To: C. Terry Chance – Exemption Compliance Unit

Ref: Letter Dated 12/13/2023 Parcel #:6303-14-12-0080/ALT#:3580206

I declare that 414 Orange Ave is my home and so Homesteaded. I purchased this home in 2009 with a private lender and have maintained residence there on this property ever since and still to this date. I went thru a terrible divorce started 2016 and finalized 2017. Home refinanced to pay out ex but still my home. Prior to my retirement I travelled to Tampa on my days off and cared for my Elderly father from time to time. I worked for Volusia County until my retirement in Oct 2020 to care for life long friend suffering from heart transplant. My father has issues from time to time and I spend a good bit of time in Tampa but still own and maintain residence at 414/412 Orange ave. As time has passed I have changed my drivers License to 14025 Capitol Dr Tampa Fl (My Fathers Home) as I was trying to rebuild credit and other factors after the divorce. I have a car registered in Tampa, and one registered in Volusia.

Volusia is still my home as my children and grand children reside there as well. I do not rent this home out It is my primary residence of record. In response to: Please supply copies of all the documentation requested if applicable:

1. I have enclosed a copy of my current Florida DL

I have enclosed Hilsborough County Property App showing property titled in my fathers Name only Aslo a copy of the vehicle I have registered in Hillsbourough County

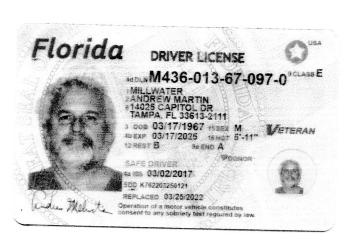
I have enclosed Previous Florida DL Showing 412 as address which is part of the property I have homesteaded

Also a copy of a vehicle I have Registered In volusia County.

- 2. I am unable to find voter registration cards but they will follow in suite with Driver's License
- 3. I am currently retired last employer was Volusia County left in October 2020
- 4. unable to obtain
- 5. Federal Tax Returns Page 1 2018-2022
- 6. No Recocord of decleration of domicle Known
- 7. Bank statement Page 1 of January and December of each year 2017- 2023
- 8. There are no residential leases involved for me.
- 9. You are the taxing authority, I have no other property homesteaded anywhere in the state of Florida or any other taxing autority during these dates in question.

I hope this meets the requirements to maintain my homestead excemption. If there are any questions please contact me.

Andrew Millwater 386-307-4541





(//www.hcpafl.org)

Parcel Result

Folio: 017735-2108

PROPERTY RECORD CARD MILLWATER JAMES S

Mailing Address

14025 CAPITOL DR TAMPA, FL 33613-2111

Site Address

14025 CAPITOL DR, TAMPA

PIN:	U-01-28-18-0T1-000004-00026.0
Folio:	017735-2108
Prior PIN:	
Prior Folio:	00000-0000
Tax District:	U UNINCORPORATED
Property Use:	0100 SINGLE FAMILY R
Plat Book / Page	e: <u>46 / 68</u>
Neighborhood:	213004.00 SW Bearss & I275 area
Subdivision:	0T1 NORTH POINTE UNIT II

Value Summary & GIS Map

Value Summary

Taxing District	Market Value As	ssessed Value	Exemptions	Taxable Value
-----------------	-----------------	---------------	-------------------	---------------

Taking District	IVICITION TOUR				
County	\$304,556	\$115,345	\$115,345	\$0	
Public Schools	\$304,556	\$115,345	\$30,000	\$85,345	
Municipal	\$304,556	\$115,345	\$55,000	\$60,345	
Other Districts	\$304,556	\$115,345	\$55,000	\$60,345	

Note: This section shows Market Value, Assessed Value, Exemptions, and Taxable Value for taxing districts. Because of changes in Florida Law, it is possible to have different assessed and taxable values on the same property. For example, the additional \$25,000 Homestead Exemption and the non-homestead CAP do not apply to public schools, and the Low Income Senior Exemption only applies to countywide and certain municipal millages.



8 2 CPE 5857
AUDIT#



STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

L# 6621123 T# 1592907733 B# 4720942 S# 89286085

TITLE NUMBER	VEHICLE/VESSEL IDENTIF	FICATION# YR. M.		AKE or ACTURER	BODY TYPE	VEHICLE COL	OR WT/LENG	rh Gv	W/LOC
127353845	1FMZU73K74UA7521	1 2004	FORD		UT	TAN	4900		
DATE OF ISSUE TRANS		JLL PROPULSION	FUEL	VESSI		TER FL	NUMBER	AUTH DESTRU	CTION
01 25 22 TRT	PRIVATE								
			A STATE OF THE STA			BIRTHI SEX MO. I		RESIDENT N ALIEN	CNTY RES.#
	s Name & Address (ARTIN MILLWATER						17 67 X	7	8
14025 CAPIT TAMPA, FL						1st OWNER FI	_/DL# OR 2	nd OWNER FL/	i
						M436013670		UNIT#	
	VOLUNTARY CONTRIBL	JTIONS			and the second	141450015070	270		
					AGENCY	TITLE FEE	SALES TAX	GRAND T	OTAI
					4.75				
Action Requested	I: TRANSFER TITLE				3rands:	71.00	97.50	J	173.25
	RETAINED AS ELE	CTRONIC TITLE			stanus:				
PREV. STATE	DATE ACQUIRED NEW	V USED ODOM	METER / VESSE	EL MANUFAC	TURER			ODOMETER	ION
FL	01/24/2022	XX EXE	MPT					CERTIFICAT	TION
LIEN INFORMATI	ON DATE OF L	LIEN RECEIVE	D DATE	FEID#OR	FL / DL AND SE	EX AND DATE OF	BIRTH	DMVACCOU	NT#
NAME OF FIRST LIENHOLDE	R:								
ADDRESS		,		SALVAGE T	YPE			***************************************	
SELLER INFORM NAME OF SELLER, FLORIDA	ATION dealer, or other previou	JS OWNER							
ADDRESS			The state of the s						
DEALER LICENSE NO.			C	ONSUMER (OR SALES TAX	EXEMPTION #			
SALES TAX AND	USE REPORT					CE, INCLUDING A BANK OR OTHER		and the last the same	1,500.00
TRANSFER OF TITL IS EXEMPT FROM FLORIDA SALES OR	EXEMPTION C	ERTIFICATE ESSEL WILL BE	INDICA 212, FL		R USE TAX DU		BY CHAPTER \$		97.50
USE TAX FOR THE REASON(S) CHECKE		IVELY FOR RENT	'AL				SELLING P	RICE VER	IFIED
I CERTIFY THAT THE CERTIFICATION OF CERTIFY THAT THIS MOTO	ICATION THE VEHICLE/VESSEL TO BE TITL FICATE OF TITLE IS LOST OR DEST FICATE OF TITLE IS LOST OR DEST FICATION OF THE SECRET ON THE SECRET ON THE SECRET OF	ROYED. SSED UPON DEFAULT OF THI RIBED VEHICLE/VESSEL. AND	E LIEN INSTRUME	ENT AND IS NOT	W IN MY POSSES	SSION.	CE IS HEREBY GIVE EFEND THE TITLE A	N THAT THERE IS GAINST ALL CLA	AN IMS.
	UNDER PENALTIES OF PERJURY								
HSMV 82041 REVISED 02/06	Signature of Applicant/Owner SCAN CODE	MVT		**************************************	Sign	ature of Applicant/	Co-Owner		*

Previous U

M436-013-67-097-0 ICENSE CLASS E ストアス

ANDREW MARTY

THE WATER

A12 ORANGE AVE

PORT ORANGE, FL 32127-445

SSUED 03-02-2017 HGT

INSTRUCTIONS FOR ATTACHING DECAL

- 1. Clean area where new annual decal is to be affixed.
- 2. Peel decal from this document.
- 3. Affix decal in the upper right corner of license plate.

