

JAN 06 2003

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF YAVAPAI

FILED
JAN 06 2003
10:00 AM
JEANNE HICKS, Clerk
Deputy

FAMILY LAW COMMISSIONER

JEANNE HICKS, CLERK

HON. RHONDA L. REPP

BY: Angel Kinkad

CASE NO. DO 998-0497

DATE: January 6, 2003

TITLE:

WENDY P. (WALKER) HEALD

COUNSEL:

Pro Per
285 El Camino Grande
Sedona, AZ 86336
(For Petitioner)

(Petitioner),

v.

JONATHAN F. WALKER

Pro Per
P.O. Box 4321
Sedona, AZ 86340-4321
(For Respondent)

(Respondent).

STATE OF ARIZONA, ex rel.; THE
DEPT. OF ECONOMIC SECURITY

Amy Young
Asst. Attorney General
CSSA

(Third Party)

(For Third Party)

UNDER ADVISEMENT RULING

The Court having taken this matter under advisement, having received the Petitioner's Affidavit Re: Health Insurance for the Parties' Minor Children and no Response having been filed,

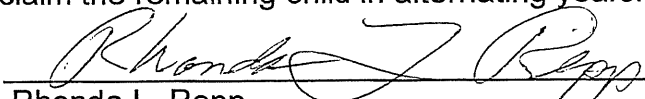
IT IS HEREBY ORDERED custody of both children shall be vested in Petitioner, subject to reasonable visitation by Respondent. Based upon the evidence presented and the pleadings on file, child support is modified as follows:

Respondent's gross monthly income is \$4,167.00; Petitioner's gross monthly income is \$2,500.00, for a combined monthly income of \$6,667.00. There are two children in need of support and the basic child support for the children is \$1,251.00. There is an adjustment of \$184.00 medical insurance paid by Petitioner. There is an adjustment of \$125.00 for two children over twelve. There is a visitation cost adjustment of \$63.00. Respondent's proportionate share of the income is 60% and Petitioner's is 40% and the monthly support to be ordered is \$873.00.

Respondent shall pay current child support of \$873.00 plus a Clearinghouse processing fee of \$2.25 per month for a total monthly support payment of \$875.25 commencing November 1, 2002.

Petitioner is ordered to provide medical and dental insurance for the children.

The parties may claim one child each year for tax purposes until the oldest child emancipates, thereafter, the parties may claim the remaining child in alternating years.



Rhonda L. Repp
Family Law/Judge Pro Tem

cc: Div. 1

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

FAMILY LAW/JUDGE PRO TEM

JEANNE HICKS, CLERK

HON. RHONDA L. REPP

BY: Diane E. Riley, Deputy Clerk

CASE NO. DO 9980497

DATE: November 5, 2002

TITLE:

COUNSEL:

WENDY (WALKER) HEALD

In Pro Per
285 El Camino Grande
Sedona, AZ 86336

(Petitioner)

(For Petitioner)

and

JONATHAN FITZALAN WALKER

William N. Lundy
P. O. Box 220
Sedona, AZ 86339

(Respondent)

(For Respondent)

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC SECURITY

Amy Absher Young
Asst. Attorney General / CSSA

(Third Party)

(For Third Party)

HEARING ON:

NATURE OF PROCEEDINGS

TAPE #

MODIFICATION

324B

APPEARANCES: Wendy Heald, Petitioner
William N. Lundy, Counsel for Respondent
Amy Young, Counsel for the State

The parties are advised that the Court approved the ADR recommendations on October 22, 2002.

Counsel for Respondent advises that he has not spoken with his client so he is unable to advise the Court as to whether the Respondent is in full agreement with the recommendations.

The Court reads the Respondent's Request for Vacation of November 5, 2002 Hearing to the parties, which indicates that all matters were resolved in ADR with the exception of the custody of their fifteen year old son and the dependant tax exemption. The Request indicates that Respondent no longer contests either of those issues.

Petitioner sworn and testified.

Petitioner advises she may be able to obtain health insurance for the one child at \$120 per month and for the other child at \$80 per month.

Based upon information provided by the parties' agreement as to their monthly income the Court roughly calculates what support would be if there was a medical and visitation cost adjustment. However, the Court needs additional information from the parties to make a determination.

Petitioner is ordered to provide a written affidavit and documentation from an insurance carrier regarding the cost and coverage for health insurance within 15 days of this date to Counsel for Respondent and Counsel for the State.

Respondent shall have 10 days thereafter to file response or an objection, and then the matter will be deemed submitted at that time.

Counsel for Respondent requests that a copy of this minute entry be sent to Respondent as he will no longer be representing the Respondent in the near future.

Counsel for Respondent requests that he be withdrawn from this matter .

The Court accepts Counsel's oral motion for withdrawal and will allow Respondent 10 days to object to the motion. If no response is filed, the Court will grant the motion.

Petitioner requests that she be ordered to provide the health insurance for the children because the Respondent has not provided the coverage and she would make sure the children are covered.

The Court will not rule on this issue today, but will consider Petitioner's request after the matter is submitted.

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

FILED

OCT 23 2002

DIVISION FAMILY LAW

JEANNE M. HICKS, CLERK

HON. RHONDA L. REPP

By: M. SLAUGHTER

CASE NO: DO 998-0497

DATED: October 22, 2002

TITLE:

COUNSEL:

Wendy Heald Walker

(Petitioner)

In Pro Per
285 East Camino Grande
Sedona, AZ 86336
(For Petitioner)

vs.

Jonathan Fitzalan Walker

(Respondent)

In Pro Per
40 Soldiers Pass Road, #16
Sedona, AZ 86336
(For Respondent)

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC SECURITY

(Third Party)

Amy Abscher Young
Assistant Attorney General, CSSA

(For Third Party)

Copies of the Alternative Dispute Resolution Conference Recommendation having been mailed to both parties and no objection having been filed within the 15 day time period; the parties having met with the Alternative Dispute Resolution Coordinator and adopted this recommendation as their own.

IT IS HEREBY ORDERED adopting and approving and making the ADR Recommendation dated September 16, 2002 an enforceable order of this Court.

Date

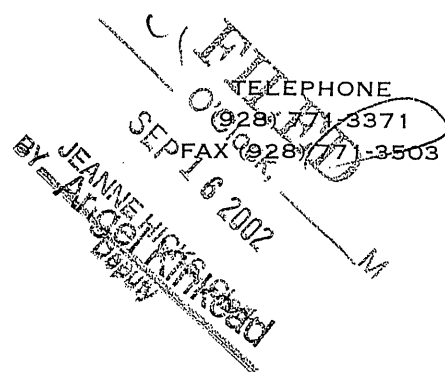
Honorable Rhonda L. Repp

ALTERNATIVE DISPUTE
RESOLUTION PROGRAM



Arizona Superior Court

YAVAPAI COUNTY COURTHOUSE
120 SOUTH CORTEZ STREET, #107
PRESCOTT, ARIZONA 86301



ALTERNATIVE DISPUTE RESOLUTION CONFERENCE RECOMMENDATION (791)

TO: The Honorable Rhonda L. Repp

FROM: Kathy McCormick, Alternative Dispute Resolution Coordinator

DATE: September 16, 2002

RE: DO 998-0497

1. Beginning retroactively to August 1, 2002, Mr. Walker will pay to Ms. Heald, through the Arizona Child Support Clearing house, \$500.00 per month (plus a \$2.25 clearinghouse fee) toward child support arrears. He will continue the \$500.00 (plus the clearinghouse fee) payments through December 2003. It is anticipated that the \$8,500.00 to be paid in this manner shall be applied towards the current balance plus accruing interest of unpaid child support arrearages, approximately \$18,000.00 (said final amount to be supplied by Child Support Services at the time of the signing/ratification of the agreement reached herein).
2. In January 2004, Mr. Walker will pay to Ms. Heald a balloon payment in total of the following:
 - a. \$15,000 (approximately, said final amount to be supplied by Child Support Services, interest continues to accrue).
 - b. \$9,600 which represents 60% of Tony's expenses at Positive Impact as of October 1, 2002.
 - c. 60% of Tony's anticipated future expenses at Positive Impact plus any other school expenses that may accrue and will continue to accrue until Tony finishes high school.
 - c. \$4,500.00 which represents 60% of Tony's expenses at Wilderness Quest.
 - d. \$4122.00 which represents 60% of uninsured medical bills and prescriptions paid to date by Ms. Heald.
 - e. \$36,282.00 approximate total (depending on final amount to be provided by Child Support Services).
 - f. Ms. Heald shall provide Mr. Walker with copies of receipts pertaining to items b, d and e, above.
3. As collateral, Ms. Heald accepts 50,000 shares of Knowledge 2000 stock. Said

transfer of shares is to be made no later than October 15, 2002, unless the parties file objections to the current recommendation made herein.

4. For the purpose of calculating future child support, the following income figures and percentages shall be attributed to the parties as follows:

Ms. Heald	\$30,000	40%
Mr. Walker	\$50,000	60%

The parties realize that these figures are not exact, but they are, however, acceptable figures.

