312 Sections 1-2.

25 (Additional recording fee applies.)
26

27 This cover page must be typed or printed.
28

1 CASE NO. 2020-UR-00027

2 DEPT. NO. I

3
4 **IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
5 **IN AND FOR THE COUNTY OF DOUGLAS**

6 LISSETTE HAMMOND
7 Obligees

AFFIDAVIT OF RECORDATION

8 Vs.

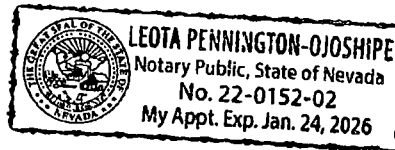
9 EDMUND HAMMOND
10 Obligor

11 I, Lindsey Rippy, hereby swear and affirm under penalty of perjury that the following assertions are true:

- 12 1. That affiant is, and at all times mentioned herein was, a citizen of the State of Nevada, over the
- 13 age of twenty-one years of age, and an employee of the Division of Welfare and Supportive
- 14 Services Child Support Enforcement Office managing the legal process under Case Number
- 15 3200337600.
- 16 2. That this affidavit and Judgment and Order is being filed pursuant to NRS125B.142 and
- 17 NRS17.150, and when so recorded shall become a lien upon all the real property of the Obligor.
- 18 3. That the Obligor's name is Edmund Hammond, whose address, Social Security number and date
- 19 of birth is confidential on file with the Division of Welfare and Supportive Services Child
- 20 Support Enforcement Office.
- 21 4. That attached hereto is a certified copy of the Judgment and Order filed on January 5, 2024.

22 *Lindsey Rippy*
23 Lindsey Rippy
24 Administrative Assistant II

25 State of Nevada, County of Washoe
26 Subscribed and sworn before me this 4
27 22nd day of January, 2024
28 *Leota Pennington-Joshipe*
NOTARY PUBLIC



INSTRUCTIONS TO RECORDER

Obligor: Edmund Hammond

Obligee: Lissette Hammond

Date: January 22, 2024

From: Lindsey Rippy, Administrative Assistant II, Division of Welfare and Supportive
Services Child Support Enforcement Office

Enclosed: Certified copy of Child Support Judgment and Order

In accordance with NRS125B.142 and NRS17.150, on the behalf of the Division please record the
attached Affidavit and Judgment and Order at the request of the Division of Welfare and Supportive
Services Child Support Enforcement Office.

Please note: If the judgment is a Stipulation and Order, they should be recorded as one document.

Thank you for your assistance. If you have any questions or concerns, please call me at (775) 448-
5265.

RECEIVED Y

JAN 03 2024

Douglas County
District Court Clerk

FILED

2024 JAN -5 PM 1:38

BOBIE D. WILLIAMS
K. WILPERT
CLERK

BY _____ DEPUTY

1 Case No. 2020-UR-00027

2 Dept No. I

3
4
5
6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF DOUGLAS

8
9 LISSETTE HAMMOND
10 Obligee

11 Vs.

12 EDMUND HAMMOND
13 Obligor

14 JUDGMENT AND ORDER

15
16 *The undersigned does hereby affirm this document does not contain the social security number of*
17 *any person, pursuant to NRS 239B.030.*

18 This matter was heard on December 8, 2023, for Review and Adjustment of the parties' 2020
19 order. The Court Master with the following were present:

20 Obligee: Present

21 Obligor: Present

22 Presented by: Edgar Gonzalez Division of Welfare and Support Services
Child Support Enforcement

23 After considering all the evidence, the Master hereby makes the following Findings and

24 Recommendations:

25 The Obligor is the parent of the following child:

26 NAME DOB
27 LUCAS IVES HAMMOND DECEMBER 30, 2011

1 Using Obligor's paystub, Obligor's gross monthly earnings are \$6,725.00. Pursuant to
2 the formula prescribed within NRS 125B.080 and NAC 425 et seq., 16% of those
3 earnings, the state calculates an obligation of \$1,018.00 per month.

4 The child support amount recommended by the Court Master (set out in paragraph 1
5 below) deviates from the statutory percentage under NAC 425 et seq., based on the
6 Obligor's cost of insurance for the child in the amount of \$400.00. Thus, a downward
7 adjustment of \$200.00. NAC 425.135

8 **RECOMMENDED ORDER IS:**

9 1. Ongoing support is ordered in the amount of \$781.00 per month beginning
10 October 1, 2022.

11 Ongoing support is ordered in the amount of \$818.00 per month beginning
12 December 1, 2023. The obligation for Child Support continues until the child turns 18
13 years of age, or until the child turns 19 years of age if the child is enrolled in High
14 School. NRS 425.300. However, this obligation to support a child is affected by a
15 child's ability to live on their own (NRS129.080 to 129.140 – legal emancipation) or
16 when applicable, continued financial support beyond the age of majority per NRS
17 125B.110.

18 2. The Obligor is responsible for **child support** arrears for the period of
19 October 1, 2020 through September 30, 2022.

20 A judgment is entered against the Obligor for **child support** arrears as follows:

21 Principal in the amount of \$1,171.50

22 Interest in the amount of \$51.51

23 Penalty in the amount of \$0.00

24 For a total judgment of \$1,223.01 to be repaid at \$0.00 per month beginning

25 October 1, 2022. Effective December 1, 2023, the arrears to be repaid at \$25.00 per month.

26 All payments **MUST** be made in the form of a money order, cashier's check or business check
27 and payable to **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)** and sent
28 to:

1 **STATE COLLECTION AND DISBURSEMENT UNIT (SCaDU)**
2 **P.O. BOX 98950**
3 **LAS VEGAS, NV 89193-89501**

4 The following information must be included with each payment:

- 5 A. Name (first, middle, last) of person responsible for paying child support.
6 B. Social Security Number of person responsible for paying child support.
7 C. Child support case number 3200337600 is listed on each payment.
8 D. Name of custodian (first and last name of person receiving child support).