IMPORTANT INFORMATION

Section 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used. For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F.S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on roads of this state.

S. 320.02 and 627.733, F.S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

Mail To: ANDREW MARTIN MILLWATER 412 ORANGE AVE PORT ORANGE, FL 32127

> CO/AGY 8 / 2 T# 1592917105 B# 4720942

FLORIDA VEHICLE REGISTRATION

PLATE	GNQC67	DECA	L 00363315	Expires	Midnight Sun	3/17/2024			
YR/MK VIN	1995/GMC 1GTGC29N9S	BODY 6E503502	PK	COLOR TITLE	GRN 105883687	Reg. Tax Init. Reg.		Class Code Tax Months	31 24
Plate Type	RGS	NET WT	4914			County Fee Mail Fee	6.00	Back Tax Mos Credit Class	
DL/FEID Date Issued	M4360136709 1/25/2022	Plate Issued	5/9/2016			Sales Tax Voluntary Fees Grand Total	92.20	Credit Months	

ANDREW MARTIN MILLWATER 412 ORANGE AVE PORT ORANGE, FL 32127

IMPORTANT INFORMATION

- 1. The Florida license plate must remain with the registrant upon sale of vehicle.
- The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
- Nour registration must be updated to your new address within 30 days of moving.
- 4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
- I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RGS - SUNSHINE STATE

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104	O Department U.S. In	of the Treasury—I	internal R	evenue Se e Tax	rvice Retu	(99) rn	2	<u> 20</u>	18		OMB No	. 1545-0074	IR	S Use	Only-Do n	ot write or	staple in	this space.
Filing status:	K Single	Married filing jointly	М	arried filing se	eparately	Head	of house	ehold	$\bot \bot$	Qualifyin	ng widow(e	er)			т			
Your first name a				Last nam	ne											ocial secu		
ANDREW				MIL	LWA'	ER									262	2-79-	.104	<u> </u>
		Someone can claim	VOI. 35 3		T	You were	e born l	before .	Januar	y 2, 195	4	You are	blind		·			
Your standard d			you as a	Last nan	ne										Spous	e's social	security	number
If joint return, sp	it joint feturn, spouse's institutine and initial																	
Spouse was born before January 2, 1954 X Full-year health care coverage																		
Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 or exempt (see instr.) Spouse its blind Spouse itemizes on a separate return or you were a dual-status alien)							
Spouse is						ere a dual-st	atus an	en					Apt.	no.	Presid	iential Elec	tion Can	npaign
	(number and street).		box, see	instructions	i .							1			(see in	str.)	ou	Spouse
	RANGE AV															e than four	denende	nts
City, town or po	st office, state, and	ZIP code. If you have	ve a foreig	gn address,	attach So	chedule 6.									1	str. and ✓		
	ANGE		FL	3212	27								Т					
Pennadonte (see instructions): (2) Social security number (3) Relationship to you (4) If qualities to (see instructions):										denendente								
(1) First name		Last	t name											Child tax	Credit	credit Credit for other dependents		
(1) Tristituito													├	-	┼	_		+
•																		+
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																	L	
Sign Unde Here corre	er penalties of perjury, I d	eclare that I have exam ation of preparer (other	nined this ref	turn and accor	mpanying so on all inform	ation of which p	preparer	has any	knowled	dge.	owledge a	nd belief, they ar	e true,					dentity Protection
1:1	Your signature					Date			occupa	IAN	~E (OFFICI	7.R			PIN, enter it here (see in		
Joint return? See instructions.												711101				If the IRS se	ent you an le	dentity Protection
Keep a copy for	Spouse's signature	e. If a joint return,bo	oth must s	ign.		Date	•	Spou	se's o	ccupation	n					PIN, enter it		
your records.														PTIN		here (see in	Check	if:
	Preparer's name					Preparer's	s signal	ture					1		01 500	EO	199	
Paid	KENTON SHE	PHARD, CPA				KENTO	N SH	EPHA	RD,	CPA				PU	01529	36	X 3	ord Party Designee
Preparer	Firm's name	KENTON	A. S	HEPHA	RD,	CPA									~= ~ ~ 4	36	X s	Self-employed
	Pitti S flame			LAND							1	Firm's EIN			55334			Juli Gripio) Gr
Use Only	er de eddense b						FL	32	720)		Phone no.		386	-736-	7200		4040
	Firm's address ure, Privacy Ac	- DELEGA	work D	eduction	Act N	otice, se	e ser	parate	ins	tructio	ns.						Form	1040 (2018
For Disclosu	ure, Privacy Ad	x, and Paper	WOIKK	Guudioi	. Aut II													

PREPARED BY AND RETURN TO:

Plamen Manolov, Esq. 500 Winderley Place, Suite 224 Maitland, FL 32751

PROPERTY APPRAISERS PARCEL I.D. NUMBER:

630314120080

QUIT CLAIM DEED

THIS QUIT CLAIM DEED Made this 8th day of October, 2018, BETWEEN KELLIE MILLWATER, a mailing address is 4 Brook SI de Lake, whose woman, Aneshung, MA 01913 . hereinafter called the grantor SINGIE

AND

ANDREW MILLWATER, an unmarried man, whose mailing address is 414 Orange Ave, Port Orange, FL 32127, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires)

WITNESSETH: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in VOLUSIA County, Florida, viz:

Lots 8, 9 and the South 1/2 of Lot 10, Block L, Amended Plan of Virginia Heights, according to the map or plat thereof, as recorded in Map Book 9, Page 92, of the Public Records of Volusia County, Florida.

This is a deed between former spouses pursuant to an action for dissolution of marriage in that certain Final Judgment of Dissolution of Marriage entered on September 5, 2017, Case 2016-32515 FMCI, in the Circuit Court of Volusia County, Florida, wherein the real property is or was the marital home or an interest therein and therefore, pursuant to Fl. S. §201.02(7), this deed is exempt from documentary stamp tax. The Grantor, Kellie Millwater, hereby relinquishes any right, title, or interest in the subject

property and any proceeds from any future sale of said property.

Property address: 414 Orange Ave, Port Orange, Florida 32127

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes and assessments accruing subsequent to December 31, 2017, and conditions, restrictions, reservations, limitations, easements of record, if any, zoning and other governmental regulations and other matters of record, provided, however, this reference shall not serve to reimpose same.