5. Past and future uninsured medical bills, prescriptions and tuition will be attributed at 40% to Ms. Heald and 60% to Mr. Walker and shall be paid according to the Child Support Order.
6. Mr. Walker and Ms. Heald have agreed that Mr. Walker will pay the premium on new health insurance for the parties' sons, Tony and Mat. Ms. Heald has completed Mat's application with Arizona Blue Cross/Blue Shield, however, Tony is not eligible for said coverage because he currently resides outside of Arizona for more than six months per year. Ms. Heald continues to seek suitable health insurance coverage for Tony, said premium to be paid by Mr. Walker, as agreed.
7. To date, Ms. Heald has experienced a great deal of difficulty in attempting to determine the status of which uninsured medical bills have been paid, and which have been covered by CRL, Mr. Walker's health insurance provider. The records which she has to date received from Mr. Walker are chaotic, incomplete and disorganized. It does not appear as though Mr. Walker has complied with CRL's request for additional information, and therefore very few, if any, medical providers have been paid either by CRL or Mr. Walker. In order for Ms. Heald to decipher the status of this matter, Mr. Walker shall sign a document which authorizes her to act on his behalf thus allowing her to speak with CRL and their sons' medical providers. He must also authorize her to complete and sign the forms which are needed in order for CRL to process the claims.

The parties were not able to decide on the following issues:

1. Who shall claim the children on their income tax returns.
2. Custody of the children.

KATHLEEN L. McCORMICK
ADR COORDINATOR



Arizona Superior Court

YAVAPAI COUNTY COURTHOUSE
120 SOUTH CORTEZ STREET, #310
PRESCOTT, ARIZONA 86301

FILED
JUL 31 2002
BY JEANNE HICKS, Clerk
Araceli Kinkadee
TELEPHONE (928) 771-3371
FAX (928) 771-3389
kmccormi@courts.sp.state.az.us

ALTERNATIVE DISPUTE RESOLUTION CONFERENCE RECOMMENDATION (791)

TO: The Honorable Rhonda L. Repp
FROM: Kathy McCormick, Alternative Dispute Resolution Coordinator
DATE: July 29, 2002
RE: Case No. DO 998-0497

An Alternative Dispute Resolution Conference was held in this matter Friday, July 26, 2002. Wendy (Walker) Heald and Jonathan Fitzalan Walker were present in pro per. The purpose of the meeting was to clarify the division of property and debts. As a result of this ADR conference, the parties agreed to the following:

1. Beginning August 1, 2002, Jonathan will begin to pay Wendy, through the Arizona Child Support Clearinghouse, \$500.00 per month (+ \$2.25 clearinghouse fee) toward child support arrears. He will continue the \$500.00 (+ the clearinghouse fee) payments through December 2003.
2. In January 2004, Jonathan will pay, to Wendy, through the clearinghouse, the balance of the child support arrearages in full, a payment of approximately \$37,500 (final amount to be calculated by the Arizona Child Support Enforcement).
3. As collateral, Wendy accepts 50,000 shares of Knowledge 2000.
4. For the purpose of calculating future child support, the following income figures and percentages shall be attributed to the parties as follows:

Wendy	\$30,000	40% of income
Jonathan	\$50,000	60% of income

Jonathan and Wendy realize that these figures are not exact, they are, however, acceptable figures.

5. Past and future uninsured medical will be attributed at 40% to Wendy and 60% to Jonathan.
6. Jonathan and Wendy have agreed that Jonathan will obtain new health insurance through Blue Cross/Blue Shield for Tony and Matt, their sons. Wendy has done the research and has the information for Jonathan.

The parties were not able to decide on the following items:

1. Who should claim the children on their income tax returns?
2. Who should have custody of the children?

Respectfully submitted for review.

Law Offices of

ESSER, BRADLEY & LUNDY

1785 W. Highway 89A, Suite 2-I, Sedona, AZ
P. O. Box 220 Telephone: (928) 282-1483
Sedona, AZ 86339 Facsimile: (928) 282-7885

James N. Bradley # 14345
William N. Lundy # 15482

Attorneys for Respondent

FILED

3 O'Clock, P M

JUN 25 2002 ✓

JEANNE LUCKS, Clerk
BY M.E. DUNN
Deputy

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF YAVAPAI

In re the Marriage of

WENDY HEALD WALKER,

Petitioner,

and

JONATHAN FITZALAN WALKER,

Respondent.

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC
SECURITY,

Third Party.

No. DO 998-0497
(Hon. Rhonda Repp, FLC) ✓

RESPONDENT'S RESPONSE TO
EXPEDITED PROCESS ORDER
TO APPEAR

Comes now the Respondent and responds to the Expedited Process Order to
Appear by providing the following information to the Court and to Petitioner for the
hearing scheduled on July 9, 2002, at 11:00 a.m.:

1. Respondent's financial Spousal Affidavit.
2. Respondent's Form 1040 tax returns for the years 2000 and 2001. Respondent
is also attaching W-2 statements for the year 1999 and 2001, but was unable to locate one
for the year 2000.
3. Respondent's Payroll Summary from Knowledge 2000 for the period January 1

through June 2, 2002.

4. Respondent's proof of cost of medical insurance covering the minor children, in the amount of \$1,042.51 per year, through Central Reserve Life Insurance Company. Also enclosed are a Bank One account activity sheet confirming payment, a letter from the insurance company concerning coverage, and Respondent's personal accounting.

Respectfully submitted this 24th day of June, 2002,

By: William N. Lundy
William N. Lundy
Attorney for Respondent

COPY of the foregoing mailed this 24th day of June, 2002, to:

Hon. Rhonda Repp
Family Law Commissioner
Yavapai County Superior Court
3505 W. Highway 260, Suite 102
Camp Verde, AZ 86322

Wendy P. Heald
285 El Camino Grande
Sedona, AZ 86336

Amy Absher Young
Assistant Attorney General
Cottonwood Office
1695A E. Cottonwood Street
Cottonwood, AZ 86326

Margaret Klevi

William N. Lundy
ESSER, BRADLEY & LUNDY
P. O. Box 220
Sedona, AZ 86339
(928) 282-1483

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF YAVAPAI

WENDY HEALD WALKER)	
)	
Petitioner,	)	No. do 998-0497
vs.)	
	)	Div. FLC (Hon. Rhonda Repp)
JONATHAN FITZALAN WALKER,)	
)	
Respondent.	)	SPOUSAL AFFIDAVIT
_____)	
)	
STATE OF ARIZONA, ex rel; THE DEPARTMENT)	
OF ECONOMIC SECURITY,)	
)	
Third Party.)	
_____)	

STATE OF ARIZONA	)	Address:	40 Soldier Pass Rd., #16
	) ss:		Sedona, AZ 86336
County of Yavapai	)	Date of Birth:	8/24/44

JONATHAN FITZALAN WALKER, being first duly sworn, makes the following answers and statements of fact as material evidence:

NECESSARY MONTHLY EXPENSES

For yourself and minor(s) children
residing with you

Housing	\$ 950
Repair/Upkeep	\$
Utilities:	
Electricity	\$ 40
Gas	\$ 70
Water	\$ 50
Telephone	\$ 32
Garbage	\$
Food and Household	\$ 320
Work/School Food	\$ 80
Medical/Dental	\$ variable
Drugs/Supplies	\$ 60
Insurance (not deducted From pay)	\$
Clothing	\$ 100
Laundry/Dry Cleaning	\$
Childcare/Babysitter	\$
Spousal Maintenance or Child Support	\$
Transportation	\$

MONTHLY PAYMENTS

CREDITOR	BALANCE	PAYMENT
_____	\$	\$
_____	\$	\$

TOTAL MONTHLY EXPENSES:	\$ 1,956 plus
health insurance	1,042
TOTAL MO. EXPENSES/PAYMENTS	\$

GROSS PAYCHECK	\$ 2,393.25
Less: Federal Taxes	\$ 200.83
State Taxes	\$ 40.17
FICA	\$ 183.09
Credit Union	\$
Insurance	\$
Union Dues	\$
Savings, Etc.	\$
Other	\$
Total Deductions:	\$ 424.09
NET PAYCHECK	\$ 1,969.25

(NECESSARY MONTHLY EXPENSES, con't.)

Car Repair/Maintenance \$ 100
Gas/Oil \$ 60
Licences \$
Car Insurance \$ 94
Bus/Taxi Fares \$
Other: \$

TOTAL MONTHLY EXPENSES \$ 1,956

OTHER MONTHLY INCOME

Pension/Retirement \$
Social Security/SSI \$
Dividends/Interest \$
GA/AFDC \$
Received for child(ren) not of
this marriage under your care \$
TOTAL OTHER INCOME \$

TOTAL MONTHLY INCOME

ALL SOURCES \$ 1,969.25

Name/address/phone number of present employer: Knowledge 2000, 40 Soldiers Pass#6, Sedona,
86336 Occupation: internet training Starting Date: 1/1/97

Name/address of prior employer: Self-employed
Date: _____ Monthly Pay: _____ If not employed, why: _____
Do you expect to work: _____ If so, when _____ Anticipated
Occupation: _____

Names/ages of minor child(ren) residing with you: Math Walker, 15 years of age

Present wife pregnant? _____ Estimated delivery date: _____ Physical defect or organic disease suffered by
you or minor child(ren): _____

List all bank accounts, including checking, savings, credit union, certificates of deposit, in your name, in name of your spouse, or in
which you have an interest:

Bank/Branch	Type of Account	Account #	Amount
Bank One	Checking	1435-7297	-\$359

List all stocks, bonds, shares and cash in your name, in name of both spouses, or in which you have an interest:
Petitioner has all the stocks

Spousal Maintenance per month \$ _____ You have requested child support per month, or you feel you are able to
pay _____ (temporary). You have requested attorney's fees, or you feel you are able to pay \$ _____
You have requested attorney's fees paid to date \$ _____; Court costs paid to date: \$ _____

List all debts not included in monthly payments schedule on page 1:

JONATHAN F. WALKER

SUBSCRIBED AND SWORN TO before me this 24 day of JUNE, 2002, by Jonathan F. Walker.