9 **PAYMENT OF SUPPORT IS TO BE AS PROVIDED HEREIN, AND THE GIVING OF**
10 **GIFTS, OF MAKING PURCHASES OF FOOD, CLOTHING AND THE LIKE WILL**
11 **NOT FULFILL THE OBLIGATION. NOTICE: NO CREDIT WILL BE GIVEN FOR**
12 **PAYMENTS PAID DIRECTLY TO THE OBLIGEE.**

- 13 3. All payments shall be made by immediate income withholding. If your full obligation is
14 not met by the amount withheld by your employer, you are responsible to pay the
15 difference between your court ordered obligation and the amount withheld by your
16 employer or at any time withholding does not occur, you are responsible to make
17 voluntary payments to the STATE COLLECTION AND DISBURSEMENT UNIT
18 (SCaDU). If you fail to do so you will be subject to the assessment of interest. You may
19 avoid these additional costs by making your current child support payments each month.
- 20 4. The Obligor shall provide health insurance coverage for the child when available
21 under a plan that is reasonable in cost as defined in NRS 425.3824(1)(d) and NAC 425
22 et seq. The Obligor shall also provide assistance in obtaining payment for insured
23 services.
- 24 5. Pursuant NRS 425.382 et seq. and NAC 425 et seq., expenses for health care which
25 are not reimbursed through insurance, including expenses for medical, surgical, dental,
26 orthodontic and optical expenses, must be shared equally by both parents. If a parent
27 seeks reimbursement for a child's medical/dental expense not covered by insurance, that
28 parent must send proof of the expense to the other parent within 30 days of paying that
 bill. The other parent then has 30 days to reimburse the paying parent 1/2 the cost of

1 that bill. The parents are required to comply with this provision for reimbursement
2 under this provision. The parents seeking enforcement of this provision must either go
3 to small claims court or district court to obtain a judgment against the other parent
4 before CSEP is required to collect that judgment.

5 6. The Obligor shall keep the Division of Welfare and Supportive Services informed of any
6 change regarding current residential and/or mailing address, employment and of access
7 to health insurance coverage in WRITING (including health insurance policy
8 information) within 10 days of such change.

9 7. Effective July 1, 2004 simple interest will accrue on all adjudicated arrears balances
10 (including payment in lieu of medical insurance) and spousal support balances, for cases
11 with a Nevada controlling order pursuant to NRS 99.040. Interest assessed by a
12 judgment of the court prior to July 1, 2004 will be enforced. Interest on the judgment
13 shall accrue at the rate established by NRS 125B.140(2)(c)(1).

14 8. The State of Nevada has continuing exclusive jurisdiction for enforcement and
15 modification purposes pursuant to the Full Faith and Credit for Child Support Orders
16 Act.

17 9. The Master finds that these Recommendations are in the best interest of the child.

18 It is further ordered that: See page 2, lines 4-6. Court waived prospective interest unless Obligor
19 becomes more than 60 days delinquent.

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28 ///

SUPPORT OBLIGATION BREAKDOWN AS FOLLOWS:

Child Support.....	<u>\$781.00</u>	Effective <u>October 1, 2022</u>
Child Support.....	<u>\$818.00</u>	Effective <u>December 1, 2023</u>
Child Support Arrearages.....	<u>\$0.00</u>	Effective <u>October 1, 2022</u>
Child Support Arrearages.....	<u>\$25.00</u>	Effective <u>December 1, 2023</u>
TOTAL PAYMENT.....	<u>\$781.00</u>	Effective <u>October 1, 2022</u>
TOTAL PAYMENT.....	<u>\$843.00</u>	Effective <u>December 1, 2023</u>

Pursuant to NRS 125B.145 this Order may be reviewed every three (3) years and is subject to future modifications.

NOTICE: Pursuant to NAC 425.165, if you want to adjust the amount of child support established in this order, you **MUST** file a motion to modify the order or submit a stipulation to the court. If a motion to modify the order is not filed or a stipulation is not submitted, the child support obligation established in this order will continue until such time as all children who are the subject of this order reach 18 years of age or, if the youngest child who is subject to this order is still in high school when he or she reaches 18 years of age, when the child graduates from high school or reaches 19 years of age, whichever comes first.

Unless the parties agree otherwise in a stipulation, any modification made pursuant to a motion to modify the order will be effective as of the date the motion was filed.

Unless a stay of this Order is obtained from District Court, all enforcement procedures including, but not limited to wage withholding, garnishment, liens and the attachment of federal income tax returns will be undertaken upon entry of this order.

IT IS SO RECOMMENDED.

This 13 day of Dec, 2023. David Brackovider
Court Master

1 **NOTICE OF RIGHT TO WAIVE OBJECTION**

2 The Obligor waives the fourteen (14) days for objection to the Master's Report,
3 and this report may be submitted to the District Court immediately.

4 The Obligee waives the fourteen (14) days for objection to the Master's Report,
5 and this report may be submitted to the District Court immediately.

6 Receipt of the Master's Recommendation is acknowledged by my signature below.

7 _____
Edmund Hammond, Obligor

8 _____
Lissette Hammond, Obligee

9 **NOTICE OF RIGHT TO OBJECTION**

10 Objections are governed by NRCF 53(f)(1). You have 14 (fourteen) days from mailing this
11 recommendation to file your objection. A failure to file and serve a written objection will
12 result in final Judgment being ordered by District Court.

13 Objections to this Order **must be filed** with the Ninth Judicial District Court of the State of
14 Nevada and **served upon** the other party and the Division of Welfare and Supportive
15 Services at 300 East Second Street Suite 1200, Reno, NV 89501.