IN WITNESS WHER OF, the said Grantor has executed this Quit Claim Deed on the day and year first above written.

Signed, sealed and delivered in our presence:
hollo M. the day hollo P. L. M.
Kellie Millwater a/k/a Kellie R. Millwater
Witness Signature Witness Signature
Print Name
Lavien 11 Davis
Lunier M Maria
Witness Signature
anne M. Gosephsen
Print Name
Anne M. Josephson
1
Commonwealth of Massachusetts
Essex, ss.
On this 12 day of <u>December</u> , 2018, personally appeared before me, Kellie Millwater a/k/a
Kellie R. Millwater. who proved to me through satisfactory evidence of identification, to wit,
Massachusetts License, to be the signers of the foregoing document, and
acknowledged to me that they signed same voluntarily for its stated purpose.
[seal] Notary Public
130011
My Commission expires: GARY EVAN EVANS Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission Expires December 16, 2022

Iling Status	X	U.S. Individual Single Marrie	d filing io	ntly	Married filing separa	ately (MFS)			ousehold (HOF	,	ualifying wid	dow(er) (QW)			
Check only one box.		ou checked the MFS box, en		me of spou	se. If you checked the HO	OH or QW bo	k, enter the c	child's ha	me ii the quaii	ying person is					
Your first name				Last	name						1	social security nu			
ANDREW			A TOTAL OF THE STATE OF THE STA	MI	LLWATER							*-**- <u>16</u>			
If joint return, sp	ouse's	first name and middle initial Last name Spouse's social security number										ty number			
	e address (number and street). If you have a P.O box, see instructions. Apt. no.										1	Presidential Election Campaign Check here if you, or your spouse if filling			
		GE AVENUE										want \$3 to go to th ing a box below will			
		e, state, and ZIP code. If you	have a fo	reign addre	ss, also complete space:	s below (see i	nstructions).					refund. You			
PT ORA		<u>E </u>						T	Foreign post	al code		If more than for	ur dependents,		
Foreign country	name		Foreign	province/sta	te/county			-	, oronger poor			see instr. and	here		
Standard	S0	meone can claim:	You a	a depende	nt Your spou	se as a deper	ndent								
Deduction	Γ	Spouse itemizes on a sepa	,			•									
	-	g opodde kennedd dii d dagi													
Age/Blindness	Yo	u: Were born before	e Januar	2, 1955	Are blind	Spous	e:	Was bor	n before Janua	ary 2, 1955	lsi	olind			
Dependents	(see	nstructions):			(2) Social securi	ty number	(3)	Relations	ship to you		(4) ✓ if qu	alifies for (see instruct	ions):		
(1) First name			Last name							Child to	ax credit	Credit for oth	er dependents		
												_			
										_					
													-		
							<u></u>				4-		35,335		
	1	Wages, salaries, tips, etc	Attach	Form(s) W	-2						1		33,333		
	2a	Tax-exempt interest	. 2	<u> </u>					ach Sch. B i		2b				
	3a	Qualified dividends	. 3	1		-					41-				
	4a	IRA distributions	. 4	3		-							***************************************		
	C	Pensions and annuities	4	<u>: </u>							5b	 			
Standard Deduction for -	5a	Soc. sec. ben.	_ 5								6	 			
Single or Married filing separately,	6	Capital gain or (loss). Attac									72	-	-290		
\$12,200 • Married filing		Other income from So									7b	 	35,045		
jointly or Qualifying widow(er),		Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income									8a		12,964		
\$24,400 • Head of	8a	Adjustments to incom	e from	Schedule	1, line 22						8b		22,081		
household, \$18.350	b	Subtract line 8a from								12,20					
 If you checked 	9	Standard deduction						9		12,20	<u> </u>				
any box under Standard Deduction	10	Qualified business income						10			11a		12,200		
Deduction, see instructions.		Add lines 9 and 10									11b		9,881		
	b	Taxable income.Subtract	t line 11a	from line 8	b. It zero or less, enter -)-	-						rm 1040 (2019		

Filing Status		S. Individual I	filing jointly		larried filing separa	tely (MES)			B No. 1545-0074			not write or dow(er) (Q\		
Check only one box.	Oil 19	ecked the MFS box, ente		-			QW box, en				,	() (-,	
		a child but not your depe	endent											
Your first name ANDREY		itial		Last name MILLI	WATER						1	social secu 2 – 7 9 -	•	
If joint return, s	pouse's first n	ame and middle initial		Last name							Spou	se's social	security	number
		street). If you have a P.O	box, see ir	nstructions.						Apt. no.		Presidenti Check here spouse if fili	if you, or yo	
City, town or post office .If you have a foreign address, also complete spaces below. PT ORANGE State ZIP code 32127								to go to this box below v your tax or	vill not chan	-				
Foreign country name Foreign province/state/county Foreign postal code You								Spouse						
At anytime du	ring 2020,	did you receive, sel	l, send, e	exchange, c	r otherwise ac	quire fina	ancial inte	erest in a	any virtual cur	rency?			Yes	X No
Standard	Someon	e can claim:	You as a d	ependent	Your spouse	as a depe	endent							
Deduction	Spor	use itemizes on a separa	te return or	you were a du	al-status alien									
				_	٦					1				
Age/Blindness		Were born before .	January 2,	1956	Are blind	Spou	se:	Was bor	n before January			olind		
Dependents	(see instru	ctions):			(2) Social sec number		(:	3) Relation	-	(4)	20	alifies for (see		
f more	First name	Las	t name					to y		Child tax c	redit	Credi	for other d	pendents
than four dependents,														
see instructions and check														
here												+	_	
	4 10/	- calcaios tipo ete A	ttooh Corn	a/a\ \\\ 2	L						1		3	1,920
Attach		s, salaries, tips, etc. A exempt interest	2a	11(5) ٧٧-2		h Tav	able inter	est			2b			
Sch.B if		fied dividends	3a								3b			
required.		distributions	4a			1	able amo				4b			
		ons and annuities	5a				able amo				5b			
	Coo	sec. ben.	6a				able amo				6b			
Standard Deduction for -	va	I gain or (loss). Attach S		if required. If n	of required, check						7			2,603
Single or		r income from Sche									8			4,857
Married filing separately,	-	ines 1, 2b, 3b, 4b, 5	5b. 6b. 7	and 8. This	s is your total	ncome				•	9		2	9,666
\$12,400		stments to income:			•									
Married filing jointly or	•	Schedule 1, line 22	2					10a		8,400				
Qualifying widow(er),	b Chari	table contributions i					ctions	10b						
\$24,800		ne 10a and 10b. Th									10c			8,400
Head of household,		ract line 10c from lin		-						•	11		2	1,266
\$18,650 • If you checked		dard deduction o									12		1	2 <u>, 400</u>
any box under		ied business income dec									13			
Standard Deduction,		nes 12 and 13									14			2,400
see instructions.	15 Taxal	ole income. Subtract lin									15			8,866
For Disclosi		v Act, and Papen				separa	e instru	ctions.					Form 1	040 (2020)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury-Internal Revenue Service (99) OMB No. 1545-0074 IRS Use Only--Do not write or staple in this space. U.S. Individual Income Tax Return Head of household (HOH) Qualifying widow(er) (QW) Single Married filing jointly Married filing separately (MFS) Filing Status If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the Check only qualifying person is a child but not your dependent one box. Your social security number Your first name and middle initial 262-79-1641 MILLWATER ANDREW M Spouse's social security number If joint return, spouse's first name and middle initial Last name Presidential Election Campaign Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if you, or your spouse if filing jointly, want \$3 14025 CAPITOL DR City, town, or post office. If you have a foreign address, also complete spaces below. ZIP code to go to this fund. Checking a State 33613 box below will not change FL TAMPA your tax or refund. Foreign postal code Foreign province/state/county Foreign country name Spouse You At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? No Yes Your spouse as a dependent You as a dependent Someone can claim: Standard Spouse itemizes on a separate return or you were a dual-status alien Deduction Are blind Spouse: | Was born before January 2, 1957 Were born before January 2, 1957 You: Age/Blindness (4) / if qualifies for (see inst.): (2) Social security (3) Relationship Dependents (see instructions): Child tax credit | Credit for other dependents to you number (1) First name Last name If more than four dependents, see instructions and check here 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 2b b Taxable interest Attach Tax-exempt interest 2a 3b Sch. B if **b** Ordinary dividends За Qualified dividends..... required. 4b b Taxable amount IRA distributions 4a 065 b Taxable amount ROLLOVER... 5b 447,065 5a Pensions and annuities 5a Standard 6b b Taxable amount Social security benefits Deduction for-6a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Single or Married 8 Other income from Schedule 1, line 10 filing separately, 8 513 \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income..... 9 Married filing 8,400 10 jointly or