Miriam Kleva
Notary Public



06/23/02

Knowledge 2000
Payroll Summary
 January 1 through June 2, 2002

Employee Wages, Taxes and Adjustments	Gun I Granath	Jonathan Walker	Ross E Heirigs	TOTAL
Gross Pay				
Officer Salary Regular	0.00	12,053.71	0.00	12,053.71
Hourly Regular Rate	9,177.50	0.00	2,672.49	11,849.99
Housing Bonus	1,035.00	0.00	0.00	1,035.00
Total Gross Pay	10,212.50	12,053.71	2,672.49	24,938.70
Adjusted Gross Pay	10,212.50	12,053.71	2,672.49	24,938.70
Taxes Withheld				
Federal Withholding	-1,057.00	-1,136.00	-66.00	-2,259.00
Medicare Employee	-148.08	-174.78	-38.75	-361.61
Social Security Employee	-633.18	-747.33	-165.69	-1,546.20
AZ - Withholding	-129.60	-133.40	-6.60	-269.60
Total Taxes Withheld	-1,967.86	-2,191.51	-277.04	-4,436.41
Net Pay	8,244.64	9,862.20	2,395.45	20,502.29
Employer Taxes and Contributions				
Federal Unemployment	56.00	56.00	21.38	133.38
Medicare Company	148.08	174.78	38.75	361.61
Social Security Company	633.18	747.33	165.69	1,546.20
AZ - Unemployment Company	31.50	41.51	12.03	85.04
Medical Insurance (Co)	0.00	0.00	0.00	0.00
Total Employer Taxes and Contributions	868.76	1,019.62	237.85	2,126.23

Form **1040**

Department of the Treasury — Internal Revenue Service



U.S. Individual Income Tax Return 2001

(99) IRS use only — Do not write or staple in this space.

Label
(See instructions.)

Use the
IRS label.
Otherwise,
please print
or type.

Presidential
Election
Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning , 2001, ending , 20			OMB No. 1545-0074
Your First Name	MI	Last Name	Your Social Security Number
John	F	Walker	
If a Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security Number
Home Address (number and street). If You Have a P.O. Box. See Instructions.			 Important!  You must enter your social security number(s) above.
40 Soldiers Pass #16			
City, Town or Post Office. If You Have a Foreign Address. See Instructions.			
State		ZIP Code	
Sedona		AZ 86336	

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☐ No ☐ Yes ☐ No

Filing Status

1 ☐ Single

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above & full name here ... ▶ _____

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶ _____

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ _____). (See instructions.)

Check only
one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a		No. of boxes checked on 6a and 6b	
b <input type="checkbox"/> Spouse		No. of your children on 6c who:	
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you
(1) First name	Last name	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b
Mathew M Walker		Son	X
Anthony T Walker		Son	X
d Total number of exemptions claimed		Add numbers entered on lines above	

If more than
six dependents,
see instructions.

Income

Attach Forms
W-2 and W-2G
here. Also attach
Form(s) 1099-R if
tax was withheld.

If you did not
get a W-2, see
instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	28,720
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see instrs)	15b	
16a	Total pensions & annuities	16a	
b	Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	28,720
23	IRA deduction (see instructions)	23	
24	Student loan interest deduction (see instructions)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see instructions)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your adjusted gross income	33	28,720

Adjusted
Gross
Income

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.

• All others:
Single:
\$4,550

Head of household,
\$6,650

Married filing jointly or Qualifying widow(er),
\$7,600

Married filing separately,
\$3,800

34	Amount from line 33 (adjusted gross income)	34	28,720.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	6,650.
37	Subtract line 36 from line 34	37	22,070.
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	8,700.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	13,370.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	2,006.
41	Alternative minimum tax (see instructions). Attach Form 6251	41	
42	Add lines 40 and 41	42	2,006.
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Rate reduction credit. See the worksheet	47	
48	Child tax credit (see instructions)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	2,006.
53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52-57. This is your total tax	58	2,006.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	2,410.
60	2001 estimated tax payments and amount applied from 2000 return	60	
61a	Earned income credit (EIC)	61a	
	b Nontaxable earned income	61b	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see instructions)	64	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	2,410.

FDIA0112 10/11/01

Refund

Direct deposit?
See instructions and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	404.
68a	Amount of line 67 you want refunded to you	68a	404.
	b Routing number		
	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number		
69	Amount of line 67 you want applied to your 2002 estimated tax	69	

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	
71	Estimated tax penalty. Also include on line 70	71	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's Name	Phone No.	Personal Identification Number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	Daytime Phone Number
		Software	(928) 204-1066
Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation	

Paid Preparer's Use Only

Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed)	Self-Prepared		EIN
Address, and ZIP Code			Phone No.

Control number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
Employer identification number 36-6832795		1 Wages, tips, other compensation 28719.66		2 Federal income tax withheld 2410.10			
Employer's name, address, and ZIP code Knowledge 2000, Inc PO Box 4223 Sedona AZ 86340		3 Social security wages 28719.66		4 Social security tax withheld 1780.62			
		5 Medicare wages and tips 28719.66		6 Medicare tax withheld 416.43			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 823-80-1216		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Jonathan		11 Nonqualified plans		12a See instructions for box 12			
Last name Walker		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
15 State AZ		14 Other		12c			
Employer's address and ZIP code PO Box 4223 Sedona AZ 86340				12d			
Employer's state ID number AZ 1501-442		16 State wages, tips, etc. 28719.66		17 State income tax 432.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

2001

Form **W-2** Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

Department of the Treasury—Internal Revenue Service
Safe, accurate,
FAST! Use



Form

Department of the Treasury—Internal Revenue Service

1040A**U.S. Individual Income Tax Return** (99) **2000**

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

Label

(See page 20.)

**Use the
IRS label.**Otherwise,
please print
or type.

LABEL HERE	Your first name and initial JONATHAN F		Last name WALKER		OMB No. 1545-0085	
	If a joint return, spouse's first name and initial		Last name		Your social security number	
	Home address (number and street). If you have a P.O. box, see page 21. 40 SOLDIERS PASS #16, SEDONA, AZ 86336		Apt. no.		Spouse's social security number	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.					

▲ Important! ▲You must enter your
SSN(s) above.**Presidential
Election Campaign**
(See page 21.)

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You Spouse
☐ Yes ☐ No ☐ Yes ☐ No

**Filing
status**Check only
one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶ _____
- 4 ☐ Head of household (with qualifying person). (See page 22.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ _____). (See page 23.)

Exemptions

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 24)	No. of boxes checked on 6a and 6b	No. of your children on 6c who:
				<input type="checkbox"/>		• lived with you
				<input type="checkbox"/>		• did not live with you due to divorce or separation (see page 25)
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

If more than
seven
dependents,
see page 23.Dependents
on 6c not
entered aboveAdd numbers
entered on
lines above

d Total number of exemptions claimed.

Income

Attach
Form(s) W-2
here. Also
attach
Form(s)
1099-R if tax
was withheld.

If you did not
get a W-2, see
page 26.Enclose, but do
not attach, any
payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	26916	05
8a	Taxable interest. Attach Schedule 1 if required.	8a		
b	Tax-exempt interest. Do not include on line 8a.	8b		
9	Ordinary dividends. Attach Schedule 1 if required.	9		
10	Capital gain distributions (see page 26).	10		
11a	Total IRA distributions.	11a		
11b	Taxable amount (see page 26).	11b		
12a	Total pensions and annuities.	12a		
12b	Taxable amount (see page 27).	12b		
13	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	13		
14a	Social security benefits.	14a		
14b	Taxable amount (see page 29).	14b		
15	Add lines 7 through 14b (far right column). This is your total income.	15		
16	IRA deduction (see page 31).	16		
17	Student loan interest deduction (see page 31).	17		
18	Add lines 16 and 17. These are your total adjustments.	18	26916	05
19	Subtract line 18 from line 15. This is your adjusted gross income.	19	26916	05

**Adjusted
gross
income**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 55.

Cat. No. 11327A

Form 1040A (2000)

Taxable income	20	Enter the amount from line 19.	20	26,916	05
	21a	Check <input checked="" type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind Enter number of boxes checked ▶ 21a <input type="checkbox"/>			
	b	If you are married filing separately and your spouse itemizes deductions, see page 33 and check here ▶ 21b <input type="checkbox"/>			
	22	Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 21a or 21b or if someone can claim you as a dependent. • Single—\$4,400 • Married filing jointly or Qualifying widow(er)—\$7,350 • Head of household—\$6,450 • Married filing separately—\$3,675	22	4,400	00
	23	Subtract line 22 from line 20. If line 22 is more than line 20, enter -0-.	23	22,516	05
	24	Multiply \$2,800 by the total number of exemptions claimed on line 6d.	24	2,800	00
	25	Subtract line 24 from line 23. If line 24 is more than line 23, enter -0-. This is your taxable income .	25	19,616	05
Tax, credits, and payments	26	Tax (see page 34).	26	2,944	00
	27	Credit for child and dependent care expenses. Attach Schedule 2.	27		
	28	Credit for the elderly or the disabled. Attach Schedule 3.	28		
	29	Education credits. Attach Form 8863.	29		
	30	Child tax credit (see page 37).	30		
	31	Adoption credit. Attach Form 8839.	31		
	32	Add lines 27 through 31. These are your total credits .	32		
	33	Subtract line 32 from line 26. If line 32 is more than line 26, enter -0-.	33		
	34	Advance earned income credit payments from Form(s) W-2.	34		
	35	Add lines 33 and 34. This is your total tax .	35	2,944	00
	36	Federal income tax withheld from Forms W-2 and 1099.	36	1,261	00
	37	2000 estimated tax payments and amount applied from 1999 return.	37		
	38a	Earned income credit (EIC).	38a		
	b	Nontaxable earned income: amount ▶ and type ▶			
	39	Additional child tax credit. Attach Form 8812.	39		
	40	Add lines 36, 37, 38a, and 39. These are your total payments .	40	1,261	00
Refund	41	If line 40 is more than line 35, subtract line 35 from line 40. This is the amount you overpaid .	41		
	42a	Amount of line 41 you want refunded to you .	42a		
	b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number <input type="text"/>			
	43	Amount of line 41 you want applied to your 2001 estimated tax .	43		
Amount you owe	44	If line 35 is more than line 40, subtract line 40 from line 35. This is the amount you owe . For details on how to pay, see page 49.	44	1,683	00
	45	Estimated tax penalty (see page 49).	45		
Sign here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.				
	Joint return? See page 21. Keep a copy for your records.	Your signature <i>S. Walker</i>	Date <i>8/11/01</i>	Your occupation <i>course provider</i>	Daytime phone number <i>(928) 204-1066</i>
		Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 50)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid preparer's use only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()		