16 You must submit your objection to the Court Clerk for filing by submitting your original
17 objection and two copies. Legal advice regarding your objection will not be provided.

18 For information on obtaining an objection packet or the objection process please call the
19 **Division of Welfare and Supportive Services at (775) 448-5150 located at 300 East
20 Second Street Suite 1200, Reno, NV 89501.**

21 **ORDER**

22 The Court, having reviewed the above and foregoing Master's Report prepared by the Court

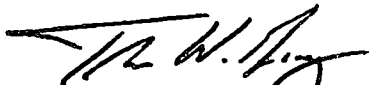
23 Master and,

24 The Obligor having waived the right to object thereto.

25 No timely objection having been filed hereto.

26 **IT IS HEREBY ORDERED that the Master's Findings and Recommendations are
27 affirmed and adopted.**

28 Dated: January 5, 202⁴₈.



District Judge

1 Case No. 2020-UR-00027

2 Dept No. I

3
4
5
6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF DOUGLAS

8
9 LISSETTE HAMMOND
10 Obligee

11 Vs.

12 EDMUND HAMMOND
13 Obligor

14 CERTIFICATE OF MAILING

15 Pursuant to NRCP 5(b), I certify that on this date I deposited for mailing, postage prepaid,
16 at Reno, Nevada, a true copy of the attached document addressed to:

17 Edmund Hammond
18 Address in file- Confidential

19 Lissette Hammond
20 Address in file- Confidential

21
22 Dated: December 15, 2023

23
24 Signed: Lindsey Rippy
25 Lindsey Rippy
26 Administrative Assistant II

27 Document: Judgment and Order
28 Case No. 2020-UR-00027

Nevada Child Support Guidelines Calculator

A free web application tool to calculate the child support guidelines obligation.

Primary Custody

Switch to Joint/Mixed Clear

Calculation Year: 2023

Effective 02/01/2023

Respondent's Gross Monthly Income: 6725

Children in Petitioner's custody: 1

Respondent's Obligation: \$ 1018

Calculate Copy

Respondent's Gross Monthly Income: \$6,725.00
Number of Children: 1

Tier 1 (\$6,000.00 * 16.00% = \$960.00)
+ Tier 2 (\$725.00 * 8.00% = \$58.00)
Obligation amount is \$1,018.00.

Respondent's Obligation: \$1,018.00

Show User Guide

2021 - Nevada Child Support Guidelines Calculator

Website Disclaimer

Please read this disclaimer carefully before using this website. All information posted is merely for informational purposes as it relates to child support cases in the State of Nevada. It should not be considered legal advice. The court has the ability to make adjustments to any estimated obligation. Should you decide to act upon any information on this website, you do so at your own risk. While the information on this website has been verified to the best of our abilities, we cannot guarantee that there are no mistakes or errors. We reserve the right to change this policy at any given time. If you want to make sure that you are up to date with the latest changes, we advise you to frequently visit this website.

EXHIBIT A

6-9

Douglas County School District
 1638 MONO AVE
 MINDEN, NV 89423

DIRECT DEPOSIT RECEIPT

PAYROLL
 PAY DATE: 10/31/2023

DIRECT DEPOSIT AMOUNT: **TWO THOUSAND FOUR HUNDRED TWENTY-TWO DOLLARS AND 51/100 CENTS** \$2,422.51

HAMMOND, EDMUND

NON - NEGOTIABLE

Douglas County School District

MINDEN, NV 89423

HAMMOND, EDMUND	8	SEMIMONTHLY	10/31/2023	10/31/2023	10/31/2023
Employee Name	Period	Pay Cycle	End Date	Pay Date	Deposit Date

EARNINGS	Reg Hrs	O/T Hrs	Rate	Amt	Over time	FTD	YTD
Orig/ Accrued	0.00	0.00	0.00	0.00	0.00	0.00	1,487.98
Teacher - Classroom	0.00	0.00	0.00	3,256.08	0.00	29,048.95	85,756.98
EARNINGS Total:	0.00	0.00	0.00	3,256.08	0.00	29,048.95	87,247.96

EMPLOYEE DEDUCTIONS	Amount	YTD
102 FEDERAL INCOME TAX	502.00	7,168.87
800 CHILD SUPPORT - HAMMOND	500.00	7,810.00
103 MEDICARE TAX	47.21	918.33
800 NV STATE FEE-CHILD SUPPORT	2.00	40.00
10 DIRECT DEPOSIT SURSPAY	2,422.51	45,378.90
DEDUCTIONS Total:	3,256.08	61,911.90

LEAVE ACCUMULATED	Reg Bal	Used	Accr	Adj	Bal
SICK LV - CERTIFIED PERSONAL ILLNESS	45.75	1.00	15.00	0.00	60.75
PERSONAL LEAVE - CERTIFIED	0.00	0.00	7.00	0.00	7.00
PROF/LEGAL CERTIFIED - PROFESSIONAL DAY	0.00	0.00	0.00	0.00	0.00
PROF/LEGAL CERTIFIED - PDC	0.00	1.00	0.00	0.00	-1.00
PROF/LEGAL CERT - SCHOOL/ATHLETIC ACTIVITIES	0.00	0.00	0.00	0.00	0.00
SICK LV - CATASTROPHIC / CERTIFIED	0.00	0.00	0.00	0.00	0.00

LEAVE CURRENT	Used	Accr	Adj
PROF/LEGAL CERTIFIED - PDC	0.50	0.00	0.00

EMPLOYER PAID BENEFITS	Amount	YTD
06 FRS	40.00	800.00
103 MEDICARE TAX	47.21	918.33
101 PERS EMPLOYER PD	1,046.79	20,640.28
104 WORK COMP	39.30	800.17
BENEFITS Total:	1,207.90	22,844.08

