



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

## Monthly Mortgage Statement

Statement Date 10/03/11

Loan Number

Property Address

109 JOBE DRIVE

STATESVILLE NC 28677

**Customer Service** **Online**

[yourwelisfargomortgage.com](http://yourwelisfargomortgage.com)



**Fax**

(866) 278-1179



**Telephone**

(800) 222-0238

**Correspondence**

PO Box 10335

Des Moines IA 50306

**Hours of Operation**

Mon - Fri, 6 AM - 10 PM

Sat, 8 AM - 2 PM CT

**Payments**

PO Box 660278

Dallas, TX 75266

**Purchase or Refinance**


(800) 443-3429

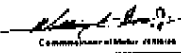
We accept telecommunications relay service calls.


JEFFREY E JACOBS


109 JOBE DR

STATESVILLE NC 28677-8725

STATE OF NORTH CAROLINA 


  
Commissioner of Motor Vehicles

**DRIVER LICENSE** 




**MICHAEL SELLS RAYMER**  
210 E GLENN EAGLES RD  
STATESVILLE NC 28625-4593

class: C endors: None restr: 1  
issued: 10-15-2008 expires: 10-30-2013  
sex: M ht: 6-01 eyes: BLU hair: BRO race:   
birthdate: 10-30-1953 *Michael Sells Raymer*

STATE OF NORTH CAROLINA 

*Walter D. Beasley, Jr.*  
Commissioner of Motor Vehicles

DRIVER LICENSE



JIMMIE HAYNES BEAM  
716 BRANDON ST  
STATESVILLE NC 28677-4044

class: C endorg: None restr: None  
issued: 10-15-2008 expires: 01-06-2014  
sex: M ht: 6-01 eyes: BRO hair: GRY race:  
birthdate: 01-06-1935 *Jimmie H. Beam*


**Account Name**  
**CRAIG J LIVERMAN**
**Account Number**  
**2109917**

A Touchstone Energy Cooperative  
 Automated Inquiries 800-636-2371 Automated Payments 800-215-7315  
 PO Box 1831, Statesville, NC 28687-1831 800-522-3793

 Visit us at [www.energyunited.com](http://www.energyunited.com)
**Billing Date**  
**9/3/2009**
**Current Charges Past Due**  
**10/1/2009**

Previous Balance	Payments Received	Past Due	Current Charges	Total Amount Due
\$ 426.89	\$ 213.00	\$ 213.89 PAY BY 09/18/2009	\$ 228.79	\$ 442.68

**REGULAR BILL**
**Current Charges Detail by Service**

Service	Usage History	Service Address Description	Meter #	Reading Previous	Current	Usage	Days of Service	Multiplier	\$Amount
ELECTRIC		137 CONGO RD From 08/01/09 to 08/31/09 Energy Charges	68647602	91477	93064	1587	31	1	162.91
							Renewable Energy Mandate		0.51
							Electric Metered Charges		\$ 163.42
Service	Description		Date		Quantity		\$Amount		
SECURITY LIGHT	137 CONGO RD M26-5MV:70		8/31/2009		1		9.46		
							Security Light Charges		\$ 9.46

**Message Center**

EnergyUnited would like to thank our members. By sharing your thoughts regarding our service through the American Customer Satisfaction Index, you helped us obtain a score of "85" for the first quarter of 2009. At EnergyUnited we strive to provide a level of service that is second to none - thanks for making it official.

The Wholesale Power Cost Adjustment (WPCA) is \$0.013 per kWh.

Join us at the 2009 Annual Meeting of Members on September 19 at Davie County High School.

**Current Charges Summary**

Sub Total	\$ 204.86
Misc. Charges & Adjustments	
Penalties	18.21
Sub Total	\$ 18.21
Taxes	\$ 5.72
<b>Total Current Charges</b>	<b>\$ 228.79</b>

008667/009908 C00W6T CP13-004 1

Address/Phone Correction

Tear here and return THIS PORTION with payment in the envelope

**REGULAR BILL**

Name

Billing Date

Account Number

Address

9/3/2009

2109917

City

State

Zip

Phone #

E-mail

**To Prevent Disconnection**  
**Pay by 09/18/2009**
**Past Due**  
**\$ 213.89**
**Current Charges Past Due**  
**10/1/2009**
**Current Charges**  
**\$ 228.79**
**Total Amt Due**  
**\$ 442.68**

**Current charges are due upon receipt;** a 1.5% late fee will be added if payment is received after due date and a \$15 fee will be added if a delinquent notice is generated.

0740 008667 009908 000030 1 C00W6T

CRAIG J LIVERMAN

PO BOX 2

SCOTTS NC 28699-0002


 PO Box 1831  
 STATESVILLE NC 28687-1831


0000021099179 00000442680

Form **1040** Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return 2008**

(99)

IRS Use Only—Do not write or staple in this space.

**Label**  
 (See instructions on page 14.)  
 Use the IRS label.  
 Otherwise, please print or type.  
 Presidential  
 Election Campaign

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For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20		OMB No. 1545-0074
Your first name and initial <b>Mark S.</b>	Last name <b>Sprinkle</b>	
If a joint return, spouse's first name and initial <b>Sandra H.</b>	Last name <b>Sprinkle</b>	
Home address (number and street). If you have a P.O. box, see page 14. <b>301 Chestnut Lane</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. <b>Statesville NC 28625</b>		

Your social security number

Spouse's social security number

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Check here if you or your spouse if filled jointly want \$3 to go to this fund (see page 14)

OCT-16-2013 09:23AM FROM-SHS GUIDANCE OFFICE  
100 MEDICAL PK DR #210  
CONCORD NC 28025

704 978 2903

T-577 P.007/007 F-939

ADDRESS SERVICE REQUESTED

4107  
85372D  
FR08  
BNS 001  
3111 R

Please Include Security Code From Back Of Card	
CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT



0004912 0001/0001 00000 02073008

RICHARD A SHROYER  
255 SHILOH RD  
STATESVILLE, NC 28677-1748

|||||

REMIT TO:

HEART GROUP OF THE CAROLINAS  
100 MEDICAL PK DR #210  
CONCORD, NC 28025-2966

|||||

PLEASE RETURN THIS PORTION WITH PAYMENT

Office Phone Number (704) 856-6120	Statement Date 02/07/08	Your Account Number 1028665	Page No. 01	Patient Balance 30.00	SHOW AMOUNT PAID HERE \$
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CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER / REFERRING PROVIDER EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	INSURANCE PENDING	PAYMENTS AND CREDITS	PATIENT BALANCE
	BEARD MD/HARMAN MD					
01907	CPT: 99214 OFFICE VISIT ESTABLISHED P R SHROYER		113.00			
01907	CPT: ADDT'L DX ADDITIONAL DX					
01907	CPT: ADDT'L DX ADDITIONAL DX					
02207	BCBS STATE SMART CHOICE # 662125 Filed			0.00		
10807	PMT BCBS STATE SMART CHOICEc# 6621251				-55.67	
10807	W/O BCBS STATE SMA c# 6621251				-27.33	
*****	Visit Totals:		113.00	0.00	-83.00	30.00

FOR ALL BILLING QUESTIONS, PLEASE CALL 704 856-6120

atement ate:	02/07/08	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:					1028665
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT	
			30.00	30.00	0.00	30.00	

END INQUIRIES / PAYMENTS TO:  
HEART GROUP OF THE CAROLINAS  
100 MEDICAL PK DR #210  
CONCORD NC 28025-2966  
IRS #: 561845661

(704) 856-6120  
YOUR ACCOUNT IS NOW PAST DUE