a Control number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
		OMB No. 1545-0008			
b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld	
86-0832795		10333.33		778.00	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
Knowledge 2000 INC		10333.33		316.67	
PO Box 4223		5 Medicare wages and tips		6 Medicare tax withheld	
SEDONA AZ 86340		10333.33		84.58	
d Employee's social security number		7 Social security tips		8 Allocated tips	
523-80-1246					
e Employee's name, address, and ZIP code		9 Advance EIC payment		10 Dependent care benefits	
JONATHAN F WALKER					
255 EL CAMINO GRANDE		11 Nonqualified plans		12 Benefits included in box 1	
SEDONA, AZ 86336		13 See instrs. for box 13		14 Other	
		15 Statutory employee		Deceased	
		<input type="checkbox"/>		<input type="checkbox"/>	
		Pension plan		Legal rep.	
		<input type="checkbox"/>		<input type="checkbox"/>	
		Deferred compensation		<input type="checkbox"/>	
16 State Employer's state I.D. no.		17 State wages, tips, etc.		18 State income tax	
AZ 1501569E		10333.33		155.61	
		19 Locality name		20 Local wages, tips, etc.	
				21 Local income tax	

Form **W-2** Wage and Tax Statement **1999**

(O)

Department of the Treasury—Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

JOHN F WALKER
40 SOLDIERS PASS RD STE 6
SEDONA AZ 86336-4700

CENTRAL RESERVE LIFE INSURANCE COMPANY
17800 Royaltan Road • Cleveland, OH 44136-5197 • 440-572-2400
www.centralreserve.com • www.ceresgp.com

R

DATE PROCESSED	ACCOUNT NUMBER	COVERAGE PERIOD		AMOUNT DUE	PAGE
1/16/02		02/01/02-03/01/02		1,042.51	1

NAME	CERT		PLAN		SINGLE PREMIUM	DEPENDENT PREMIUM	TOTAL PREMIUM
WALKER, JOHN F	0001		2158		636.82	378.19	1015.01
NO PAYMENT DUE-PREMIUMS PAID THROUGH ELECTRONIC FUNDS TRANSFER					TOTAL PREMIUM		1015.01
					ADMINISTRATIVE FEES		17.50
					ASSOCIATION FEES		10.00
					TOTAL AMOUNT DUE		1042.51



CENTRAL RESERVE LIFE INSURANCE COMPANY
A Subsidiary of Ceres Group, Inc.

DATE	ACCOUNT NUMBER	COVERAGE PERIOD	PAYMENT DUE DATE	TOTAL AMOUNT DUE
1/16/02		02/01/02 - 03/01/02	2/01/02	1,042.51

Amount Enclosed

\$

0.00

NO PAYMENT DUE-PREMIUMS PAID THROUGH ELECTRONIC FUNDS TRANSFER



CENTRAL RESERVE LIFE INSURANCE COMPANY
17800 Royaiton Road • Cleveland, OH 44136-5197 • 440-572-2400
www.centralreserve.com • www.ceresgp.com

November 26, 2001

JOHN F WALKER
40 SOLDIERS PASS RD STE 6
SEDONA AZ 86001-1100

Policy:

Dear Insured:

All insurance and managed care companies face a national industry-wide challenge of soaring medical costs. The causes include federal and state legislative actions, increased payments to HMOs, and providers, expensive medical procedures, as well as increased cost and utilization of prescription drugs.

A **USA Today** (August 27, 2001) article explained these increases: "Spending on drugs is rising at three times or more the rate of inflation. The population is 10 years older. Hospital admissions are on their way back up after years of stability."

All of these factors have a direct impact on your Central Reserve Life (CRL) medical premium. Your regular renewal medical premium adjustment will be effective 02/02. At this time, your total monthly premium will be \$1,042.51.

When setting your renewal premium rates, many factors are considered including each insured individual's current age bracket, state required mandated medical benefits, policy enhancements, and actual claims payment histories of your plan type in your state.



June 23, 2002

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[Home](#) | **[e-Your Accounts](#)** | [Bank One for You](#) | [Bank One for Your Business](#)

[Account Summary](#) | [Inbox](#) | [Profile](#)



Low Rates? Yes. Say yes to a home equity loan from Bank One. [Learn more.](#)

[Account Summary](#) > Account Activity

Account Activity

[Print](#)[Help With This Page](#)

COMMERCIAL CHECKING	Current Balance	\$1,541.52	Select Action

Below is a list of all of your transactions for account XXXX5541. Click on a heading to sort your transactions by date, description, amount or type.

<u>Date</u>	<u>Description</u>	<u>Amount</u>	<u>Type</u>
06/20/2002	1555 EAST HWY 69 PRE	\$-23.89	W/D
06/13/2002	2300 W HWY 89A SEDON	\$-38.21	W/D
06/07/2002	AMAZON.COM *PAYMENT	\$-9.48	W/D
05/10/2002	APS APSC	\$-25.45	W/D
05/23/2002	ATM CREDIT ADJ	\$50.00	DEP
06/07/2002	ATM WITHDRAWAL	\$-100.00	W/D
05/28/2002	ATM WITHDRAWAL	\$-100.00	W/D
06/04/2002	AUTHORIZE.NET MNTH	\$-20.00	W/D
06/17/2002	BARNES & NOBLE #2962	\$-118.75	W/D
06/17/2002	BOMBAY BAZZAR PHOENI	\$-53.90	W/D
06/10/2002	CAMERON TRADING POST	\$-22.36	W/D
05/10/2002	CAPITAL ONE ONLI	\$-400.00	W/D
05/10/2002	CENTRAL RESERVE HEAL	\$-1,042.51	W/D
06/11/2002	CENTRAL RESERVE1MTHL	\$-1,042.51	W/D
05/17/2002	CHECK #3080	\$-198.10	CHK
05/22/2002	CHECK #3091	\$-20.00	CHK
05/15/2002	CHECK #3092	\$-131.07	CHK
05/15/2002	CHECK #3093	\$-18.69	CHK
05/15/2002	CHECK #3094	\$-1,137.52	CHK
05/16/2002	CHECK #3095	\$-889.90	CHK
05/17/2002	CHECK #3096	\$-290.24	CHK
05/17/2002	CHECK #3097	\$-209.47	CHK
05/16/2002	CHECK #3098	\$-1,201.12	CHK
05/20/2002	CHECK #3099	\$-66.33	CHK
05/24/2002	CHECK #3100	\$-1,000.00	CHK
06/04/2002	CHECK #3101	\$-518.45	CHK
06/05/2002	CHECK #3102	\$-950.00	CHK
06/10/2002	CHECK #3103	\$-1,137.52	CHK
06/10/2002	CHECK #3104	\$-395.99	CHK
06/10/2002	CHECK #3105	\$-173.90	CHK
06/20/2002	CHECK #3106	\$-303.28	CHK

06/17/2002	CHECK #3107	\$-95.00	CHK
06/18/2002	CHECK #3108	\$-777.11	CHK
06/18/2002	CHECK #3110	\$-348.26	CHK
05/09/2002	CHECK #165019	\$-300.00	CHK
05/31/2002	COI*FRY'S OUTPOST 80	\$-26.60	W/D
05/16/2002	DEPOSIT	\$996.00	DEP
06/11/2002	FEDEX E-BI	\$-89.52	W/D
05/30/2002	FIRST USA BANK EPAY	\$-411.00	W/D

© BANK ONE CORPORATION 2002. All rights reserved.