PAYROLL QUESTIONS - 782-6121

B

7-9

Douglas County School District
 1638 MONO AVE
 MINDEN, NV 89423

DIRECT DEPOSIT RECEIPT

PAYROLL
PAY DATE: 10/13/2023

DIRECT DEPOSIT AMOUNT: *TWO THOUSAND ONE HUNDRED TWENTY-FOUR DOLLARS AND 5/100 CENTS*** \$2,124.05**

HAMMOND, EDMUND

NON - NEGOTIABLE

Douglas County School District

MINDEN, NV 89423

HAMMOND, EDMUND	7	SEMIMONTHLY	10/15/2023	10/13/2023	10/13/2023
Employee Name	Period	Pay Cycle	End Date	Pay Date	Deposit Date

EARNINGS	Reg Hrs	O/T Hrs	Rate	Amt	Over time	FTD	YTD
Other Accru.	0.00	0.00	0.00	0.00	0.00	0.00	1,467.58
Teacher - Classroom	0.00	0.00	0.00	3,258.08	0.00	22,702.58	82,685.50
EARNINGS Total:	0.00	0.00	0.00	3,258.08	0.00	22,702.58	83,911.48

EMPLOYEE DEDUCTIONS	Amount	YTD
110 Int HHP - PPO PRE-TAX	388.50	2,868.00
102 FEDERAL INCOME TAX	308.88	5,772.51
900 CHILD SUPPORT - HAMMOND	380.00	7,410.50
103 MEDICARE TAX	41.34	871.32
900 NV STATE FES-CHILD SUPPORT	2.00	34.00
10 DIRECT DEPOSIT SUREPAY	2,124.05	43,254.50
DEDUCTIONS Total:	3,224.68	82,354.82

LEAVE ACCUMULATED	Reg Bal	Used	Accr	Adj	Bal
SICK LV - CERTIFIED PERSONAL ILLNESS	45.75	1.00	18.00	0.00	50.75
PERSONAL LEAVE - CERTIFIED	5.00	0.00	2.00	0.00	7.00
PROF LEGAL CERTIFIED - PROFESSIONAL DAY	0.00	0.00	0.00	0.00	0.00
PROF LEGAL CERTIFIED - PDC	0.00	0.50	0.00	0.00	-0.50
PROF LEGAL CERT - SCHOOL/ATHLETIC ACTIVITIES	0.00	0.00	0.00	0.00	0.00
SICK LV - CATASTROPHIC / CERTIFIED	0.00	0.00	0.00	0.00	0.00

EMPLOYER PAID BENEFITS	Amount	YTD
110 Int HHP - PPO PRE-TAX	705.00	7,060.00
05 PRIB	40.00	780.00
103 MEDICARE TAX	41.34	871.32
101 PERS EMPLOYER PD	1,090.78	19,449.50
104 WORK COMP	29.30	875.87
BENEFITS Total:	1,906.36	28,706.74

PAYROLL QUESTIONS - 772-5131

8-9

Douglas County School District
 1638 MONO AVE
 MINDEN, NV 89423

DIRECT DEPOSIT RECEIPT
 PAYROLL
 PAY DATE: 9/29/2023

DIRECT DEPOSIT AMOUNT: ***TWO THOUSAND FOUR HUNDRED TWENTY-TWO DOLLARS AND 51/100 CENTS*** \$2,422.51

HAMMOND, EDMUND
[REDACTED]

NON - NEGOTIABLE

Douglas County School District MINDEN, NV 89423

HAMMOND, EDMUND	6	SEMIMONTHLY	9/30/2023	9/29/2023	9/29/2023
Employee Name	Period	Pay Cycle	End Date	Pay Date	Deposit Date

EARNINGS	Reg Hrs	O/T Hrs	Rate	Amt	Over time	FTD	YTD
Cash Account	0.00	0.00	0.00	0.00	0.00	0.00	1,487.58
Teacher - Classroom	0.00	0.00	0.00	3,256.08	0.00	19,836.50	69,247.82
EARNINGS Total:	0.00	0.00	0.00	3,256.08	0.00	19,836.50	70,735.40

EMPLOYEE DEDUCTIONS	Amount	YTD
102 FEDERAL INCOME TAX	335.86	5,454.42
900 CHILD SUPPORT - HAMMOND	390.00	7,020.00
103 MEDICARE TAX	47.21	829.79
800 NV STATE FEES/CHILD SUPPORT	2.00	28.00
10 DIRECT DEPOSIT SURFPAY	2,422.51	41,490.34
DEDUCTIONS Total:	3,207.58	55,769.55

LEAVE ACCUMULATED	Req Bal	Used	Accr	Adj	Bal
SICK LV - CERTIFIED PERSONAL ILLNESS	48.75	0.00	10.00	0.00	60.75
PERSONAL LEAVE - CERTIFIED	5.00	0.00	2.00	0.00	7.00
PROFLEGAL CERTIFIED - PROFESSIONAL DAY	0.00	0.00	0.00	0.00	0.00
PROFLEGAL CERTIFIED - PDC	0.00	0.50	0.00	0.00	-0.50
PROFLEGAL CERT - SCHOOL/ATHLETIC ACTIVITIES	0.00	0.00	0.00	0.00	0.00
SICK LV - CATASTROPHIC / CERTIFIED	0.00	0.00	0.00	0.00	0.00

LEAVE CURRENT	Used	Accr	Adj
PROFLEGAL CERTIFIED - PDC	0.50	0.00	0.00

EMPLOYER PAID BENEFITS	Amount	YTD
DF FRIE	40.00	720.00
103 MEDICARE TAX	47.21	829.79
101 PERS EMPLOYER PD	1,090.79	76,359.81
104 WORK COMP	29.30	548.57
BENEFITS Total:	1,207.30	20,458.14

