



April 10, 2017

Mr. Keith Greer
Greer and Associates
17150 Via del Campo
Suite 100
San Diego, CA 92127

Re: Examination of handwriting on a door
Court case no. 37-2013-00075418
Document Examination Case Report No. 2016-29

Dear Mr. Greer:

Services requested

Compare the handwriting painted onto a door of the death of Rebecca Zahau with the known handwriting of Ms. Zahau and Mr. Adam Shacknai. The purpose of the examination is to determine whether either Mr. Shacknai or Ms. Zahau wrote the words on the door.

Questioned Document Examined – See Exhibit 1				
Number	Date	Scanned Copy / Original	Type of Document	Writing format
Q01	02/07/2017	Photograph	Painted writing on a door	Handprinted

Known Documents Examined				
See Exhibits 2a – 2n Rebecca – KRnn				
See Exhibits 3a – 2g Adam – KAm				
Number	Date	Scanned Copy / Original	Description of Document	Writing format
KR01	07/14/2008	Photocopy	SIMPLE IRA model salary deferral agreement	Printed signature
KR02	04/22/2008	Photocopy	Policy manual acknowledgment	Printed signature
KR03	04/22/2008	Photocopy	Payroll deduction authorization form	Printed signature
KR04	04/22/2008	Photocopy	Drug and alcohol policy acknowledgment and consent form	Printed signature
KR05	02/22/2008	Photocopy	Employment agreement representation letter	Printed signature
KR06	04/14/2008	Photocopy	2008 W-4	Printed signature
KR07	02/11/2010	Photocopy	Employees Arizona withholding percentage election	Printed signature
KR08	06/23/2010	Photocopy	Employees Arizona withholding percentage election	Printed signature
KR09	04/14/2008	Photocopy	Direct deposit/access card sign-up form	Printed signature
KR10	Date unknown	Photocopy	Form I-485 DOJ	Printed signature
KR11	08/14/2002	Photocopy	Form I-485 part 4 DOJ	Printed signature
KR12	April 2002	Photocopy	United States visa	Printed signature
KR13	Date unknown	Photocopy	Omitted – possibly not Ms. Zahau's handwriting	Printed signature
KR14	Date unknown	Photocopy	Form I-864A Part 1	Printed signature
KR15	After 06/22/2002	Photocopy	Form G-325A biographic information	Printed signature
KR16	Date unknown	Photocopy	Form I-485 part three	Printed signature
KR17	Date unknown	Photocopy	Address package who USCIS	Printed signature
KA01	05/11/2016	Original	Response to form interrogatories set two	Printed signature
KA02	06/01/2016	Original	Response to request for production of documents	Printed signature

KA03	06/01/2016	Original	Response to special interrogatories set one	Printed signature
KA04	06/01/2016	Original	Response to form interrogatories set one	Printed signature
KA05	06/01/2016	Original	Response to request for admissions set one	Printed signature
KA06	05/11/2016	Original	Response to request for admissions set two	Printed signature
KA07	05/17/2016	Original	Response to form interrogatories set three	Printed signature

Overview

On October 24, 2016 you retained me to examine the handwriting of Adam Shacknai and Rebecca Zahau. The purpose was to determine whether either of these people wrote the words “SHE SAVED HIM, CAN YOU SAVE HER” on the door in the house where Rebecca Zahau died. You provided me with exemplars of Adam Shacknai’s printed signature on verification forms and examples of Rebecca Zahau’s handwriting in a notebook.

In April 2017, you sent to me a photocopy examples of documents with Rebecca Zahau’s hand printing. I was unable to use the notebooks because the writing on the door is hand printing the and the notebooks were cursive writing.

On February 7, 2017 I attended a viewing of the door with the questioned writing at the San Diego County Sheriff crime laboratory. This viewing was attended by attorneys and experts representing all sides in the legal matter.

Limitation

A limitation of this examination is the known writing of Rebecca was provided to me as photocopies. Photocopy images always have some degree of distortion relative to the original handwriting. Exemplar KR09 is a photocopy of a fax. Several of the exemplars for Rebecca are photo reductions and potentially multiple generations from the original document.

Although the photocopies provided a limitation of being able to offer an unqualified opinion in this matter, I was able to draw opinions as to the authenticity of the questioned handwriting. Examination of the original known documents could potentially lead to strengthening or weakening the opinion stated in this report.

Another limitation for this assignment is the quantity of writing for comparison with the writing on the door is very limited. I did not have any contemporaneous exemplars from Adam. I did not have any general course of business writing from Adam. The only exemplars for Adam are his signature on verifications. Although these were original ink signatures that were printed rather than cursive, the amount of writing is limited.

Methodology for examination

These exemplar documents were scanned on an Epson V700 scanner at 800 pixels per inch (ppi) to TIFF format. The questioned handwriting was photographed using the Nikon D80 camera with a NIKKOR 28-300 F-series lens. Prints of the photographs of the writing on the door is attached hereto as exhibit 1.

On October 31, 2016 I went to your office to examine the exemplars. I scanned the verifications that had been signed by Adam.