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Add lines 12a and 12b

Add lines 12c and 13

Subtract line 10 from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Qualified business income deduction from Form 8995 or Form 8995-A

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Charitable contributions if you take the standard deduction (see instructions) 12b

Form 1040 (2021)

11

12c

13

14

15

10

11

12a

b

C

13

Qualifying

widow(er). \$25,100

 Head of household,

\$18 800

Standard

Deduction,

If you checked

any hox under

see instructions.

[€] 1040	Department U.S. II	nt of the Treasury—II ndividual In	nternal Revenue	Service x Returi	n	2022)		lo. 1545-007		S Use Only					
Filing Statu	ıs X	Single Mar	ried filing join	ntly N	/larried	d filing separ	atel	y (MFS)	Head of h	ousehold	(HOH)	Qualif	ying	nama	if the	ie (QSS)
Check only	If y	Single I war ou checked the	MFS box, e	inter the n	ame o	of your spous	se. I	If you check	ed the HOH	or QSS b	ox, enter	the cri	iiu s	Hairie	H LIIC	
one box.	qua	alifying person	is a child but	not your	depen	ident:					Your so					,
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If joint return,	, spouse	's first name ar	nd middle init	tial		Last name	9				Shonse	2 3 30	Ciai	Seçui	ity iiu	
Home addres	ss (numi	ber and street).	If you have	a P.O. box	x, see	instructions.			Apt. no.		Presid Check				_	aign
14025 C											spouse	if filin	g joi	ntly, w	ant \$3	ś
City, town, or p	ost office	. If you have a for	reign address, a	also complet	te spac	es below.	S	tate	ZIP code		to go to					į.
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Foreign cour	ntry nam	е	F	oreign pro	ovince	/state/count	У		Foreign po	stal code	yourta	x or re	Γ	You		Spouse
Digital	Ata	ny time during 202	22, did you: (a) i	receive (as a	reward	d, award, or pa	yme	nt for proper	y or services);	or (b) sell,			Γ	Yes	×	40
Assets	exc	ny time during 202 hange, gift, or oth	erwise dispose	of a digital	asset (or a financial in	itere	est in a digital	asset): (Occ III							
Standard	Soi	meone can cla		as a depe		1 1			dependent							
Deduction		Spouse item	nizes on a se	parate reti	urn or											
Age/Blindnes	s You	u. ☐ Were bo	orn before Ja	anuary 2, 1	1958	Are blir	nd	Spouse:	Was born	before Ja	nuary 2, 1	958	Щ	Is bli	nd ox if qu	alifies
Dependents								(2) Soci	al security	(3) Rela		1	10	or (see		
Dependents		First name	l as	st name				n	umber	to	you	Chile	d tax	credit	depe	for other ndents
If mara		1 list harrie		J. Harris									Н			4
If more than four							14						\dashv			
dependents, see instructions	5												\dashv			
and check here							***						Ш			
Income	18	Total amour	nt from Form	(s) W-2, b	00x 1 (see instructi	ons	;)				1a				
meome	1	household	employee wa	ages not re	eporte	d on Form(s	s) W	<i>I</i> -2				1b				
Attach Form W-2 here. A	(s)	: Tip income	not reported	on line 1a	a (see	instructions)	٠.					1c				
attach Form	100	Medicaid w	aiver payme	nts not rep	orted	on Form(s)	W-:	2 (see instr	uctions)			1d				
W-2G and		Taxable de	pendent care	benefits	from F	orm 2441, li	ne 2	26				1e				
1099-R if tax was withhele	Α	Employer-	provided ado	ption ben	efits fr	om Form 88	39,	line 29				1f				
If you did not		g Wages from	n Form 8919,	line 6								1g				
If you did not get a Form	•	h Other earne	ed income (s	ee instruc	tions)							1h				
W-2, see		i Nontaxable	combat pay	election (see in	structions) .			1i							
instructions.			a through 1h									1z				
Attach	2		ot interest					b Taxabl	e interest			2b				1.0
Sch. B if			idends	i(a					ry dividends			3b				10
required	4		utions					b Taxabl	e amount			4b				
Champland		-	nd annuities					b Taxabl	e amount			5b			106	,620
Standard			urity benefits	6a				b Taxabl	e amount			6b				
Deduction Single or Ma		c If you elect to	o use the lump-		n meth	od, check her	e (se	e instruction	s)		Ц					450
filing separa		Capital gain o	or (loss). Attach	Schedule [) if req	uired. If not re	quire	ed, check her	e		Ц	7				-458
\$12,950 Married filin	4 _	Other inco	me from Sch	edule 1, li	ne 10							8				176
jointly or	9 9	Add lines 1	z, 2b, 3b, 4b	o, 5b, 6b, 7	7, and	8. This is yo	our	total incon	ne			9				,996
Qualifying surviving spi	1) Adjustmen	ts to income	from Sche	edule	1, line 26						10				400
\$25,900	11	Subtract lir	ne 10 from lir	ne 9. This	is you	r adjusted g	gros	ss income				11				,596
 Head of household, 	12	Standard	deduction o	r itemized	d ded	uctions (from	m S	chedule A)				12			12	950
\$19,400	13	Qualified b	usiness inco	me deduc	ction fr	om Form 89	95	or Form 899	95-A			13				
If you check any box und	ed	Add lines	12 and 13									14				950
Standard	15	Subtract line	14 from line 1	1. If zero or l	less, en	ter -0 This is	you	r taxable ii	ncome			15			34	1,646
Deduction, see instruct															A 4 6	



JPMorgan Chase Bank, N.A. P O Box 659754 San Antonio, TX 78265 - 9754

412 ORANGE AVE PORT ORANGE FL 32127-4445 December 16, 2016 through January 18, 2017
Account Number: 00000600021898

CUSTOMER SERVICE INFORMATION

Web site:	Chase.com
Service Center:	1-800-935-9935
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679



CHECKING SUMMARY

Chase Premier Plus Checking

Beginning Balance	AMOUNT \$580.61
Deposits and Additions	4,350.08
ATM & Debit Card Withdrawals	-1,014.84
Electronic Withdrawals	-3,664.00
Ending Balance	\$251.85

Annual Percentage Yield Earned This Period

0.00%

Interest paid in 2016 for account 000000600021898 was \$0.02.