06/23/02

**Knowledge 2000
Vendor QuickReport**
January 1, 2001 through June 23, 2002

Type	Date	Nurn	Memo	Account	Clr	Spit	Amount
Central Reserve Life							
Check	1/8/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	2/8/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	3/8/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	4/9/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	5/9/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	6/9/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	7/8/2001	auto		Bank One Operating	X	Health Insurance	-421.50
Check	8/8/2001	auto		Bank One Operating	X	Health Insurance	-638.50
Check	10/3/2001	0		Bank One Operating	X	Health Insurance	-638.50
Check	10/12/2001	auto		Bank One Operating	X	Health Insurance	-728.73
Check	11/9/2001	auto		Bank One Operating	X	Health Insurance	-728.73
Check	12/11/2001	auto		Bank One Operating	X	Health Insurance	-728.73
Check	1/11/2002	auto		Bank One Operating	X	Health Insurance	-731.23
Check	2/11/2002	auto		Bank One Operating	X	Health Insurance	-1,042.51
Check	3/12/2002	auto		Bank One Operating	X	Health Insurance	-1,042.51

30
11 FILED
O'CLOCK A
JUN 11 2002
BY JEANNE HICKS, Clerk
NANETTE S. HOWARD

Wendy P. Heald
285 El Camino Grande
Sedona, Arizona 86336

In Propria Persona
(928) 282-5945
Atlas No.: 000642644901

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI**


In re the Marriage of:	)	Case No.: No. DO 998-0497
)	
WENDY P. HEALD (formally)	
known as Wendy Heald Walker),	)	EXHIBIT LIST
)	
Petitioner,	)	Assigned to the
	)	Honorable Rhonda L. Repp
and)	
)	
JONATHAN FITZALAN WALKER,)	
)	
Respondent)	

COMES NOW, the Petitioner, WENDY P. HEALD (formally known as WENDY HEALD WALKER), and hereby provides a List of Exhibits to be produced during the Hearing scheduled for June 25, 2002 at 11:00 a.m.

1. Affidavit of Gary W. Kazragis with attached Property Settlement Agreement.
2. Certified letter to Respondent dated June 12, 2000 concerning child support payments and outstanding debts.
3. Documents with respect to son Tony's residential treatment:
 - A) Psychological Evaluation by Terry Moore.
 - B) Wilderness Quest Aftercare Recommendations.
 - C) Positive Impact application bearing signature of both Petitioner and Respondent.
4. Statements from Terry Moore, Wilderness Quest and Positive Impact.

5. Summary of Tony's prescriptions paid by Petitioner, with attached receipts.
6. Summary of statements from medical providers for Tony with attached invoices.
7. Certified letter from Petitioner to Respondent regarding Federal Tax Exemptions, dated January 10, 2002.
8. Email from Jonathan Walker to Wendy Walker dated December 19, 1998 regarding settlement.
9. Invoices and documents related to MBNA Credit Card Account No. 5490 9924 7204 0033, including proposal for division of debt.
10. Invoices and documents related to MBNA Credit Card Account No. 5329 0054 5701 2781 including proposal for division of debt..
11. Research documentation with respect to salaries in the field of Computer Science.
12. Documentation relating to closure of 66% of Coconino National Forest effective May 22, 2002.
13. Petitioner's two most recent Earnings Statements indicating what tours she gives.
14. Pink Jeep Tours Brochures.
15. Summary of Petitioner's tips and record thereon.

DATED this 10 day of June, 2002.


Wendy P. Heald
Petitioner, *In Propia Persona*

///

1 COPIES of the foregoing
2 mailed/delivered this 10 day of
3 June, 2002, to:

4 Amy A. Young
5 Assistant Attorney General
6 Cottonwood Office
7 1695A E. Cottonwood Street
8 Cottonwood, AZ 86326-4560

9 William N. Lundy
10 Esser, Bradley & Lundy
11 1785 W. Hwy. 89A, Suite 2-I
12 P.O. Box 220
13 Sedona, AZ 86339
14 Attorney for Respondent

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Law Offices of

ESSER, BRADLEY & LUNDY

1785 W. Highway 89A, Suite 2-I, Sedona, AZ
P. O. Box 220 Telephone: (928) 282-1483
Sedona, AZ 86339 Facsimile: (928) 282-7885

James N. Bradley # 14345
William N. Lundy # 15482

Attorneys for Respondent

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

In re the Marriage of

WENDY HEALD WALKER,

Petitioner,

and

JONATHAN FITZALAN WALKER,

Respondent.

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC
SECURITY,

Third Party.

No. DO 998-0497

NOTICE OF SCHEDULING
CONFLICT

Comes now Respondent's attorney of record, William N. Lundy, of the law office of Esser, Bradley & Lundy, hereby notifying the Court of a calendar conflict. On June 25, 2002, at 11:00 a.m., this Court has scheduled a hearing in front of the Hon. Rhonda L. Repp. The undersigned will be returning from an out of state trip late in the afternoon on June 25, 2002. It is therefore respectfully requested that this hearing be rescheduled for the next available time convenient to all parties.

//

430 FILED
O'Clock, M

MAY 31 2002

JEANNE HICKS, Clerk
BY NANETTE S. HOWARD

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Respectfully submitted this 30th day of May, 2002.

ESSER, BRADLEY & LUNDY

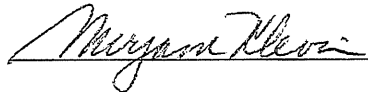
By: 

William N. Lundy
Attorney for Respondent

COPY of the foregoing mailed this
30th day of May, 2002, to:

Wendy P. Heald
285 El Camino Grande
Sedona, AZ 86336

Amy Absher Young
Assistant Attorney General
Cottonwood Office
1695A E. Cottonwood Street
Cottonwood, AZ 86326



pd
702

Law Offices of

ESSER, BRADLEY & LUNDY

1785 W. Highway 89A, Suite 2-I, Sedona, AZ
P. O. Box 220 Telephone: (928) 282-1483
Sedona, AZ 86339 Facsimile: (928) 282-7885

James N. Bradley # 14345
William N. Lundy # 15482

Attorneys for Respondent

430 FILED
O'Clock, M

MAY 31 2002

JEANETTE SCHOWARD
BY Deputy

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

In re the Marriage of

WENDY HEALD WALKER,

Petitioner,

and

JONATHAN FITZALAN WALKER,

Respondent.

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC
SECURITY,

Third Party.

No. DO 998-0497

Div I

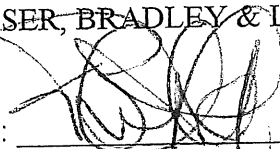
NOTICE OF APPEARANCE

PLEASE TAKE NOTICE that William N. Lundy, of the law firm of Esser, Bradley
& Lundy, has been retained by the Respondent in the above-described post dissolution case.

Please direct all future documentation to undersigned counsel at P.O. Box 220,
Sedona, AZ 86339.

Dated this 30th day of May, 2002

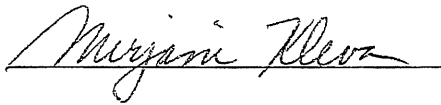
ESSER, BRADLEY & LUNDY

By: 
William N. Lundy
Attorney for Respondent

1 COPY of the foregoing mailed this
2 30th day of May, 2002, to:

3 Wendy P. Heald
4 285 El Camino Grande
5 Sedona, AZ 86336

6 Amy Absher Young
7 Assistant Attorney General
8 Cottonwood Office
9 1695A E. Cottonwood Street
10 Cottonwood, AZ 86326

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CERTIFICATE OF SERVICE

COURT: YAVAPAI SUPERIOR CASE # D0998-0497

2 FILED P
CLOCK

MAY 20 2002

CAPTION: HEALD
VS.
WALKER

JEANNE HICKS DICK
BY M.E. DUNN
LAWYER

I declare that I am a citizen of the United States, over the age of eighteen and not a party to this action. And that within the boundaries of the state where service was effected, I was authorized by law to perform said service.

SERVICE UPON: JOHN F. WALKER

with the documents: EXPEDITED PROCESS ORDER TO APPEAR, OBLIGOR'S FINANCIAL AFFIDAVIT, INSTRUCTIONS: COMPLETING THE OBLIGOR'S FINANCIAL AFFIDAVIT, MINUTE ENTRY DATED MAY 6, 2002, EXPEDITED REQUEST TO ENFORCE CHILD SUPPORT, CHILD SUPPORT ARREARAGES, AND TERMS OF PROPERTY SETTLEMENT AGREEMENT

by serving: JOHN F. WALKER

at [] Home ☒ Business 40 SOLDIERS PASS ROAD, SUITE 16, SEDONA, ARIZONA, 86336

DATE: 05/17/02 TIME 9:25 a.m.

Thereafter copies of the documents were mailed [] certified [] first class on _____

MANNER OF SERVICE:

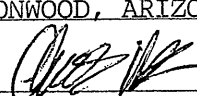
- ☒ By personally delivering copies to the person/authorized agent of entity being served.
☐ By leaving, during office hours, copies at the office of the person/entity being served, leaving same with the person apparently in charge thereof
☐ By leaving copies at the dwelling house or usual abode of the person being served, with a member of the household 14 or older and explaining the general nature of the papers.
☐ By posting copies in a conspicuous manner to the address of the person/entity being served

Remarks: _____

I declare under penalty of perjury that the information contained is true and correct an this affidavit was executed on:

Date: 05/17/02 City and State COTTONWOOD, ARIZONA

CHRIS BAKER
Printed Name Of Server


Signature Of Server

Yavapai County, Arizona

Service: 15.00 Mileage: 48.00 Document Preparation: 8.00 Other:

TOTAL CHARGES: \$71.00

MAY 14 2002

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

DIVISION FAMILY LAW

JEANNE M. HICKS, CLERK

HON. RHONDA L. REPP

By: M. SLAUGHTER

CASE NO: DO 998-0497

DATED: May 14, 2002 ✓

TITLE:

COUNSEL:

Wendy Heald Walker

In Pro Per

285 East Camino Grande

Sedona, AZ 86336

(Petitioner)

(For Petitioner)

vs.