On November 11, 2016 I went to your office to again examine the verifications that have been signed by Adam. At this examination I used a digital microscope (MiScope MP2) and a Meiji optical stereo microscope with an attached digital camera on the trinocular tube to capture images directly onto the computer. I also imaged some of Rebecca's writing. Since her writing was cursive I did not image much of it.

On February 7, 2017 I met you at the San Diego County Sheriff's crime lab to examine the door on which the handwriting was made. I used the Nikon D80 camera to photograph the handwriting on the door. These images are in Exhibit 1.

Letters that were common to the writing on the door and in the handwriting of Rebecca and Adam were extracted from the images of the writing on the door using Adobe Photoshop CC®. The letters were placed at the top of blank pages in Photoshop for purpose of making comparison sheets.

The letters were extracted from the known documents and placed onto comparison sheets (Exhibits 4 – 6) using Adobe Photoshop CC™ software. Exhibit 4 compares the letter A in the word SAVED on the door with the known writing of Rebecca (Exhibit 4a) and Adam (Exhibit 4b). The questioned letter was placed at the top of each comparison sheet. The A used for Rebecca is the last letter of her first name. The A used for Adam is the internal letter in his first name. The A use from the questioned writing is from the word SAVED because this is the only location in the writing that has a crossbar on the letter A. The questioned letter was placed at the top of each comparison sheet.

Exhibit 5 compares the letter **M** in the word HIM on the door with the known writing of Rebecca (Exhibit 5a) and Adam (Exhibit 5b). The letter **M** used for Rebecca is her middle initial. The letter **M** used for Adam is the last letter of his first name. The questioned letter was placed at the top of each comparison sheet.

Exhibit 6 compares the letter **S** in the words SHE, SAVED, and SAVE, and on the door with the known writing of Rebecca. There were no internal examples of the letter **S** from Adam. The only example of a letter **S** from Adam is the first letter of his last name. He writes the first letter of his first and his last name substantially larger than the internal letters of his name. Therefore, this would not be a good representative sample for comparison.

A visual examination was made comparing the structure of the known letters with the structure of the questioned letters.

Results of the examinations

The weight, or thickness, of the letters was not taken into consideration in the examination and comparison because the questioned writing is written with a paintbrush whereas the known writing is written with a pen.

The Letter A

The **A** in the questioned writing on the door slants to the left. The right side of the letter is slightly lower than the left side of the letter. The crossbar does not penetrate either the left or right side of the letter.

Result for letter A for Rebecca (Exhibit 4a)

Rebecca's known writing slants to the right. Rebecca made the cross bar on the a such that it sometimes made the entire cross stopping at the right side of the **A**. Other times she started the crossbar to the right of the left side of the letter **A**. there are times when her crossbar penetrated the left and right side of the letter **A**, other times it only penetrated the right side, and other times it did not penetrate either side.

Result for letter A for Adam (Exhibit 4b)

Adam's known writing either slants to the left or is straight up perpendicular to the signature line. The cross bar on his letter **A** penetrates the right side of the letter. In many instances the right side is lower than the left side, yet in A01 and A07 the left side is lower than the right side.

The Letter M

The **M** in the questioned writing on the door slants to the left. The right side of the letter is lower than the left side of the letter. The middle downward point of the letter is approximately halfway down the length of the left side of the letter **M**. The left side down stroke is almost 45° relative to the left side of up-stroke. The left side up stroke is slightly slanted left relative to the perpendicular. The right-side hump is taller than the left-side hump.

Result for letter M for Rebecca (Exhibit 5a)

Rebecca's known writing slants to the right. The middle downward point of the letter is approximately halfway or more down the length of the left side of the letter **M**. The left side down stroke is very steep relative to the left side of stroke. In many instances is almost perpendicular to the signature line. This is sometimes obscured because the left side of stroke is slanted to the right. The right-side hump is taller than the left-side hump.

Result for letter M for Adam (Exhibit 5b)

Adam's known writing slants slightly left or perpendicular. He begins his **M** with a down-stroke followed by an upstroke that is virtually perpendicular yet sometimes slants a little left or right. The right side of the letter **M** is lower than the left side. The down stroke on the left side ranges from almost perpendicular to almost 45°. The right-side hump varies from being taller, shorter, or similar height relative to the left-side hump.

Result for letter S for Rebecca (Exhibit 6)

There are some similarities between Rebecca's letter **S** and the letter **S** in the questioned writing. There are also many differences between the writings. It is unknown what Adam's writing of a letter **S** would look like. Therefore, it is not possible to have a comparison of his writing and her writing against the door.

Opinion

1. There are **indications** Adam wrote the words on the door. See the definition for this opinion in the SWGDOC standard terminology for expressing conclusions for document examiners. The verbiage is stated below.

The comparison of the letter **M** shows indications of similarity between Adams writing and the writing in the word **HIM** on the door. The right side of the **M** on the door trails downward to the right well below the baseline. Comparing the down stroke on the right side of the **M** to Adam's writing, in each of the exemplars from Adam he also writes a letter **M** with a long downward finishing stroke that goes below the baseline.