DATE	DESCRIPTION DETAIL DESCRIPTION	AMOUNT	BALANCE
2/	Beginning Balance		\$580.61
12/16	Card Purchase 12/15 Mcdonald's F7222 Port Orange FL Card 5517	- 5.32	575.29
	Card Purchase 12/19 Sbarro 751 Daytona Beach FL Card 5517	- 7.55	567.74
12/20 12/20	Card Purchase With Pin 12/20 Labosco Jewelry Castle Port Orange FL Card 5517	- 140.00	427.74
12/21	Card Purchase 12/20 Greenberg Dental3M Daytona Beach FL Card 5517	- 143.40	284.34
10/00	12/22 Online Transfer To Chk6860 Transaction#: 5885449435	- 84.00	200.34
12/22	Card Purchase With Pin 12/22 Wal-Mart Super Center Port Orange FL Card 5517	- 33.13	167.21
12/22	Card Purchase With Pin 12/22 Wal-Mart Super Center Port Orange FL Card 5517	- 17.40	149.81
12/27	Card Purchase 12/23 Greenberg Dental & O Daytona Beach FL Card 5517	- 97.20	52.61
12/27	Card Purchase 12/25 Nta-Swa/Adhoc/Recurri 888-671-6771 TX Card 5517	- 21.50	31.11
12/29	County of Volusi Payroll PPD ID: 1596000885	1,976.35	2,007.46
	12/29 Online Transfer To Chk6860 Transaction#: 5898315131	- 1,500.00	507.46
12/29	Card Purchase 12/29 Tmobile*Postpaid Tel 800-937-8997 WA Card 5517	- 288.06	219.40
01/03	Card Purchase 12/31 Speedway 06426 Port Orange FL Card 5517	- 20.00	199.40



JPMorgan Chase Bank, N.A. P O Box 659754 San Antonio, TX 78265 - 9754

00085441 DRE 021 219 35017 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 November 16, 2017 through December 15, 2017

Account Number: 000000600021898

CUSTOMER SERVICE INFORMATION

Web site:	Chase.com
Service Center:	1-800-935-9935
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679



CHECKING SUMMARY

PORT ORANGE FL 32129-385

Chase Premier Plus Checking

	AMOUNT
eginning Balance	\$302.77
eposits and Additions	9,789.91
necks Paid	-300.00
FM & Debit Card Withdrawals	-850.52
ectronic Withdrawals	-1,937.93
other Withdrawals	-1,964.82
nding Balance	\$5,039.41
nual Percentage Yield Earned This Period	0.01%
terest Paid This Period	\$0.01
nterest Paid Year-to-Date	\$0.26

Thank you for your military service and commitment to our country. Your monthly service fee was waived as a benefit of Chase Military Banking.

CHECKS PAID

119 ^ 11/17	\$300.00
	\$300.00
CHECK NUMBER DATE PAID	AMOUNT

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

TRANSACTION DETAIL

111741	TOAUTION DETINE			
DATE	DESCRIPTION		AMOUNT	\$302.77
	Beginning Balance			¥
44/46	County of Volusi Payroll	PPD ID: 2596000885	2,269.52	2,572.29
11/16	County of Volusi 1 dyron	/17 Lowe's #741 Port Orange FL Card 3425	-28.91	2,543.38
11/17		/1/ Lowes #/41 Fort Clarigo 12 Gard G 122	-646.16	1,897.22
11/17	11/17 Withdrawal		-300.00	1.597.22
11/17	Check # 11			1,440.80
11/20	Card Purchase 11/19 3425	Security First Insuran 877-3339992 FL Card	-156.42 	1,440.60

[^] An image of this check may be available for you to view on Chase.com.



JPMorgan Chase Bank, N.A. P O Box 659754 San Antonio, TX 78265 - 9754

00088536 DRE 021 219 01818 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-385 December 16, 2017 through January 17, 2018
Account Number: 00000600021898

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679



We eliminated a fee for sending certain online international wires and updated our Deposit Account Agreement

The following changes were made November 12, 2017:

- There is no Chase fee when you use chase com or the Chase Mobile[®] app to send a wire transfer from a checking account to a bank outside of the U.S. in a foreign currency when the transfer amount is the equivalent of USD \$5,000 or more. As a reminder, there is never a Chase fee to send a wire from a Chase Private Client Checking account.
- We published an updated version of our Deposit Account Agreement. You can get the latest agreement at chase.com/disclosures, at a branch or by request when you call us. Here's what you should know:
 - We didn't change how we calculate your Available Balance but we clarified how it's defined. (Definitions)
 - We added language to explain our duty to act in good faith and with reasonable care. (General Account Terms, Section I, Rules Governing your Account)
 - We added language to explain how we would notify you if we ever transferred your account to a different business unit within JPMorgan Chase Bank. (General Account Terms, Section I, Changes to the Agreement)

Please call us at the number on this statement if you have any questions.

CHECKING SUMMARY

Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$5,039.41
Deposits and Additions	5,503.71
ATM & Debit Card Withdrawals	-2,387.22
Flectronic Withdrawals	-2,277.03
Other Withdrawals	-1,372.32
Ending Balance	\$4,506.55
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.03
Interest Paid Year-to-Date	\$0.03

Interest paid in 2017 for account 000000600021898 was \$0.26.



Overdraft and Overdraft Fee Information for Your Chase Checking Account

What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

- We have standard overdraft practices that come with your account.
- We also offer overdraft protection through a link to a Chase savings account, which may be less expensive than our standard overdraft practices. You can contact us to learn more.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Recurring debit card transactions

We **do not** authorize and pay overdrafts for the following types of transactions, unless you ask us to (see below):

Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if Chase pays my overdraft?

Under our standard overdraft practices:

- If we pay an item, we'll charge you a \$34 Insufficient Funds Fee per item. This fee is not charged if your
 account balance at the end of the business day is overdrawn by \$5 or less, or for items that are \$5 or less.
- We won't charge more than three Insufficient Funds Fees per day, for a total of \$102.