Jonathan Fitzalan Walker

In Pro Per

40 Soldiers Pass Road, #16

Sedona, AZ 86336

(Respondent)

(For Respondent)

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC SECURITY

Amy Absher Young
Assistant Attorney General, CSSA

(Third Party)

(For Third Party)

The Court having determined a dispute exists between the parties regarding child custody and parent access that may be resolved through an Alternative Dispute Resolution procedure,

IT IS HEREBY ORDERED the parties shall appear for an **Alternative Dispute Resolution (ADR) Recommendation Conference Wednesday, June 19, 2002 at 1:30 p.m. at the Yavapai County Courthouse, Room 411, Prescott, Arizona.** The ADR Coordinator will conduct the conference. **Please arrive ten minutes before the scheduled starting time.**

Court ordered alternative dispute resolution procedures are mandatory and failure to appear may be considered **Contempt of Court.**

Participants in the ADR Recommendation Conference have a right to legal representation. Although Attorneys typically do not participate in the ADR Recommendation Conference, they may attend and confer with their clients during a break or private meeting. If your attorney intends to appear at the conference, please provide the opposing party and the ADR Coordinator with prior notification of that attendance.

The length of the conference may be one to three hours depending on the complexity of the issues and the parties' participation. The Alternative Dispute Resolution Coordinator requires that parties participate in good faith to resolve their dispute. At the conclusion of the conference, whether or not the parties reach a resolution, the ADR Coordinator shall issue a written recommendation to the Court regarding disposition of the matter.

c: Division Family Law Calendar
ADR Coordinator w/file

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF YAVAPAI

FAMILY LAW/JUDGE PRO TEM

JEANNE HICKS, CLERK

HON. RHONDA L. REPP

BY: Jackie Brawley, Deputy Clerk

CASE NO. DO 9980497

DATE: May 7, 2002

TITLE:

COUNSEL:

WENDY HEALD WALKER

In Pro Per
285 E. Camino Grande
Sedona, AZ 86336

(Petitioner)

(For Petitioner)

and

JONATHAN FITZALAN WALKER

In Pro Per
40 Soldiers Pass Rd., #16
Sedona, AZ 86336

(Respondent)

(For Respondent)

STATE OF ARIZONA, ex rel; THE
DEPARTMENT OF ECONOMIC SECURITY

Amy Absher Young
Asst. Attorney General / CSSA

(Third Party)

(For Third Party)

HEARING ON:

NATURE OF PROCEEDINGS

TAPE #

MODIFICATION

289-B / 290-A

APPEARANCES: Wendy Walker, Petitioner
Jonathan Walker, Respondent
Amy Young, Counsel for the State

Petitioner is advised by the Court that her motion was not timely filed and the Court will proceed with today's hearing.

Respondent is sworn and testifies.

Respondent offers exhibits 1 through 7 into evidence. Petitioner has no objection to the admission of exhibits 5, 6 and 7 and those exhibits are admitted. Petitioner objects to the admission of exhibits 1 through 4. The Court sustains Petitioner's objection as to exhibits 1 and 4 which are not admitted. The Court overrules Petitioner's objection to exhibits 2 and 3 and the exhibits are admitted.

Exhibit 8 is offered and admitted without objection.

Petitioner is sworn and testifies.

The Court continues this matter and will set further hearing regarding a modification only by separate minute entry allowing 2 hours for hearing.

DO 9980497

May 7, 2002

Pg 2

The parties are Ordered to exchange any exhibits they have in advance of the hearing.

The parties agree that they may benefit from the services of A.D.R.

IT IS ORDERED referring this matter to Court Administration Services for assignment to the A.D.R. Coordinator to schedule a conference regarding the issues of Petitioner's request to enforce child support and child support arrears which include medical reimbursement. Counsel for the State will be participating in the proceedings as well.

cc: A.D.R. w/ file
FLC calendar re: further hearing date

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

FILED
3:30 O'Clock, P.M.
MAY 07 2002

JEANNE HICKS, Clerk
BY J. Brawley
Deputy

DO 9980497

Div. FLC HON. RHONDA L. REPP

Proceeding: Modification

Date(s): 5/7/02

Clerk: Jackie Brawley

Court Reporter:

Wendy Heald Walker
Petitioner

Represented by

vs

Jonathan F. Walker
Respondent

Represented by

STATE OF ARIZONA, ex rel.,
THE DEPT. OF ECONOMIC SECURITY

Third Party

By: Amy Young

PTR EXH	RSP EXH	ST EXH	OBJ	DATE ADMITTED	DESCRIPTION
	1		✓		Health Ins. Payment
	2		✓	5/7/02	Physical Cust History
	3		✓	5/7/02	Tips Estimates
	4		✓		Knowledge 2000
	5			5/7/02	Copy W-2 2001
	6			5/7/02	2002 Cash Flow Needs
	7			5/7/02	2001 Cash Flow
		8		5/7/02	Dependent Insurance Coverage

Health Insurance Payment History

Central Reserve Life: Policy # 000246860-1
Ph. 440 572-2400 1-800-321-3997

Type	Date	Num	Split	Amount
Check	6/26/00	2504	Insurance	-403.5
Check	9/16/00	auto	Insurance	-439.5
Check	10/10/00	auto	Insurance	-421.5
Check	11/8/00	auto	Insurance	-421.5
Check	12/8/00	auto	Insurance	-421.5
Check	1/8/01	auto	Insurance	-421.5
Check	2/8/01	auto	Insurance	-421.5
Check	3/8/01	auto	Insurance	-421.5
Check	4/9/01	auto	Insurance	-421.5
Check	5/9/01	auto	Insurance	-421.5
Check	6/9/01	auto	Insurance	-421.5
Check	7/8/01	auto	Insurance	-421.5
Check	8/8/01	auto	Insurance	-638.5
Check	10/3/01	auto	Insurance	-638.5
Check	10/12/01	auto	Insurance	-728.73
Check	11/9/01	auto	Insurance	-728.73
Check	12/11/01	auto	Insurance	-728.73
Check	1/11/02	auto	Insurance	-731.23
Check	2/11/02	auto	Insurance	-1,042.51
Check	3/12/02	auto	Insurance	-1,042.51

CASE NO. D 99 80 497
EXHIBIT NO. L
MARKED FOR IDENTIFICATION ONLY
ADMITTED AND FILED JEANNE HICKS Clerk
BY _____ Deputy

Physical Custody History of Tony & Mat Walker since divorce

		Number of Days/Week With Physical Custody			
		TONY		MAT	
		Father	Mother	Father	Mother
2000	Divorce Final: Mother awarded custody of children.	0	7	0	7
		0	7	0	7
		1	6	0	7
	Tony leaves mother & moves in with father	5	2	0	7
		7	0	0	7
		7	0	1	6
		7	0	1	6
	Mat leaves mother & moves in with father	7	0	7	0
		7	0	7	0
		7	0	7	0
2001		4	3	7	0
		0	7	7	0
	Tony moves back part-time with mother	2	5	7	0
		2	5	7	0
		2	5	7	0
		2	5	7	0
		2	5	7	0
	Tony moves to Wilderness Quest & Positive Impact	0	7	7	0
		0	7	7	0
		0	7	7	0
2002		0	7	6	1
		0	7	7	0
		0	7	7	0
		0	7	7	0
		0	7	7	0
		0	7	7	0
		0	7	7	0
		0	7	7	0
		0	7	7	0
		0	7	7	0
Total		60	108	120	48
		36%	64%	71%	29%
Both Children					
Total Accumulative Days with Father		180	54%		
Total Accumulative Days with Mother		156	46%		

CASE NO. 109980497
 EXHIBIT NO. 2
 MARKED FOR IDENTIFICATION ONLY
 ADMITTED AND FILED 5/7/02
 JEANNE HICKS Clerk
 BY J. Brawley Deputy

Tips Estimates for PINK JEEP Tour Guides

Average # of Customers per Tour

4

Low Tip Rate

10%

Median Tip Rate

15%

High Tip Rate

20%

Tours	Duration	Tour Cost per Adult	Cost per hour	Average # Customers per Tour	Average Revenue per Tour
1	2	\$ 65	\$ 32.50	4	\$ 260
2	2	\$ 65	\$ 32.50	4	\$ 260
3	2.5	\$ 65	\$ 26.00	4	\$ 260
4	2.5	\$ 55	\$ 22.00	4	\$ 220
5	4	\$ 80	\$ 20.00	4	\$ 320
6	3	\$ 65	\$ 21.67	4	\$ 260
7	2.5	\$ 55	\$ 22.00	4	\$ 220
8	4	\$ 80	\$ 20.00	4	\$ 320
9	2	\$ 40	\$ 20.00	4	\$ 160
10	2	\$ 40	\$ 20.00	4	\$ 160
11	2.5	\$ 55	\$ 22.00	4	\$ 220
12	2	\$ 40	\$ 20.00	4	\$ 160
13	2.5	\$ 55	\$ 22.00	4	\$ 220

Average Cost per Tour Adult per Hour	\$ 23.13	Average # of Customers per tour	4	Average Revenue per hour	\$ 92.51
Tips per hour					

Low Tip Rate	10%	\$ 9.25
Median Tip Rate	15%	\$ 13.88
High Tip Rate	20%	\$ 18.50

		Low Tip Estimate	Median Tip Estimate	High Tip Estimate
Hours worked per week	30	\$ 277.54	\$ 416.31	\$ 555.08
Hours worked per month	120	\$ 1,110	\$ 1,665	\$ 2,220