Adam's writing slants to the left as does the writing on the door.

To develop a stronger opinion is necessary to obtain more exemplars from both Rebecca's writing and Adam's writing. The further exemplars from Adam should present his standard hand printing rather than his signature. If he is unable to provide standard hand printing exemplars from existing documents, and alternative may be to obtain request exemplars. Request exemplars are written in the presence of a forensic document examiner. The forensic document examiner dictates text which the subject writes. The writing is then examined by the forensic document examiner.

The results of further analysis with additional exemplars may strengthen or weaken the above opinion.

Definitions of opinions from the SWGDOC Standard Terminology for Expressing Conclusions of Forensic Document Examiners

Indications (evidence to suggest) — a body of writing has few features which are of significance for handwriting comparison purposes, but those features are in agreement with another body of writing. Examples—There is evidence which indicates (or suggests) that the John Doe of the known material may have written the questioned material but the evidence falls far short of that necessary to support a definite conclusion. **DISCUSSION**—This is a very weak opinion, and a report may be misinterpreted to be an identification by some readers if the report simply states, "The evidence indicates that the John Doe of the known material wrote the questioned material." There should always be additional limiting words or phrases (such as "may have" or "but the evidence is far from conclusive") when this opinion is reported, to ensure that the reader understands that the opinion is weak. Some examiners doubt the desirability of reporting an opinion this vague, and certainly they cannot be criticized if they eliminate this terminology. But those examiners who are trying to encompass the entire "gray scale" of degrees of confidence may wish to use this or a similar term.

No conclusion (totally inconclusive, indeterminable)—This is the zero point of the confidence scale. It is used when there are significantly limiting factors, such as disguise in the questioned and/or known writing or a lack of comparable writing, and the examiner does not have even a leaning one way or another. Examples—No conclusion could be reached as to whether or not the John Doe of the known material wrote the questioned material, or I could not determine whether or not the John Doe of the known material wrote the questioned material.

Indications did not—this carries the same weight as the indications term that is, it is a very weak opinion. Examples—There is very little significant evidence present in the comparable portions of the questioned and known writings, but that evidence suggests that the John Doe of the known material did not write the questioned material, or I found indications that the John Doe of the known material did not write the questioned material but the evidence is far from conclusive. See Discussion after indications.

Probably did not—the evidence points rather strongly against the questioned and known writings having been written by the same individual, but, as in the probable range above, the evidence is not quite up to the “virtually certain” range. Examples—It has been concluded that the John Doe of the known material probably did not write the questioned material, or it is my opinion (or conclusion or determination) that the John Doe of the known material probably did not write the questioned material. **DISCUSSION**—Some examiners prefer to state this opinion: “It is unlikely that the John Doe of the known material wrote the questioned material.” There is no strong objection to this, as “unlikely” is merely the Anglo-Saxon equivalent of “improbable”.

Strong probability did not—this carries the same weight as strong probability on the identification side of the scale; that is, the examiner is virtually certain that the questioned and known writings were not written by the same individual. Examples—There is strong probability that the John Doe of the known material did not write the questioned material, or in my opinion (or conclusion or determination) it is highly probable that the John Doe of the known material did not write the questioned material. **DISCUSSION**—Certainly those examiners who choose to use “unlikely” in place of “probably did not” may wish to use “highly unlikely” here.

Elimination—this, like the definite conclusion of identity, is the highest degree of confidence expressed by the document examiner in handwriting comparisons. By using this expression the examiner denotes no doubt in his opinion that the questioned and known writings were not written by the same individual. Examples—It has been concluded that the John Doe of the known material did not write the questioned material, or it is my opinion (or conclusion or determination) that the John Doe of the known material did not write the questioned material. **DISCUSSION**—This is often a very difficult determination to make in handwriting examinations, especially when only requested exemplars are available, and extreme care should be used in arriving at this conclusion.

Attached hereto is a true and correct copy of my CV.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am prepared to testify in trial and/or deposition to these opinions and the details and methodologies of the examinations that led to the stated opinions.

Executed this 10th day of April, 2017 at Temecula, CA.