We waive fees for some account types:

- For Chase Sapphire SM Checking accounts, we waive the Insufficient Funds and Returned Item fees if you've had four or fewer Insufficient Funds or Returned Item occurrences in the past 12 months.
- For Chase Private Client CheckingSM accounts, we waive the Chase overdraft fees.

What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?

If you or a joint account owner would like to change your selection, sign in to chase.com to update your account settings, or call us anytime at 1-800-935-9935 (or collect at 1-713-262-1679 if outside the U.S.), or visit a Chase branch.



November 17, 2018 through December 17, 2018

000000600021898 Account Number:

TRAN	ISACTION DETAIL (continued)		
DATE	DESCRIPTION	AMOUNT	BALANCE
12/07	ATM Check Deposit 12/07 3825 S Nova Rd Port Orange FL Card 3425	1,500.00	2,628.01
12/07	Card Purchase 12/05 Numberbarn 844-444-2276 NC Card 3425	-6.69	2,621.32
12/07	12/07 Withdrawal	-931.25	1,690.07
	Deposit 1832255020	500.00	2,190.07
12/10 12/11	Card Purchase With Pin 12/11 7-Eleven Lake Mary FL Card 3425	-24.60	2,165.47
12/12	Card Purchase With Pin 12/12 Save A Lot #346 Port Orange FL Card 3425	-25.85	2,139.62
	County of Volusi Payroll PPD ID: 2596000885	1,995.52	4,135.14
12/13 12/13	Card Purchase 12/12 Greenberg Dental & OR Ormond Beach FL Card 3425	-29.00	4,106.14
12/13	Card Purchase 12/13 Ebay 800-456-3229 800-4563229 CA Card 3425	-13.12	4,093.02
12/14	ATM Withdrawal 12/14 3825 S Nova Rd Port Orange FL Card 3425	-2,500.00	1,593.02
12/17	Card Purchase 12/15 Mcdonald's M7855 of Daytona Beach FL Card 3425	-8.52	1,584.50
12/17	Recurring Card Purchase 12/15 Geico *Auto 800-841-3000 DC Card 3425	-104.55	1,479.95
12/17	Primerica Life Ins. Prem PPD ID: 1041590590	-103.70	1,376.25
12/17	Interest Payment	0.02	1,376.27
12/1/	Ending Balance		\$1,376.27

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error

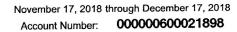
Prepared to give us the following information:
 Your name and account number
 The dollar amount of the suspected error
 A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.
 We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC







CHECKING SUMMARY

Chase Premier Plus Checking

OTILOTATIO COMMINICATI	
	AMOUNT
Beginning Balance	\$4,355.20
Deposits and Additions	5,045.53
Checks Paid	-515.75
ATM & Debit Card Withdrawals	-3,261.58
Electronic Withdrawals	-315.88
Other Withdrawals	-3,931.25
Ending Balance	\$1,376.27
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.02
Interest Paid Year-to-Date	\$0.26

Thank you for your military service and commitment to our country. Your monthly service fee was waived as a benefit of Chase Military Banking.

CHECKS PAID

Total Checks Paid		\$515.75
125 ^	11/23	\$515.75
CHECK NUMBER	DATE PAID	AMOUNT

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

[^] An image of this check may be available for you to view on Chase.com.

TRAN	SACTION DETAIL		
DATE	DESCRIPTION	AMOUNT	BALANCE
DAIL	Beginning Balance		\$4,355.20
11/20	Deposit 1832105433	0.01	4,355.21
11/20	Card Purchase 11/19 Security First Insuran 877-3339992 FL Card 3425	-136.50	4,218.71
11/20	Recurring Card Purchase 11/19 Tmobile*Postpaid Tel 800-937-8997 WA Card 3425	-192.49	4,026.22
11/21	Card Purchase With Pin 11/21 Chevron/Mini Chevron Daytona Beach FL Card 3425	-24.00	4,002.22
11/23	Check # 125	-515.75	3,486.47
11/26	11/26 Withdrawal	-3,000.00	486.47
11/29	County of Volusi Payroll PPD ID: 2596000885	1,049.98	1,536.45
11/29	Card Purchase With Pin 11/29 Wawa 5172 Port Orange FL Card 3425	-23.00	1,513.45
11/30	Card Purchase 11/29 City of Port Orange I 386-506-5707 FL Card 3425	- 72.78	1,440.67
12/03	Card Purchase 11/30 Mcdonald's M6640 of Daytona Beach FL Card 3425	-18.39	1,422.28
12/03	Card Purchase With Pin 12/03 The UPS Store #0787 Daytona Beach FL Card 3425	-21.21	1,401.07
12/03	Card Purchase With Pin 12/03 The UPS Store #0787 Daytona Beach FL Card 3425	-11.58	1,389.49
12/03	Card Purchase With Pin 12/03 7-Eleven Sanford FL Card 3425	-8.66	1,380.83
12/03	Card Purchase With Pin 12/03 Winn Dixie #2416 13508 Tampa FL Card 3425	-40.64	1,340.19
12/03	Fpl Direct Debit Elec Pymt 0298756057 Webi Web ID: 3590247775	-212.18	1,128.01



00122249 DRE 021 219 35218 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-0385 November 17, 2018 through December 17, 2018
Account Number: 00000600021898

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679



We updated our Deposit Account and Wire Transfer Agreements

The following changes were made November 11, 2018:

- We published an updated version of our Deposit Account Agreement. You can get the latest agreement at chase.com/disclosures, at a branch or by request when you call us. Here's what you should know:
 - We added a section to describe our new Autosave feature, which allows you to make automatic transfers from your checking account to your savings account. (New section in General Account Terms, Section B, Autosave feature)
 - We no longer charge an Extended Overdraft Fee. (General Account Terms, Section C, Insufficient Funds and Returned Item fees)
 - We added an address for reporting a dispute if you believe we provided incomplete or inaccurate information about your account to a consumer reporting agency. (New section in General Account Terms, Section I, Disputing information reported to a consumer reporting agency)
- We updated our Wire Transfer Agreement, here's what you should know:
 - You will still receive email notifications on the status of your wire transfer. However, we added that if we're unable to send an email due to system failures or outages, it's your responsibility to monitor your account for the status of your wire transfer.
 - We clarified that you should expect your foreign exchange rate to be less favorable than rates quoted online or in publications.

Please call us at the number at the top of this statement if you have any questions.

We want to remind you about the overdraft service options that are available for your personal checking account(s)

We've included information on the last page of this statement to remind you about our overdraft services and associated fees. You can find more information about these services and ways to avoid overdraft fees at chase com/overdraft-services.

If you have questions, please call us anytime at the number on your statement.



December 18, 2018 through January 16, 2019
Account Number: 000000600021898

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679

00122365 DRE 021 219 01719 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-0385

0122365010100000021

We are clarifying the fee for incoming wires

On March 17, 2019, we're updating the document explaining our Additional Banking Services and Fees to clarify that the fee for an incoming wire is \$0 if it is sent from another Chase account with the help of a Chase banker or through chase.com or the Chase Mobile® app.