Estimated Range of Tips per Month

CASE NO. 10998047
 EXHIBIT NO. 3
 MARKED FOR IDENTIFICATION ONLY
 ADMITTED AND FILED 5/7/02
 BY J. Brawley Clerk
 Deputy

Tips Estimates for PINK JEEP Tour Guides

Average # of Customers per Tour

3

Low Tip Rate

10%

Median Tip Rate

15%

High Tip Rate

20%

Tours	Duration	Tour Cost per Adult		Cost per hour	Average # Customers per Tour	Average Revenue per Tour
1	2	\$	65	\$ 32.50	3	\$ 195
2	2	\$	65	\$ 32.50	3	\$ 195
3	2.5	\$	65	\$ 26.00	3	\$ 195
4	2.5	\$	55	\$ 22.00	3	\$ 165
5	4	\$	80	\$ 20.00	3	\$ 240
6	3	\$	65	\$ 21.67	3	\$ 195
7	2.5	\$	55	\$ 22.00	3	\$ 165
8	4	\$	80	\$ 20.00	3	\$ 240
9	2	\$	40	\$ 20.00	3	\$ 120
10	2	\$	40	\$ 20.00	3	\$ 120
11	2.5	\$	55	\$ 22.00	3	\$ 165
12	2	\$	40	\$ 20.00	3	\$ 120
13	2.5	\$	55	\$ 22.00	3	\$ 165

Average Cost per Tour Adult per Hour				\$	23.13	Average # of Customers per tour	Average Revenue per hour
Tips per hour						3	\$ 69.38

Low Tip Rate	10%	\$	6.94
Median Tip Rate	15%	\$	10.41
High Tip Rate	20%	\$	13.88

		Low Tip Estimate	Median Tip Estimate	High Tip Estimate
Hours worked per week	30	\$ 208.15	\$ 312.23	\$ 416.31
Hours worked per month	120	\$ 833	\$ 1,249	\$ 1,665

Estimated Range of Tips per Month

Knowledge 2000
Profit & Loss 05/07/02
January through December 2001

Jan - Dec '01

Ordinary Income/Expense
Income

Sales of CPA Excel	
Instate sales	6,069.92
Sales of CPA Excel - Other	149,221.95
Total Sales of CPA Excel	155,291.87

Shipping & Handling from Custom	713.00
Total Income	156,004.87

Expense

Advertising	12,578.42
Authors Royalties	35,752.55
Automobile Expense	1,163.77
Bank Service Charges	466.31
Computer Software	1,096.32
Contract Work	3,264.00
Depreciation Expense	8,515.54
Dues and Subscriptions	1,372.68
Equipment Rental	1,169.58
Insurance	6,790.69

Interest Expense

Finance Charge	6,346.43
Loan Interest	4,864.21
Total Interest Expense	11,210.64

Late Charges	264.00
Licenses and Permits	234.00
Mentor Fees	5,500.00

Merchant Service Fees

American Express Discount	699.35
MC/Visa Discount	3,675.08
Novus Discount	370.29
Merchant Service Fees - Other	150.00
Total Merchant Service Fees	4,894.72

Office Supplies	3,226.61
-----------------	----------

Payroll Expenses

Federal Unemployment	177.02
FICA/Medicare Payroll Taxes	4,838.20
Hourly Employees	34,524.67
Officer Salary	28,719.66
State Unemployment Tax	230.13
Total Payroll Expenses	68,489.68

Postage and Delivery	14,645.03
Printing and Reproduction	1,633.55

Professional Fees

Accounting	8,112.00
Legal Fees	11,882.55
Total Professional Fees	19,994.55

Referral Fee


Referral Fee	950.00
Rent	13,746.46
Repairs	151.66

Tax

Penalties & Interest to IRS	14,528.80
State Corporate Tax	50.00
Total Tax	14,578.80

CASE NO. 109980497
 EXHIBIT NO. 4
 MARKED FOR IDENTIFICATION ONLY
 ADMITTED AND FILED
 JEANNE HICKS Clerk
 BY _____ Deputy

Telephone	9,311.35
Travel & Ent	
Entertainment	45.60
Meals	1,183.31
Travel	1,127.02
Total Travel & Ent	2,355.93
Uncategorized Expenses	99.68
Utilities	
Gas and Electric	1,765.39
Total Utilities	1,765.39
Total Expense	245,221.91
Net Ordinary Income	-89,217.04
Other Income/Expense	
Other Income	
Interest Income	7.76
Other Income	5.23
Total Other Income	12.99
Net Other Income	12.99
Net Income	-89,204.05

a Control number		OMB No. 1545-0008		Safe, accurate FAST! Use 		Visit the IRS Web Site at www.irs.gov .	
b Employer identification number 86-0832795				1 Wages, tips, other compensation 28719.66		2 Federal income tax withheld 2410.00	
c Employer's name, address, and ZIP code Knowledge 2000, Inc PO Box 4223 Sedona AZ 86340				3 Social security wages 28719.66		4 Social security tax withheld 1780.62	
				5 Medicare wages and tips 28719.66		6 Medicare tax withheld 416.43	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 523-80-1246				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Jonathan Walker PO Box 4223 Sedona AZ 86340				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number AZ 01501569E		16 State wages, tips, etc. 28719.66		17 State income tax 482.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax
Statement

2001

Department of the Treasury—Internal Revenue Service

Copy B To Be Filed with Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CASE NO. 109980497
EXHIBIT NO. 8
MARKED FOR IDENTIFICATION ONLY
ADMITTED AND FILED 5/7/02
JEANNE HICKS Clerk
BY J. Browley Deputy

2002 Cash Flow Needs (Jonathan Walker)

Total Per Month	Salary	Fed Tax	SST	Medicare	Cash Flow	Descetionary Cash After ...
	\$28,719.66	\$2,410.00	\$1,780.62	\$ 416.43	\$24,112.61	
					\$ 2,009.38	
				Rent	\$ 950	\$ 1,059.38
				Health Ins	\$ 1,042	\$ 17.38
				Utilities	\$ 100	\$ (82.62)
				Car Ins	\$ 94	\$ (176.62)
				Mat's Meds	\$ 50	\$ (226.62)
				Food		
				Clothing		
				Other		

CASE NO. DO 9980497
EXHIBIT NO. 6
MARKED FOR IDENTIFICATION ONLY
ADMITTED AND FILED 5/7/03
JEANNE HICKS Clerk
BY J. Brawley Deputy

2001 Cash Flow (Jonathan Walker)

Total Per Month	Salary	Fed Tax	SST	Medicare	Cash Flow	Descetionary Cash After ...
	\$28,719.66	\$2,410.00	\$1,780.62	\$ 416.43	\$24,112.61	
					\$ 2,009.38	
				Rent	\$ 950	\$ 1,059.38
				Health Ins	\$ 639	\$ 420.88
				Utilities	\$ 100	\$ 320.88
				Car Ins	\$ 94	\$ 226.88
				Mat's Meds	\$ 50	\$ 176.88
				Food		
				Clothing		
				Other		

CASE NO. DO 9980497

EXHIBIT NO. 7

MARKED FOR IDENTIFICATION ONLY

ADMITTED AND FILED 5/7/02

JEANNE HICKS Clerk

BY J. Drawley Deputy

JOHN F WALKER
40 SOLDIERS PASS RD STE 6
SEDONA AZ 86336-4700

CENTRAL RESERVE LIFE INSURANCE COMPANY
17800 Royalton Road • Cleveland, OH 44130-5197 • 440-672-2400
www.centralreserve.com • www.ceresgp.com

R

DATE PROCESSED	ACCOUNT NUMBER	COVERAGE PERIOD	AMOUNT DUE	PAGE
1/16/02		02/01/02-03/01/02	1,042.51	1

NAME	CERT	PLAN	SINGLE PREMIUM	DEPENDENT PREMIUM	TOTAL PREMIUM
WALKER, JOHN F	0001	2153	638.82	378.19	1015.01

CASE NO. DO 9980497

EXHIBIT NO. 8

MARKED FOR IDENTIFICATION ONLY

ADMITTED AND FILED 5/7/02

JEANNE HICKS Clerk

BY J. Brawley Deputy

NO PAYMENT DUE-PREMIUM PAID THROUGH ELECTRONIC FUNDS TRANSFER

TOTAL PREMIUM	1015.01
ADMINISTRATIVE FEES	17.50
ASSOCIATION FEES	10.00
TOTAL AMOUNT DUE	1042.51



CENTRAL RESERVE LIFE INSURANCE COMPANY
A Subsidiary of Ceres Group, Inc.

DATE	ACCOUNT NUMBER	COVERAGE PERIOD	PAYMENT DUE DATE	TOTAL AMOUNT DUE
1/16/02		02/01/02 - 03/01/02	2/01/02	1,042.51

Amount Enclosed

\$ 0.00

NO PAYMENT DUE-PREMIUMS PAID THROUGH ELECTRONIC FUNDS TRANSFER

(1) Person Filing: Court
Address:

4 **FILED**
O'Clock, P M

APR 24 2000

By Wendy Heald Walker Clerk
Deputy

Phone:
Representing:
State Bar Number:
Atlas Number:

SUPERIOR COURT OF ARIZONA, COUNTY OF (2) YAVAPAI

(3) WENDY HEALD WALKER)
Petitioner,)
06/18/50 074-44-6768)
vs. DOB SSN)
(4) JONATHAN FITZALAN WALKER)
Respondent.)
08/24/44 523-80-1246)
DOB SSN)

Case No. (5) DO998-0497

CHILD SUPPORT ORDER

THE COURT FINDS THAT:

1. The parties owe a duty to support the following children:

(5)

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
-------------	----------------------	-------------------------------