Sincerely,

Michael N. Wakshull
Document Examiner

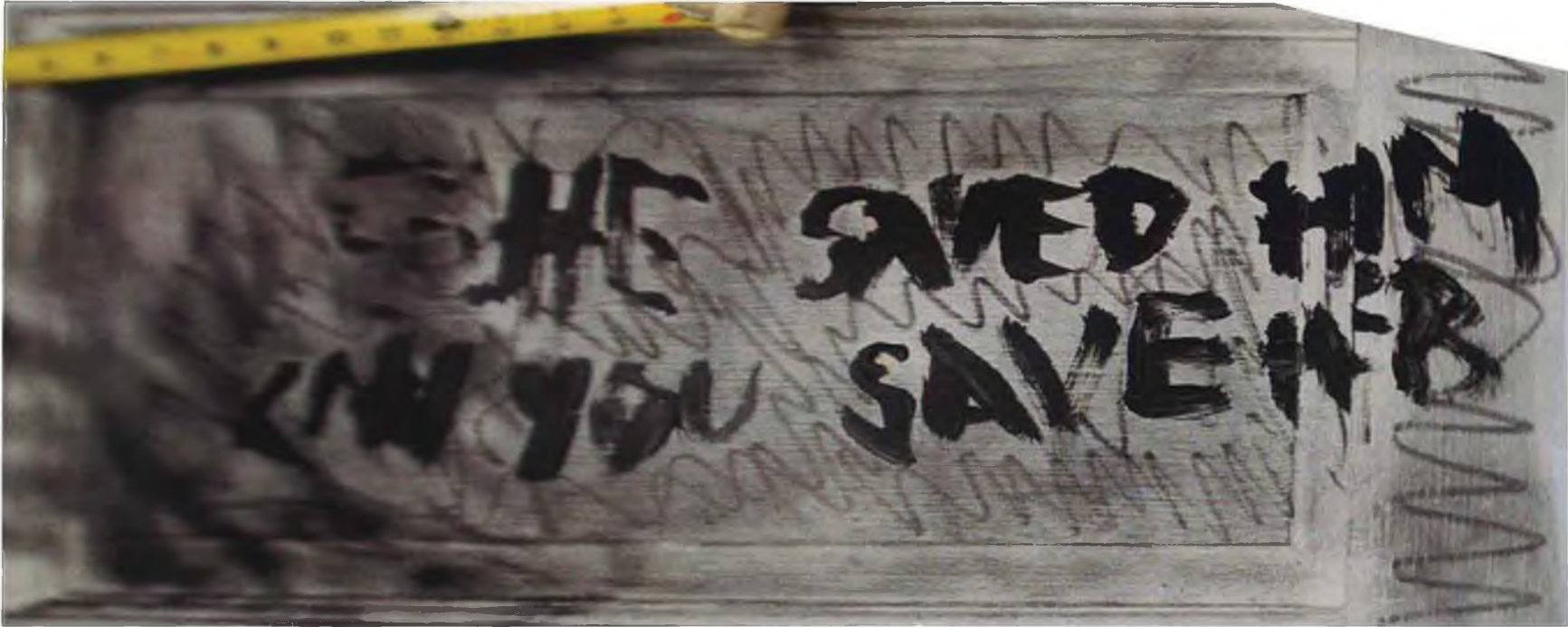


Exhibit 1a – Q01 the writing on the door

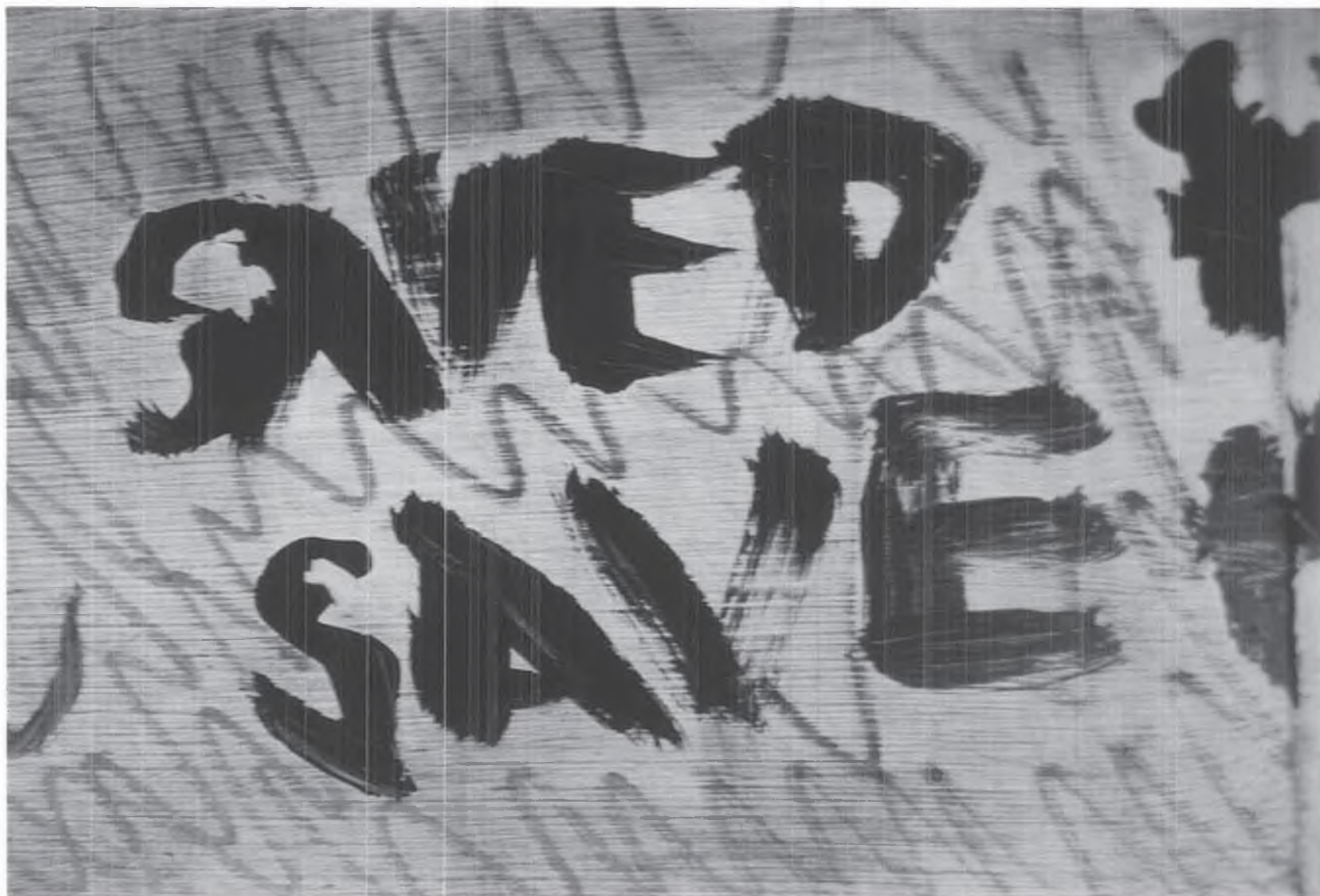


Exhibit 1b – Closeup of SAVE and SAVED on the door



Exhibit 1b – Closeup of HIM on the door

Rotate 1.2 CW Gray -> RGB 800

For employer/employee use only

SIMPLE IRA Model Salary Deferral Agreement

Important This Salary Deferral Agreement (SDA) must be returned to your employer. Do not send this form to American Funds Service Company or Capital Bank and Trust Company.

Payroll election
Please type or print clearly. Complete either A or B.

Agreement between:

Employee: REBECCA M NALEPA
Employer: Merivium Vision

A. Following the date of this agreement and subject to the limits shown below, I elect to participate in the SIMPLE IRA Plan and authorize my employer to withhold the following from my wages each pay period:

Pre-tax deferrals of 3% OR \$ _____

This election is:

A new election to be effective 07, 15, 2008
Date (mm/dd/yyyy)

(If you are opening a new account, attach a completed SIMPLE IRA Application to this SDA. Your employer will forward the application to American Funds Service Company on your behalf.)

OR

An amendment to a previous election to be effective 1/1
Date (mm/dd/yyyy)

B. I do not wish to participate in the SIMPLE IRA Plan at this time.

NOTE: Please see the chart below for deferral and catch-up limits.

Signature

In executing this agreement, I understand the following:

My employer, on my behalf, will contribute to my SIMPLE IRA Plan the amount indicated above by which I have reduced my compensation under this agreement (my "elective deferral contributions").

My elective deferral contributions are not subject to federal (or state, if applicable) income tax until distributed from the Plan.

I may revoke this agreement at any time by providing my employer with advance notice of my revocation. The revocation will be effective as soon as administratively feasible after my employer receives the notice.

If I revoke this agreement, I acknowledge that, contingent upon the terms of the SIMPLE IRA Plan, I may be prohibited from submitting another SDA until the enrollment period immediately preceding the next plan year.