As a reminder, our standard fee to receive a wire is \$15, however, some of our products do not charge this fee.

Please call the number on this statement if you have any questions.

CHECKING SUMMARY

Chase Premier Plus Checking

CHEOKING SOMMAN:	
	AMOUNT
Beginning Balance	\$1,376.27
Deposits and Additions	2,922.95
ATM & Debit Card Withdrawals	-2,392.50
Electronic Withdrawals	-314.01
Other Withdrawals	-215.75
Ending Balance	\$1,376.96
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.01
Interest Paid Year-to-Date	\$0.01

Interest paid in 2018 for account 000000600021898 was \$0.26.

TRAN	VSACTION DE	TAIL		
DATE	DESCRIPTION	and the second second	AMOUNT	BALANCE
DATE	Beginning Balan	ce		\$1,376.27
12/18		n Pin 12/18 Wawa 5172 Port Orange FL Card 3425	-18.51	1,357.76
12/20	Card Purchase 3425	12/19 Total Wine Com 0923 301-7951000 FL Card	-519.91	837.85
12/20	Card Purchase	12/19 Publix #1450 Port Orange FL Card 3425	-237.83	600.02



November 19, 2019 through December 16, 2019
Account Number: 00000600021898

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679

00190408 DRE 021 219 35119 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-0385

01904080101000000021

CHECKING SUMMARY

Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$2,638.35
Deposits and Additions	2,625.17
ATM & Debit Card Withdrawals	-660.81
Flectronic Withdrawals	-2,087.72
Ending Balance	\$2,514.99
Annual Percentage Yield Earned This Pe	eriod 0.01%
Interest Paid This Period	\$0.02
Interest Paid Year-to-Date	\$1.31

IHAN	ISACTION DETAIL	AMOUNT	BALANCE
DATE	DESCRIPTION	AMOON	\$2,638.35
	Beginning Balance		
11/19	Card Purchase With Pin 11/19 Bp#8238115Circl Port Orange FL Card 3026	-7.66	2,630.69
11/21	11/08/2019 Reversal: Smighealthins Phonecheck	182.00	2,812.69
11/21	11/07/2019 Reversal: Smighealthins Phonecheck	182.00	2,994.69
11/21	10/09/2019 Reversal: Smighealthins Phonecheck	182.00	3,176.69
11/25	Card Purchase 11/22 Ncourt *Flvolusiacoswp Deland FL Card 3026	-227.70	2,948.99
11/27	County of Volusi Payroll PPD ID: 2596000885	718.55	3,667.54
11/29	Card Purchase 11/27 Salsa Port Orange FL Card 3026	-10.31	3,657.23
	Deposit 1912679649	775.42	4,432.65
12/02	Lakeview Ln Srv Mtg Pymt PPD ID: 1541322890	-1,137.27	3,295.38
12/02 12/03	Card Purchase 12/03 Metropcs Mobile Web 888-863-8768 WA Card	-103.00	3,192.38
10/00	3026 Card Purchase With Pin 12/03 Bp#8237554Circl Deland FL Card 3026	-27.01	3,165.37
12/03	Card Purchase With Pin 12/08 Ck 2726268 Port Orange FL Card 3026	-8.29	3,157.08
12/09	Card Purchase With Pin 12/08 Ck 2/26/266 Port Orange 12 October 1	-26.20	3,130.88
12/10	Card Purchase With Pin 12/10 Bj's Fuel #9361 1800 D Port Orange FL Card 3026		,
12/12	County of Volusi Payroll PPD ID: 2596000885	585.18	3,716.06
12/12	Card Purchase With Pin 12/12 City of Port Orange Port Orange FL Card 3026	-195.94 	3,520.12



December 17, 2019 through January 16, 2020 Account Number: **000000600021898**

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679

00194061 DRE 021 219 01720 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-0385



CHECKING SUMMARY

Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$2,514.99
Deposits and Additions	979.65
ATM & Debit Card Withdrawals	-292.11
Electronic Withdrawals	-1,393.62
Ending Balance	\$1,808.91
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.02
Interest Paid Year-to-Date	\$0.02

Interest paid in 2019 for account 000000600021898 was \$1.31.

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IRA	NSACTION DETAIL		
DATE	DESCRIPTION	AMOUNT	BALANCE
DAIL	Beginning Balance		\$2,514.99
12/17	Card Purchase With Pin 12/17 Racetrac 2441 Daytona Beach FL Card 3026	-27.87	2,487.12
12/18	Card Purchase 12/17 Dustins - Deland Deland FL Card 3026	-25.80	2,461.32
12/19	Card Purchase With Pin 12/19 Bp#8238115Circl Port Orange FL Card 3026	-27.86	2,433.46
12/23	Card Purchase 12/21 Sonny's Bbq #213 Deland FL Card 3026	-8.83	2,424.63
12/23	Card Purchase With Pin 12/21 Ck 2726268 Port Orange FL Card 3026	-14.28	2,410.35
12/23	Card Purchase With Pin 12/21 Ck 2726268 Port Orange FL Card 3026	-11.78	2,398.57
12/23	Card Purchase With Pin 12/22 7-Eleven Daytona Beach FL Card 3026	-26.37	2,372.20
12/23	Card Purchase 12/22 Firehouse Subs #104 N. Deland FL Card 3026	-27.01	2,345.19
12/23	Card Purchase With Pin 12/23 Bp#8238222Circl Deland FL Card 3026	-24.35	2,320.84
12/26	County of Volusi Payroll PPD ID: 2596000885	585.19	2,906.03
12/26	Card Purchase With Pin 12/26 Bp#8238115Circl Port Orange FL Card 3026	-6.69	2,899.34
01/08	Card Purchase With Pin 01/08 Bp#8238115Circl Port Orange FL Card 3026	-24.09	2,875.25
	County of Volusi Payroll PPD ID: 2596000885	394.44	3,269.69
01/09	Kmf Kmfusa.Com PPD ID: 9200704262	-600.00	2,669.69



November 18, 2020 through December 15, 2020 00000600021898 Account Number:

CUSTOMER SERVICE INFORMATION

Web site: Chase.com 1-800-935-9935 Service Center: 1-800-242-7383 Deaf and Hard of Hearing: 1-877-312-4273 Para Espanol: International Calls: 1-713-262-1679

00188529 DRE 021 219 35120 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-0385

CHECKING SUMMARY Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$7,502.13
Deposits and Additions	665.94
TM & Debit Card Withdrawals	-618.74
ectronic Withdrawals	-890.11
ectronic Withdrawals ther Withdrawals	-1,470.59
nding Balance	\$5,188.63
nual Percentage Yield Earned This Period	0.01%
terest Paid This Period	\$0.05
terest Paid Year-to-Date	\$0.39