PAYROLL QUESTIONS - 762-5151

9-9

Douglas County School District
 1638 MONO AVE
 MINDEN, NV 89423

DIRECT DEPOSIT RECEIPT
 PAYROLL
 PAY DATE: 9/15/2023

DIRECT DEPOSIT AMOUNT: ***TWO THOUSAND ONE HUNDRED TWENTY-FOUR DOLLARS AND 5/100 CENTS*** \$2,124.05

HAMMOND, EDMUND NON - NEGOTIABLE

Douglas County School District		MINDEN, NV 89423			
HAMMOND, EDMUND	5	SEMIMONTHLY	9/15/2023	9/15/2023	9/15/2023
Employee Name	Period	Pay Cycle	End Date	Pay Date	Deposit Date

EARNINGS	Reg Hrs	O/T Hrs	Rate	Amt	Over time	FTD	YTD
Other Accret	0.00	0.00	0.00	0.00	0.00	0.00	1,487.88
Teacher - Classroom	0.00	0.00	0.00	3,256.08	0.00	10,200.42	55,001.74
EARNINGS Total:	0.00	0.00	0.00	3,256.08	0.00	10,200.42	57,479.32

EMPLOYEE DEDUCTIONS	Amount	YTD
110 Ins HWP - PPO PRETAX	300.00	3,500.01
102 FEDERAL INCOME TAX	308.08	8,070.57
900 CHILD SUPPORT - HAMMOND	390.50	6,838.50
103 MEDICARE TAX	41.50	782.05
900 NV STATE FEE-CHILD SUPPORT	2.00	34.00
10 DIRECT DEPOSIT SUREPAY	2,124.05	38,007.83
DEDUCTIONS Total:	3,256.08	55,042.96

LEAVE ACCUMULATED	Reg Bal	Used	Accr	Adj	Bal
SICK LV - CERTIFIED PERSONAL ILLNESS	46.75	0.00	16.00	0.00	62.75
PERSONAL LEAVE - CERTIFIED	0.00	0.00	2.00	0.00	2.00
PROFESSIONAL CERTIFIED - PROFESSIONAL DAY	0.00	0.00	0.00	0.00	0.00
PROFESSIONAL CERTIFIED - PDC	0.00	0.00	0.00	0.00	0.00
PROFESSIONAL CERT - SCHOOL ATHLETIC ACTIVITIES	0.00	0.00	0.00	0.00	0.00
SICK LV - CATASTROPHIC / CERTIFIED	0.00	0.00	0.00	0.00	0.00

EMPLOYER PAID BENEFITS	Amount	YTD
110 Ins HWP - PPO PRETAX	705.00	8,045.00
00 FRS	40.00	800.00
103 MEDICARE TAX	41.55	769.56
101 PERS EMPLOYER PD	1,090.79	17,286.82
104 WORK COMP	28.30	517.27
BENEFITS Total:	1,905.65	25,592.64

PAYROLL QUESTIONS - 782-8131

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Support Enforcement Program
300 E. Second Street, Suite 1200
Reno, NV 89501-1588
Telephone: (775) 448-5150 • Fax: (775) 448-5199
http://dhs.nv.gov

OCTOBER 16, 2023

DOUGLAS COUNTY SCHOOL DISTRICT
1638 MONO AVE
MINDEN, NV 89423-4212

****FOR HEARING****
Please complete ENTIRE form &
fax back to (775) 448-5199 or email to:
kxlee@dwss.nv.gov
(No access to The Work Number)

Re: EDMUND MATTHEW HAMMOND SSN: [REDACTED]
Participant ID: 1000552525 - 3200337600

Federal and State law (Uniform Interstate Family Support Act & Nevada Revised Statute (NRS) 425) requires employers to disclose employee information upon request of a child support enforcement agency. Please provide written response on the original copy of this letter as soon as possible. Per NRS 425.393 "A disclosure made in good faith...does not give rise to any action for damages for disclosure."

Thank you for your assistance.

KALSEY LEE
CHILD SUPPORT ENFORCEMENT

RECEIVED

OCT 20 2023

STATE OF NEVADA
CHILD SUPPORT PROGRAM

Employee's current address or address on W-2: [REDACTED]

Home/message telephone: [REDACTED]

Job Site location: Gardnerville Elementary School

Date hired: 07/21/1997 Hourly wage: \$ 60.34

Occupation: Teacher

Scheduled shift: Days Swing Graveyard Other: _____

Hours scheduled to work per week: 35 - which is full-time for teachers

If less than 40 hours, is full-time work available? Yes No

Union member: Yes No Union name and address: _____



Frequency of paycheck: Weekly () Bi-weekly () Semi-monthly (X) Monthly ()

Date of first paycheck: 08/15/1997

Will tips be received? Yes () No (X) Estimated amount of monthly tips: \$ _____

Please provide employee's GROSS earnings for the last twelve (12) months, listing tips on the second line:

	2023	2023	2023	2023	2023	2023	2023	2023	2023	2022	2022	
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Wages	6384.50	6384.50	6444.08	7533.50	6512.16	6512.16	6512.18	3256.16	3256.16	3256.16	6384.50	6384.50
Stipend	722.00				736.00							

Health Insurance: Is health insurance available? Yes (X) No ()

Type(s): Medical (X) Dental (X) Vision (X)

Company: Hometown Health Policy NO: [REDACTED]

Company Address: 10315 Professional Circle Reno NV 89521

Effective date: 07/01/1998 Date coverage ceases: _____

Name of dependents covered by medical insurance: _____
Lucas Hammond

Monthly cost:

Employee only coverage: \$ 705 (paid by employer monthly)

Dependent coverage (for those currently covered): \$ 389.89

Additional dependents (not currently covered): \$ _____

Family plan \$ _____

Premiums paid Weekly () Bi-weekly () Semi-monthly () Monthly (X)

Is employee terminated? Yes () No (X) Date of termination: _____

Is employee applying for/collecting UIB? Yes () No (X) Unknown ()