I understand that my elective deferral contributions are subject to gain or loss in accordance with my selected investments.

x [Signature] 07, 15, 2008
Signature of employee Date (mm/dd/yyyy)

x [Signature] 7, 14, 2008
Signature of employer Date (mm/dd/yyyy)

Year	Deferral limit	Catch-up limit*
2008	\$10,500	\$2,500

*You must be at least 50 years old to make a catch-up contribution.

LA No. 0268M-00-0200 CDF/005-01047 © 2007 American Funds Distributors, Inc.

1/07

Exhibit 2a – Image 1 Rebecca’s writing

Gray -> rgb 800

Image 2

POLICY MANUAL ACKNOWLEDGMENT

I hereby acknowledge that I have received a copy of the Employee Policy Manual for Horizon Eye Specialists & Lasik Center, Millennium Vision, P.C., and Sharona Optical (collectively the "Company"). I have read the contents of this manual, fully understand all of its provisions, and also understand that I can ask my Supervisor, Human Resources, or the President for further information on any subject contained in this manual at any time. I am fully aware of my obligations at all times to comply with the responsibilities that are imposed on me as a condition of employment, including compliance with the Company's Employee Code of Conduct and the Company's policies, practices, and procedures.

I further understand that the contents of this manual are presented as a matter of information only. While the Company believes in the plans, policies, and procedures described in this manual, they are not intended nor should they be construed, as a contract of employment.

The Company reserves the right to modify, revoke, suspend, terminate or change any or all such plans, policies or procedures, in whole or in part, at any time, with or without notice. By signing below, I acknowledge that I am an employee-at-will, and recognize that I may be terminated at any time for any reason.

I understand and acknowledge that there have been no oral or written representations made promising or guaranteeing my continued employment.

I understand and acknowledge that I am responsible for ensuring that the Company's rules and procedures are complied with and that I am responsible to maintain a cohesive, effective, and safe working environment. I acknowledge that I am responsible to immediately report any unsafe condition to my Supervisor or the Owner.