2. The parties' circumstances are as follows:

	<u>Father</u>	<u>Mother</u>	<u>COMBINED</u>
Gross Income	\$5,833.00 (8)	\$1,700.00	
Spousal Maintenance Paid	\$0.00 (9)	\$0.00	
Child Support Paid	\$0.00 (10)	\$0.00	
Adjustment for Supporting Other Children	\$0.00 (11)	\$0.00	
Adjusted Gross Income	\$5,833.00 (12)	\$1,700.00 (13)	\$7,533.00
Basic Child Support Obligation		(15)	\$1,325.00
Medical Insurance Premium		(16)	\$250.00
Child Care		(17)	\$0.00
Extra Education		(18)	\$0.00
Child(ren) 12 or Older		(19)	\$132.50
Extraordinary Child		(20)	\$0.00
Total Child Support Obligation		(22)	\$1,707.50
Proportionate Share of Income	77.43% (25)	22.57%	
Each Parent's Support Obligation	\$1,322.16 (28)	\$385.34	

() PETITIONER () RESPONDENT () C/S WIFE () C/S HUSBAND () DIV () DISPO CHG () W/FILE () C/S SA () OTHER () TOTAL 3

Adjustment for Costs Associated with Visitation	\$247.78	(29)	\$0.00
Medical Insurance Premium Adjustment	\$250.00	(30)	\$0.00
Day care Adjustment Non-Custodial Parent	\$0.00	(31)	\$0.00
Court Approved Discretionary Visitation Adjustment	\$0.00	(32)	\$0.00
Preliminary Child Support Amount	\$824.38	(34)	\$385.34

Self Support Reserve Test

Paying parent's ADJUSTED gross income (Line 12) minus -\$645.00 = the resulting amount.	\$5,188.00	(35)	\$1,055.00
---	------------	------	------------

3. Obligor's employer/payor is:

Name:

Payroll Dept. Address:

4. Written Findings for Physical Custody Adjustment, Court Approved Discretionary Visitation Adjustment and/or Other Adjustments:

5. The court finds that the payor has the ability to pay child support:

☒ In the amount entered on line 34 \$824.00
☐ In an adjusted amount calculated using the self support reserve on line 35.

6. The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons:

☐ Application of the guidelines is inappropriate.
☐ Application of the guidelines is unjust.
☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

The court makes the following finding regarding the deviation:

☐ The child support order would have been
☐ The child support order after deviation is
☐ All parties have signed the agreement free of duress and coercion.

IT IS ORDERED THAT:

- A. The ☐ Petitioner ☒ Respondent shall pay child support of \$824.00 per month. If this is a modification of child support, all other prior orders of this court not modified herein remain in full force and effect. The effective date of the obligation to pay child support ordered by the court is 5/1/00. The first payment is due 5-1-00.

IMPORTANT NOTICE: Under state law (section 25-503, subsection I, Arizona Revised Statutes) the right to collect unpaid child support payments ends three years after the last child included in the child support order emancipates.* To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount due before the end of the three year period. (Limited exceptions exist and are found in A.R.S. 25-320(B)).

*A child is emancipated: On the date of the child's marriage.
On the child's 18th birthday.
When the child is adopted.
When the child dies.
When the support obligation is terminated by court if support is extended beyond the age of 18.

Payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. At any time the obligor's employer/payor is not paying pursuant to an Order of Assignment, the obligor must make full and timely payment directly to:

Support Payment Clearinghouse
PO Box 52107
Phoenix, AZ 85072-2107

Payments not made through the Clearinghouse shall be considered gifts unless otherwise ordered. Payments must include the case number and the obligor's name.

- B. Unless the court has ordered otherwise, the parties affected by this order shall notify the Support Payment Clearinghouse of their addresses and shall notify the Support Payment Clearinghouse of any change of address within ten (10) days. The obligor shall also notify the Support Payment Clearinghouse of the names and addresses of the obligor's employers or other payors and, within ten (10) days, of any changes thereof.
- C. ☐ Petitioner ☒ Respondent is responsible for providing medical insurance for the children.
- ☒ Petitioner ☐ Respondent shall pay 23% of any uninsured medical expenses and the other party shall pay the remainder
- D. The costs of visitation-related travel/transportation shall be shared by the parties as follows: Mother: Father:
- E. The parties shall:
- ☒ Exchange financial information such as copies of tax returns, earnings statements, and a Parent's Worksheet every 24 months.

[] Exchange residential addresses and the names and addresses of their employers every 24 months.

F. The court allocates the tax exemption(s) as follows:

Respondent shall be entitled to claim the children as exemptions on his tax returns three of every four years providing all child support is current and paid.

Petitioner shall be entitled to claim the children as exemptions on her tax returns each tax year divisible by four.

April 19, 2000
Date

Jane M. [Signature]
Judge or Commissioner

Case No. DO998-0497

No. of Children: 2

Ages: 14, 12

Caption: WALKER and WALKER

	Father	Mother
MONTHLY GROSS INCOME	\$5,833.00	\$1,700.00
Spousal Maintenance Paid	\$0.00	\$0.00
Received	\$0.00	\$0.00
Child Support Paid / Contributed for <u>Other</u> Children	\$0.00	\$0.00
Cost of Supporting Other Children	\$0.00	\$0.00
Adjusted Monthly Gross Income for Each Parent	\$5,833.00	\$1,700.00
COMBINED ADJUSTED MONTHLY GROSS INCOME	\$7,533.00	
BASIC CHILD SUPPORT OBLIGATION FOR 2 CHILDREN	\$1,325.00	
ADJUSTMENTS FOR NECESSARY EXPENSES		
Medical Insurance Premium for Children paid by <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father	\$250.00	
Child Care Costs <input type="checkbox"/> Mother <input type="checkbox"/> Father	\$0.00	
Extra Education Expenses	\$0.00	
Number of Children 12 and Over: 2	\$132.50	
Extraordinary Child	\$0.00	
TOTAL CHILD SUPPORT OBLIGATION	\$1,707.50	
Proportionate Share of Income	77.43%	22.57%
Parental Support Obligation	\$1,322.16	\$385.34
Costs Associated with Visitation		
For 128 Days: 18.70% X BASIC SUPPORT =	\$247.78	\$0.00
Additional Discretionary Adjustment: 0.00%	\$0.00	\$0.00
Medical Insurance Premium Adjustment	\$250.00	\$0.00
Non-Custodial Child Care Adjustment	\$0.00	\$0.00
PRELIMINARY CHILD SUPPORT AMOUNT	\$824.38	\$385.34
SELF SUPPORT RESERVE TEST: AGI - \$645.00 =	\$5,188.00	\$1,055.00
AMOUNT TO BE ORDERED BASED ON THESE CALCULATIONS	\$824	\$385

EFFECTIVE DATE: 5/1/00

APR 22 P.M.

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI

DIVISION 3 -

NORBERT G. WEDEPOHL, Clerk

HON. JANIS ANN STERLING

By: K. IHNEN ✓

CASE NUMBER: DO998-0497

DATE: April 24, 2000

TITLE:

COUNSEL:

WENDY HEALD WALKER

Gary W. Kazragis
2030 W. Hwy 89A, Suite A1
Sedona, AZ 86335

Petitioner,

vs.

JONATHAN FITZALAN WALKER

In Pro Per
40 Soldier Pass Rd., #16
Sedona, AZ 86336

Respondent.

HEARING ON:

COURT REPORTER:

This matter having been taken under advisement, the Court finds:

1. This Court has jurisdiction of the parties and the subject matter.
2. The marriage presently existing between the parties is irretrievably broken without reasonable prospect of reconciliation.
3. There are two minor children common to the parties, Anthony, 14, and Mathew 12.
4. The parties cannot agree as to the custody, visitation, and support of their minor children
5. The parties have reached a property settlement agreement regarding all assets and liabilities, and the parties agreement constitutes a fair and equitable division of assets and liabilities.
6. Petitioner is seeking joint legal custody of the children with residential custody vested in Petitioner; Respondent is seeking sole custody with visitation in Petitioner.
7. Since birth, Petitioner has been the primary caregiver for the children; the children have resided with Petitioner since Respondent left the marital residence in December 1998, and Respondent has not had the children for overnight visitation since December 1998.

8. The children have lived in their current residence since 1991 and are well adjusted to their school and community.
9. The children have frequent unscheduled visitation with Father at Father's tennis club.
10. Both parties have completed the Parent Education program.
11. Each of the children has special educational needs which are being monitored and addressed by Mother and the school.
12. The parties have failed to agree on a parenting plan or any elements of a joint custody arrangement.
13. Father desires to "mentor his boys into adulthood".
14. Father is self-employed, has several advanced degrees, and has high income earning ability.
15. Father does not maintain a telephone in his residence.
16. The children have telephone and e-mail access with father at his office.
17. The parties are unable to communicate effectively, and cannot make joint decisions regarding the children's education and medical needs.
18. It is in the children's best interest to maintain their current residential placement with Mother subject to frequent scheduled visitation with the Father, such visitation to be not less than as provided by the Yavapai County Domestic Relations Guidelines.
19. The Court adopts as its findings the income and expense data set forth in the parents worksheet for child support amount submitted by Petitioner, however finds Respondent is entitled to a reduction in his child support obligation equal to the medical premiums paid.

NOW THEREFORE IT IS ORDERED:

1. The marriage previously existing between the parties is dissolved; each is restored to the status of single persons.
2. The parties' agreement as to the division of property and debts is approved, confirmed and deemed to be not unfair.
3. Custody of the minor children is vested in Petitioner subject to Respondent's rights of visitation; such rights of visitation shall be not less than as provided by the Yavapai County Domestic Relations Guidelines for short distance parenting.
4. Respondent shall obtain and maintain medical insurance on the minor children; any uncovered medical expenses shall be paid for by the parties in the same proportion as their child support obligation.
5. Petitioner is restored her former name of Heald.