SIIS/Worker's Comp: Yes () No (X) Unknown ()

Other benefits: _____

Name and address of benefit provider: _____



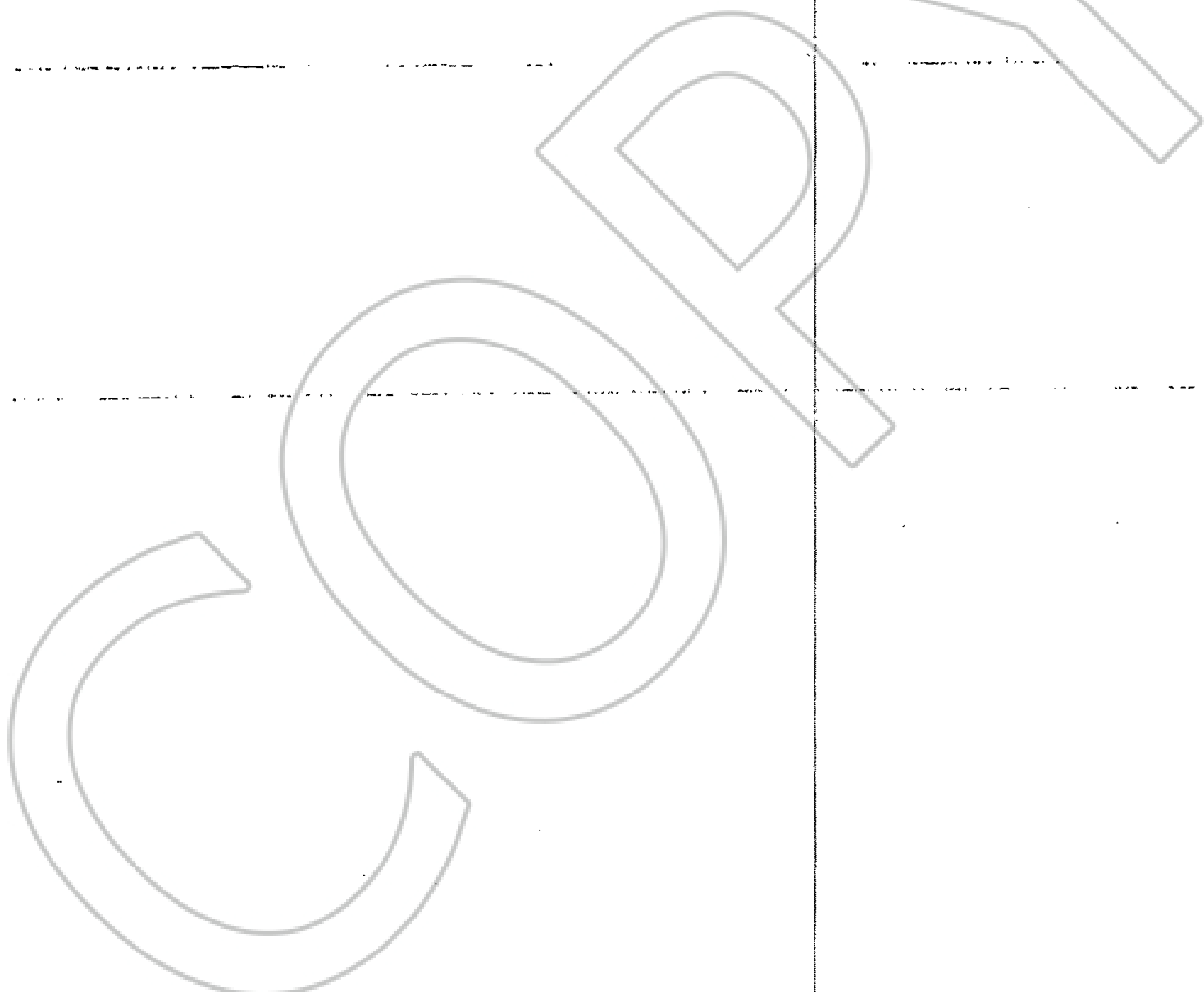
New employer's name and address (if known): _____

Annette Kangas
Signature of employer

Telephone number

Payroll Technician
Title

10/20/2023
Date



Custodian Financial Audit (part 1 of 2)

Run Date: 11/30/2023

Run Time: 11:57 AM

NCP Name: Hammond , Edmund
 CST Name: Hammond, Lissette

Case ID: 152456000C
 Docket#: 2020 UR 00027
 Prepared By: LMCCOY
 Last Updated By: LMCCOY

Office: 03

Prepared By Date: 11/30/2023
 Last Updated By Date: 11/30/2023

Provision Type: Child Support

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Arrears		Adjudicated Arrears		
					Adjustment Amount	Running Balance	Adjustment Amount	Running Balance	
1	10/01/2020	J	0.00	0.00	0.00	0.00	0.00	0.00	1
2	10/01/2020	O	781.00	0.00	781.00	781.00	0.00	0.00	2
3	10/01/2020	P	0.00	275.67	-275.67	505.33	0.00	0.00	3
4	10/19/2020	P	0.00	275.67	-275.67	229.66	0.00	0.00	4
5	10/31/2020	M	0.00	0.00	0.00	229.66	0.00	0.00	5
6	11/01/2020	O	781.00	0.00	781.00	1010.66	0.00	0.00	6
7	11/02/2020	P	0.00	275.67	-275.67	734.99	0.00	0.00	7
8	11/16/2020	P	0.00	275.67	-275.67	459.32	0.00	0.00	8
9	11/30/2020	P	0.00	275.67	-275.67	183.65	0.00	0.00	9
10	11/30/2020	M	0.00	0.00	0.00	183.65	0.00	0.00	10
11	12/01/2020	O	781.00	0.00	781.00	964.65	0.00	0.00	11
12	12/16/2020	P	0.00	275.67	-275.67	688.98	0.00	0.00	12
13	12/31/2020	M	0.00	0.00	0.00	688.98	0.00	0.00	13
14	01/01/2021	O	781.00	0.00	781.00	1469.98	0.00	0.00	14
15	01/04/2021	P	0.00	390.50	-390.50	1079.48	0.00	0.00	15
16	01/19/2021	P	0.00	390.50	-390.50	688.98	0.00	0.00	16
17	01/31/2021	M	0.00	0.00	0.00	688.98	0.00	0.00	17
18	02/01/2021	O	781.00	0.00	781.00	1469.98	0.00	0.00	18
19	02/01/2021	P	0.00	390.50	-390.50	1079.48	0.00	0.00	19
20	02/02/2021	P	0.00	688.00	-688.00	391.48	0.00	0.00	20
21	02/16/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	21