Employee's Signature: 

Employee's Name (Please print): REBECCA Malem

Date: 4/22/08

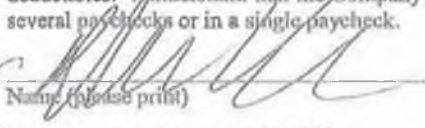
Exhibit 2b – Image 2 Rebecca's writing

Gray ->RGB rotate .6 CW 800 ppi

Image 3

PAYROLL DEDUCTION AUTHORIZATION FORM

I hereby authorize Horizon Eye Specialists & Lasik Center, Millennium Vision, P.C., and Sharona Optical (collectively the "Company") to deduct from my paycheck the amount of money necessary to reimburse the Company for advances, garnishments, loss or damage of equipment or materials, loss or replacement of personal protective equipment, theft, or personal expenses. I further acknowledge my understanding that if I cause loss or damage to Company property, I am responsible for paying the Company for such losses or damages or insurance deductibles. I understand that the Company may deduct money that I owe to the Company over several paychecks or in a single paycheck.


Name (please print) _____
REBECCA ALECIA

Signature _____
4/22/08

Date _____

Witness Signature _____

Date _____

Exhibit 2c – Image 3 Rebecca’s writing

Gray -> RGB 800

Image 4

**DRUG AND ALCOHOL POLICY
ACKNOWLEDGMENT AND CONSENT FORM**

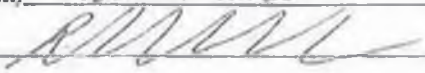
Drug-use and alcohol-impairment testing through urine, breath, or blood samples is part of Horizon Eye Specialists & Lasik Center, Millennium Vision, P.C., and Sharona Optical (collectively the "Company") overall pre-employment and ongoing employment requirements. Please read the following carefully.

I understand that a pre-employment drug-use test and that drug-use or alcohol-impairment tests during employment are part of the procedures of the Company. I consent to submit to a urine, breath, or blood analysis drug-use or alcohol-impairment test and any other post-offer physical examination that the Company may determine is necessary for business reasons. I also authorize and hereby release the Company's testing laboratory, hospital, or health care provider to provide the results of any such tests to the Company. I further agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for the presence of drugs or alcohol.

I understand that workers' compensation claims may be denied in circumstances where I test positive for drugs and alcohol and drug or alcohol impairment was a substantial contributing cause of the accident.

I understand that the Company will pay all actual costs for drug-use or alcohol-impairment testing required of current employees. The Company will reimburse prospective employees who are hired for the actual costs for drug-use testing.

I understand that by signing this form, I acknowledge that I have received, read, and fully understand the Company's Drug and Alcohol-Free Workplace Policy.

Name (please print) REBECCA MALEPA
Signature  Date 9/22/08
Witness Signature _____ Date _____

NOTE TO APPLICANT: REFUSAL TO READ AND SIGN THIS FORM DISQUALIFIES YOU FOR CONSIDERATION OF EMPLOYMENT.

Exhibit 2d – Image 4 Rebecca’s writing

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on (for example) deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 601, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P. **Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A 0

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B 0

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C 0

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D 0

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E 0

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F 0

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. G 0

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H 0

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$10,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Employee's Withholding Allowance Certificate OMB No. 1545-0074 **2008**

Department of the Treasury Internal Revenue Service

▶ Whether you are entitled to claim a certain number of allowances as exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial: REBECCA M. Last name: NALGPA

2 Your social security number: [REDACTED]

3 Single Married Married, but spouse is a nonresident alien, check the "Single" box. (Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.)

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 0

6 Additional amount, if any, you want withheld from each paycheck \$

7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption.
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here. ▶ 7

Under penalties of perjury, I declare that I have furnished this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it.) [Signature] Date 4/14/08

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

Exhibit 2e – Image 6 Rebecca's writing

Rotate 0.5 CW gray -> RGB 800

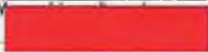
Image 7

ARIZONA FORM
A-4

Employee's Arizona Withholding Percentage Election

2010

NOTE: This form is effective for wages paid after December 31, 2009 through June 30, 2010. A new form will be available on the Department's website (www.azdor.gov) in late spring 2010. All employees must make a new election for wages paid after June 30, 2010.

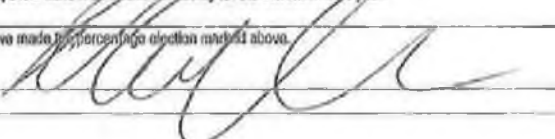
Type or print your full name <i>REBECCA M MALCOM</i>	
Home address (number and street or rural route) <i>27415 N 34th Ave</i>	
City or town, state, and ZIP code <i>Phoenix AZ 85083</i>	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of (check only one box): 20.3% 24.6% 26.7% 33.1% 39.5% of the federal tax withheld.
- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of (check only one box): 10.7% 20.3% 24.6% 26.7% 33.1% 39.5% of the federal tax withheld.
- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.