TR	AN	SA	CTI	ON	DE	TA	IL

	PECCEPITION	AMOUNT	BALANCE
DATE	DESCRIPTION		\$7,502.13
	Beginning Balance	-21.15	7,480.98
11/19	Card Purchase With Pin 11/19 Pilot #0094 Punta Gorda FL Card 6575		
11/20	Card Purchase With Pin 11/20 Winn-Dixie #02 1155 Miami FL Card 6575	-40.10	7,440.88
11/20	Card Purchase With Pin 11/20 Raceway6849 Cocoa FL Card 6575	-21.55	7,419.33
11/23	Card Purchase With Pin 11/22 Wal-Mart Super Cente Daytona Beach FL Card 6575	-68.90	7,350.43
11/25	County of Volusi Payroll PPD ID: 2596000885	165.89	7,516.32
11/25	Card Purchase 11/24 Hialeah Gardens U Gas Hialeah Gdns FL Card 6575	-20.85	7,495.47
11/25	Card Purchase With Pin 11/25 Wm Superc Wal-Mart Sup Tampa FL Card 6575	-39.97	7,455.50
11/30	Card Purchase 11/29 FL Dept of Health Mqa 850-488-0595 FL Card 6575	-20.00	7,435.50
11/30	Card Purchase 11/29 FL Dept of Health Mqa 850-488-0595 FL Card 6575	-45.00	7,390.50
11/30	Card Purchase 11/30 Marathon Petro149567 Tampa FL Card 6575	-15.95	7,374.55
12/01	Card Purchase 11/30 Metropcs Mobile Web 888-863-8768 WA Card 6575	-102.00	7,272.55
12/01	Card Purchase With Pin 12/01 Wawa 5202 Vero Beach FL Card 6575	-23.65	7,248.90



December 16, 2020 through January 19, 2021 Account Number: **000000600021898**

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679

00187403 DRE 021 219 02021 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129-0385



CHECKING SUMMARY

Chase Premier Plus Checking

AMOUNT
\$5,188.63
58,424.08
-4,329.16
-2,409.70
-2,198.31
\$54,675.54
0.01%
\$0.24
\$0.24

Interest paid in 2020 for account 000000600021898 was \$0.39.

Thank you for your military service and commitment to our country. Your monthly service fee was waived as a benefit of Chase Military Banking.

CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT
132 ^	01/15	\$3,500.00
159 * ^	01/04	829.16
		A4 000 40

Total Checks Paid \$4,329.

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

- * All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.
- ^ An image of this check may be available for you to view on Chase.com.



November 17, 2021 through December 15, 2021
Account Number: 00000600021898

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Deaf and Hard of Hearing:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679

00180217 DRE 021 219 35021 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129



We've eliminated an overdraft fee & updated when we charge fees

Good news — we've made two changes to help ensure you're not charged as many overdraft fees.

- 1. We're no longer charging a Returned Item Fee for items returned unpaid when you don't have a sufficient balance in your account.
- 2. We're no longer charging an Insufficient Funds Fee if your account balance is overdrawn by \$50 or less at the end of the business day. As a reminder, if you overdraw your account by more than that, then during our nightly processing we will charge a \$34 Insufficient Funds Fee per item beginning with the first item that overdraws your account balance by more than \$50 (maximum of 3 fees per business day, up to \$102).

We pay overdrafts at our discretion so we don't guarantee that we will always pay any type of transaction. As a reminder, overdraft services are not available for Chase Secure CheckingSM or Chase First CheckingSM. Standard Overdraft Practice and Chase Debit Card CoverageSM are not available for Chase High School CheckingSM.

For additional information on our overdraft services and associated fees, please see the last page of this statement. If you have questions, please visit **chase.com/overdraft** or call us at the number on your statement. We accept operator relay calls.

CHECKING SUMMARY

Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$2,410.65
Deposits and Additions	20,810.10
ATM & Debit Card Withdrawals	-1,192.06
Electronic Withdrawals	-845.86
Ending Balance	\$21,182.83
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.10
Interest Paid Year-to-Date	\$1.79



December 16, 2021 through January 18, 2022

000000600021898 Account Number:

CUSTOMER SERVICE INFORMATION

Web site:	Chase.com
Service Center:	1-800-935-9935
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

00180407 DRE 021 219 01922 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER PO BOX 290385 PORT ORANGE FL 32129



CHECKING SUMMARY

Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$21,182.83
Deposits and Additions	205.01
Checks Paid	-1,562.99
ATM & Debit Card Withdrawals	-2,457.99
Electronic Withdrawals	-1,520.24
Ending Balance	\$15,846.62
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.16
Interest Paid Year-to-Date	\$0.16

Interest paid in 2021 for account 000000600021898 was \$1.79.

Thank you for your military service and commitment to our country. Your monthly service fee was waived as a benefit of Chase Military Banking.

CHE	CKS	PAID
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Total Checks Paid

CHECK NUMBER	DATE PAID	AMOUNT
137 ^	12/16	\$500.00
138 ^	12/22	1,000.00
139 ^	01/10	40.00
140	01/10	22.99
Total Checks Paid		\$1,562.99

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

[^] An image of this check may be available for you to view on Chase.com.



November 17, 2022 through December 15, 2022 Account Number: **000000600021898**

CUSTOMER SERVICE INFORMATION

 Web site:
 Chase.com

 Service Center:
 1-800-935-9935

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679

00170653 DRE 021 219 35022 NNNNNNNNNN 1 000000000 11 0000 ANDREW M MILLWATER 14025 CAPITOL DR TAMPA FL 33613-2111



Get tips for spotting a scam

The four common signs it's a scam are: pretending to be someone you know, pressuring you to act immediately, presenting you with a conditional prize or problem, or asking you to pay in a specific way.

To learn more and see tips on how to help protect your money, visit chase.com/FraudAwareness

CHECKING SUMMARY

Chase Premier Plus Checking

	AMOUNT
Beginning Balance	\$33,575.86
Deposits and Additions	0.23
ATM & Debit Card Withdrawals	-783.13
Electronic Withdrawals	-7,795.22
Ending Balance	\$24,997.74
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.23
Interest Paid Year-to-Date	\$4.55

TRANSA	CTION	DETAIL
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DATE	DESCRIPTION	AMOUNT	BALANCE
DATE	Beginning Balance	AMOON	\$33,575.86
11/21	Wells Fargo Card Copymt 90496411781242 Web ID: 3411650794	-102.46	33,473.40
11/22	American Express ACH Pmt W5046 Web ID: 2005032111	-100.00	33,373.40
11/23	Card Purchase 11/22 Whitemountainbypassion 31854000994 Card 6575	-9.00	33,364.40
11/23	Recurring Card Purchase 11/22 Mktgsystem Httpsyourauto NJ Card 6575	-40.00	33,324.40
11/23	Truist Mc/Visa Olb Pymt 5481909825 Web ID: 4470535472	-130.63	33,193.77
11/23	11/23 Online Payment 15622185937 To Florida State Disbursement Unit	-705.25	32,488.52
11/23	Payment For Amz Storecard 2253118826 Web ID: 9069872103	-1,568.99	30,919.53
11/23	Card Purchase With Pin 11/23 Winn Dixie #2416 13508 Tampa FL Card 6575	-87.69	30,831.84
11/28	Card Purchase 11/25 Nic*-FL Dept Hlth Mqa Egov.Com FL Card 6575	-50.00	30,781.84