EXHIBIT D

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Arrears		Adjudicated Arrears		
					Adjustment Amount	Running Balance	Adjustment Amount	Running Balance	
22	02/28/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	22
23	03/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	23
24	03/01/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	24
25	03/15/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	25
26	03/31/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	26
27	04/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	27
28	04/07/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	28
29	04/19/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	29
30	04/30/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	30
31	05/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	31
32	05/05/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	32
33	05/17/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	33
34	05/31/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	34
35	06/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	35
36	06/01/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	36
37	06/16/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	37
38	06/30/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	38
39	07/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	39
40	07/01/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	40
41	07/19/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	41
42	07/31/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	42
43	08/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	43
44	08/02/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	44
45	08/16/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	45
46	08/31/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	46
47	09/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	47
48	09/03/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	48
49	09/16/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	49
50	09/30/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	50
51	10/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	51
52	10/01/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	52
53	10/18/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	53
54	10/31/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	54
55	11/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	55

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Arrears		Adjudicated Arrears		
					Adjustment Amount	Running Balance	Adjustment Amount	Running Balance	
56	11/01/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	56
57	11/16/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	57
58	11/30/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	58
59	12/01/2021	O	781.00	0.00	781.00	781.98	0.00	0.00	59
60	12/02/2021	P	0.00	390.50	-390.50	391.48	0.00	0.00	60
61	12/17/2021	P	0.00	390.50	-390.50	0.98	0.00	0.00	61
62	12/31/2021	M	0.00	0.00	0.00	0.98	0.00	0.00	62
63	01/01/2022	O	781.00	0.00	781.00	781.98	0.00	0.00	63
64	01/03/2022	P	0.00	390.50	-390.50	391.48	0.00	0.00	64
65	01/18/2022	P	0.00	390.50	-390.50	0.98	0.00	0.00	65
66	01/31/2022	P	0.00	390.50	-390.50	-389.52	0.00	0.00	66
67	02/01/2022	O	781.00	0.00	781.00	391.48	0.00	0.00	67
68	02/16/2022	P	0.00	390.50	-390.50	0.98	0.00	0.00	68
69	02/28/2022	P	0.00	0.98	-0.98	0.00	0.00	0.00	69
70	03/01/2022	O	781.00	0.00	781.00	781.00	0.00	0.00	70
71	03/31/2022	M	0.00	0.00	0.00	781.00	0.00	0.00	71
72	04/01/2022	O	781.00	0.00	781.00	1562.00	0.00	0.00	72
73	04/30/2022	M	0.00	0.00	0.00	1562.00	0.00	0.00	73
74	05/01/2022	O	781.00	0.00	781.00	2343.00	0.00	0.00	74
75	05/16/2022	P	0.00	390.50	-390.50	1952.50	0.00	0.00	75
76	05/31/2022	M	0.00	0.00	0.00	1952.50	0.00	0.00	76
77	06/01/2022	O	781.00	0.00	781.00	2733.50	0.00	0.00	77
78	06/02/2022	P	0.00	390.50	-390.50	2343.00	0.00	0.00	78
79	06/16/2022	P	0.00	390.50	-390.50	1952.50	0.00	0.00	79
80	06/21/2022	P	0.00	781.00	-781.00	1171.50	0.00	0.00	80
81	06/30/2022	M	0.00	0.00	0.00	1171.50	0.00	0.00	81
82	07/01/2022	O	781.00	0.00	781.00	1952.50	0.00	0.00	82
83	07/01/2022	P	0.00	390.50	-390.50	1562.00	0.00	0.00	83
84	07/18/2022	P	0.00	390.50	-390.50	1171.50	0.00	0.00	84
85	07/31/2022	M	0.00	0.00	0.00	1171.50	0.00	0.00	85
86	08/01/2022	O	781.00	0.00	781.00	1952.50	0.00	0.00	86
87	08/01/2022	P	0.00	390.50	-390.50	1562.00	0.00	0.00	87
88	08/15/2022	P	0.00	390.50	-390.50	1171.50	0.00	0.00	88
89	08/31/2022	M	0.00	0.00	0.00	1171.50	0.00	0.00	89

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Arrears		Adjudicated Arrears		
					Adjustment Amount	Running Balance	Adjustment Amount	Running Balance	
90	09/01/2022	O	781.00	0.00	781.00	1952.50	0.00	0.00	90
91	09/01/2022	P	0.00	390.50	-390.50	1562.00	0.00	0.00	91
92	09/16/2022	P	0.00	390.50	-390.50	1171.50	0.00	0.00	92
93	09/30/2022	M	0.00	0.00	0.00	1171.50	0.00	0.00	93
Totals:			\$18744.00	\$17572.50	\$0.00	\$1171.50	\$0.00	\$0.00	

Total Unadjudicated: \$1171.50

Total Adjudicated: \$0.00

Total Arrears: \$1171.50



Custodian Financial Audit (part 2 of 2)