SIGNATURE 	DATE <i>02/11/10</i>
--	-------------------------

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of the amount of federal income tax withheld. Complete this form to elect an Arizona withholding percentage.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. If you do not complete this form, your employer must withhold the minimum withholding percentage based on your annual compensation. If your annual compensation is less than \$15,000, the minimum withholding percentage is 10.7 percent. If your annual compensation is \$15,000 or more, the minimum withholding percentage is 20.3 percent.

Current Employees

Complete this form to elect a different Arizona withholding percentage. If you want to increase or decrease the amount of Arizona withholding, you must complete this form to change the Arizona withholding percentage.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year. Note that Arizona tax liability is gross tax liability less any tax credits,

such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically performing work or services in Arizona for temporary periods is subject to Arizona income tax. However, under the provisions of ARS §43-403(A)(5), compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their wages or compensation. Nonresident employees may request that their employer withhold Arizona income taxes from their compensation by completing this form to elect an Arizona withholding percentage.

ADDR 91-0041 (12/09)

Exhibit 2f – Image 7 Rebecca's writing

ARIZONA FORM
A-4

Employee's Arizona Withholding
Percentage Election

2010

NOTE: This form is effective for wages paid after June 30, 2010.

Type or print your full name	REBECCA M. NALEPA	Your social security number	[REDACTED]
Home address (number and street or rural route)	27415 W 54th Ave		
City or town, state, and ZIP code	PHOENIX AZ 85083		

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of (check only one box): 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____
- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of (check only one box): 1.3% 1.8% 2.7% 3.6% 4.2% 6.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____
- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election made above.

SIGNATURE

6/23/10
DATE

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona Income tax liability. Arizona withholding is a percentage of your gross taxable wages of every paycheck.

"Gross taxable wages" is the amount from each paycheck that will be included in box 1 of your federal Form W-2 at the end of the calendar year (i.e. gross wages net of pre-tax deductions, such as your portion of health insurance premiums). You may also have your employer withhold an additional amount from each paycheck.

Complete this form to elect an Arizona withholding percentage and any additional amount to be withheld from each paycheck. Give the completed form to your employer.

Current Employees

ALL EMPLOYEES ARE REQUIRED TO COMPLETE THIS FORM FOR WAGES PAID AFTER JUNE 30, 2010. Complete this form to elect an Arizona withholding percentage and designate an additional amount to be withheld. If you want to increase or decrease the amount of Arizona withholding in the future, you must complete this form again to change the Arizona withholding percentage or change the additional amount withheld.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. You may also have your employer withhold an

additional amount from each paycheck. If you do not complete this form, the department requires your employer to withhold 2.7% of your gross taxable wages until your employer receives a completed form from you.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year.

Note that Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election.

You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

ADOR 01-0041 (6/10)

Exhibit 2g – Image 8 Rebecca's writing

Rotate .6 CW Gray -> RGB 800

Image 9

TO: PHYLLIS COMPANY: M250

Paychex Usa Only	
Client Number	_____
Worker Number	_____
PRS	_____
Date	_____
Verified By	_____

PAYCHEX
Direct Deposit/Access Card
Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit, Access Card, or both sections to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your local Paychex office.

WORKER - Required Information	
PLEASE PRINT	
Worker Name	REBECCA M HALEPA
Social Security Number	[REDACTED]

EMPLOYER - Required Information	
PLEASE PRINT	
Company Name	_____
Office/Client Number	_____
Federal ID Number	_____

Complete for DIRECT DEPOSIT	
I authorize my employer to deposit my wages/salary to the following bank account(s):	
Bank Account #1 <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name <u>US Bank</u>	Bank Account #2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____
I wish to deposit (check one): <input checked="" type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00
Please attach one of the following (check one): <input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small>	Please attach one of the following (check one): <input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative.</small>

Complete for ACCESS CARD	
I authorize my employer to deposit my wages/salary to an Access Card account. I agree to the terms and conditions of the Paychex Access Card Program including the \$2.00 monthly maintenance fee, the \$1.50 per ATM withdrawal fee, the \$3.00 over-the-counter cash advance fee, and the \$15.00 lost or stolen card replacement fee.	
I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	
Please print the address where the Access Card statements should be mailed.	
Street Address _____ Apt # _____ City _____ State _____ Zip _____	
Home Phone No. (_____) _____ - _____ - _____ Date of Birth _____ / _____ / _____	
Mother's Maiden Name _____	
<input type="checkbox"/> Additional Card Requested.	
Additional Cardholder Name _____	
Additional Cardholder Social Security No. _____	

Worker Signature [Signature] Date 04/14/08
 By signing above, I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make direct deposits into the named account.
 Accountholder Signature _____
 (If worker doesn't have authority to authorize deposits to the account holder's account.)

DP0002 1205

Exhibit 2h – Image 9 Rebecca’s writing

Gray -> RGB 800

Image 11

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit I am seeking.

Selective Service Registration. The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

Signature	Print Your Name	Date	Daytime Phone Number
<i>Rebecca M. Valera</i>	REBECCA M. VALETA	02/14/2002	631-862-2501/6935

Please Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.

Part 5. Signature of Person Preparing Form, If Other Than Above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Daytime Phone Number

Firm Name and Address



For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2250 Mail: Stop SSO/P, Washington, DC 20402-0001

U.S. GOVERNMENT PRINTING OFFICE: 2001-480-953

Form I-485 (Rev. 02/07/00) Page 4

US(1)00113
111

Exhibit 2i – Image 11 Rebecca’s writing

Gray -> RGB 800

Image 12

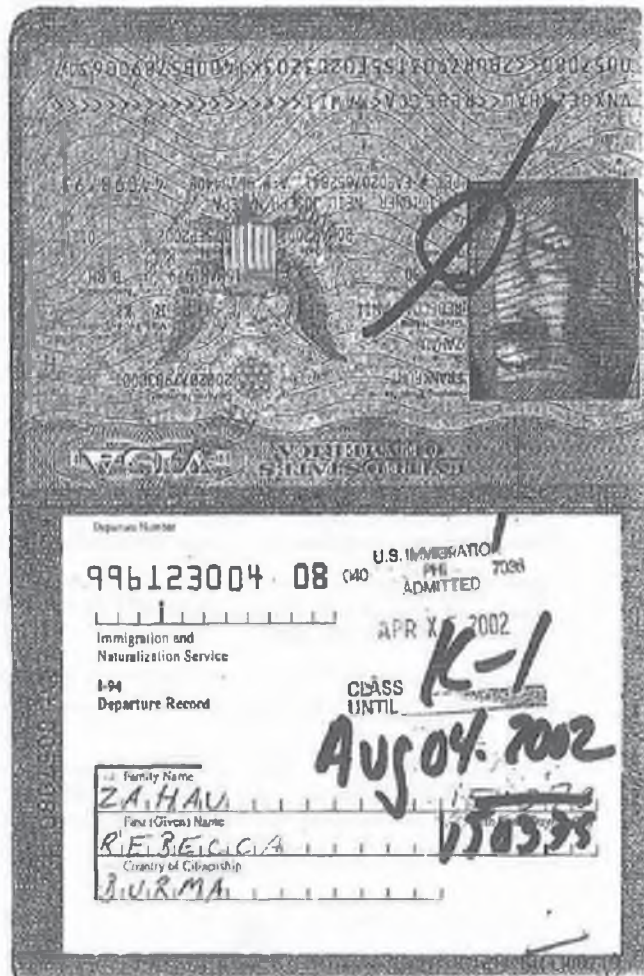


Exhibit 2j – Image 12 Rebecca’s writing

Gray -> RGB 800

Part 1. Information on Sponsor's Household Member or Sponsored Immigrant/Household Member

Last Name <i>NALEPA</i>	First Name <i>REBECCA</i>	Middle Name <i>MAWII</i>
Date of Birth (Month, Day, Year) <i>MAR 15 1979</i>	Social Security Number (Mandatory for non-citizens; voluntary for U.S. citizens) 	A-Number (If any)
Address (Street Number and Name) <i>130 Straus Ave</i>	Apt Number	City <i>New York</i>
		State/Province <i>Selden</i>
		ZIP/Postal Code <i>11784</i>
Telephone Number <i>(631) 6962250</i>	Relationship to Sponsor: <i>WIFE</i> I am: <input checked="" type="checkbox"/> The sponsor's household member. (Complete Part 3.) <input type="checkbox"/> The sponsored immigrant/household member. (Complete Part 4.)	Length of residence with sponsor (____ years, ____ months)

Part 2. Sponsor's Promise

I, THE SPONSOR, *NEIL NALEPA*, in consideration of the household member's promise to support the sponsored immigrant(s) and to be jointly and severally liable for any obligations I incur under the affidavit of support, promise to complete and file an affidavit of support on behalf of the following *1* sponsored immigrant(s):

Name of Sponsored Immigrant (First, Middle, Last)	Date of Birth (Month, Day, Year)	Social Security Number (If any)	A-Number (If any)
<i>REBECCA MAWII NALEPA</i>	<i>03/15/79</i>		

Part 3. Household Member's Promise

I, THE HOUSEHOLD MEMBER, _____, in consideration of the sponsor's promise to complete and file the affidavit of support on behalf of the sponsored immigrant(s):

- 1) Promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrant(s) at or above the minimum income provided for in section 213A(a)(1)(A) of the Act (not less than 125 percent of the Federal Poverty Guidelines) during the period in which the affidavit of support is enforceable;
- 2) Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to the sponsored immigrant(s), to any agency of the Federal Government, to any agency of a state or local government, or to any private entity;
- 3) Agree to submit to the personal jurisdiction of any court of the United States or of any state, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this contract or the affidavit of support; and
- 4) Certify under penalty of perjury under the laws of the United States that all the information provided on this form is true and correct to the best of my knowledge and belief and that the income tax returns I submitted in support of the sponsor's affidavit are true copies of the returns filed with the Internal Revenue Service.

Form I-864A (10/1/00)Y Page 2
USI(1)00142
140

Exhibit 2k – Image 14 Rebecca’s writing