Run Date: 11/30/2023

Run Time: 11:57 AM

NCP Name: Hammond , Edmund
 CST Name: Hammond, Lisette

Case ID: 152456000C
 Docket#: 2020 UR 00027
 Prepared By: LMCCOY
 Last Updated By: LMCCOY

Office: 03
 Prepared By Date: 11/30/2023
 Last Updated By Date: 11/30/2023

Provision Type: Child Support

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Interest (On UA)		Unadjudicated Interest (On AA)		Adjudicated Interest		Unadjudicated Penalty		Adjudicated Penalty		
					Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	
1	10/01/2020	J	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1
2	10/01/2020	O	781.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2
3	10/01/2020	P	0.00	275.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3
4	10/19/2020	P	0.00	275.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4
5	10/31/2020	M	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5
6	11/01/2020	O	781.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6
7	11/02/2020	P	0.00	275.67	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7
8	11/16/2020	P	0.00	275.67	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8
9	11/30/2020	P	0.00	275.67	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9
10	11/30/2020	M	0.00	0.00	0.80	1.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10
11	12/01/2020	O	781.00	0.00	0.00	1.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11
12	12/16/2020	P	0.00	275.67	0.00	1.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12
13	12/31/2020	M	0.00	0.00	3.01	4.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13
14	01/01/2021	O	781.00	0.00	0.00	4.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14
15	01/04/2021	P	0.00	390.50	0.00	4.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15
16	01/19/2021	P	0.00	390.50	0.00	4.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16
17	01/31/2021	M	0.00	0.00	3.01	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17
18	02/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18
19	02/01/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19
20	02/02/2021	P	0.00	688.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Interest (On UA)		Unadjudicated Interest (On AA)		Adjudicated Interest		Unadjudicated Penalty		Adjudicated Penalty		
					Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	
21	02/16/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21
22	02/28/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22
23	03/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23
24	03/01/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24
25	03/15/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25
26	03/31/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26
27	04/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27
28	04/07/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28
29	04/19/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29
30	04/30/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30
31	05/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31
32	05/05/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32
33	05/17/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33
34	05/31/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34
35	06/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35
36	06/01/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36
37	06/16/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37
38	06/30/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38
39	07/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39
40	07/01/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40
41	07/19/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41
42	07/31/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42
43	08/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43
44	08/02/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44
45	08/16/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45
46	08/31/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46
47	09/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47
48	09/03/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48
49	09/16/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49
50	09/30/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50
51	10/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51
52	10/01/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52
53	10/18/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Interest (On UA)		Unadjudicated Interest (On AA)		Adjudicated Interest		Unadjudicated Penalty		Adjudicated Penalty		
					Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	
54	10/31/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54
55	11/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55
56	11/01/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56
57	11/16/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57
58	11/30/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58
59	12/01/2021	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59
60	12/02/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60
61	12/17/2021	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61
62	12/31/2021	M	0.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62
63	01/01/2022	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63
64	01/03/2022	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64
65	01/18/2022	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65
66	01/31/2022	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66
67	02/01/2022	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67
68	02/16/2022	P	0.00	390.50	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68
69	02/28/2022	P	0.00	0.98	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69
70	03/01/2022	O	781.00	0.00	0.00	7.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70
71	03/31/2022	M	0.00	0.00	3.42	11.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	71
72	04/01/2022	O	781.00	0.00	0.00	11.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72
73	04/30/2022	M	0.00	0.00	6.83	18.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73
74	05/01/2022	O	781.00	0.00	0.00	18.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	74
75	05/16/2022	P	0.00	390.50	0.00	18.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75
76	05/31/2022	M	0.00	0.00	8.54	26.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76
77	06/01/2022	O	781.00	0.00	0.00	26.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	77
78	06/02/2022	P	0.00	390.50	0.00	26.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	78
79	06/16/2022	P	0.00	390.50	0.00	26.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79
80	06/21/2022	P	0.00	781.00	0.00	26.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80
81	06/30/2022	M	0.00	0.00	5.13	31.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81
82	07/01/2022	O	781.00	0.00	0.00	31.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82
83	07/01/2022	P	0.00	390.50	0.00	31.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	83
84	07/18/2022	P	0.00	390.50	0.00	31.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84
85	07/31/2022	M	0.00	0.00	6.59	38.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85
86	08/01/2022	O	781.00	0.00	0.00	38.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	86

	Event Date	Event Type	Current Amount Due	NCP Paid	Unadjudicated Interest (On UA)		Unadjudicated Interest (On AA)		Adjudicated Interest		Unadjudicated Penalty		Adjudicated Penalty		
					Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	Adjust Amount	Running Balance	
87	08/01/2022	P	0.00	390.50	0.00	38.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	87
88	08/15/2022	P	0.00	390.50	0.00	38.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88
89	08/31/2022	M	0.00	0.00	6.59	44.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89
90	09/01/2022	O	781.00	0.00	0.00	44.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90
91	09/01/2022	P	0.00	390.50	0.00	44.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91
92	09/16/2022	P	0.00	390.50	0.00	44.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92
93	09/30/2022	M	0.00	0.00	6.59	51.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93
Totals:			\$18744.00	\$17572.50	\$0.00	\$51.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Total Unadjudicated Interest on UA: \$51.51 **Total Unadjudicated Penalty:** \$0.00
Total Unadjudicated Interest on AA: \$0.00 **Total Adjudicated Penalty:** \$0.00
Total Adjudicated Interest: \$0.00 **Total Penalty:** \$0.00
Total Interest: \$51.51

Total Arrears: \$1171.50
Total Interest: \$51.51
Total Penalty: \$0.00
Grand Total: \$1223.01

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original in file and of record in my office.

DATE 1/5/2024

BOBBIE R. WILLIAMS Clerk of Court
of the State of Nevada, in and for the County of Douglas,

By [Signature] Deputy