IN THE CHANCERY COURT FOR DAVIDSON COUNTY, TENNESSEE AT NASHVILLE

FILED
2015 DEC -8 AM 11:00
CLERK & MASTER
DAVIDSON COUNTY CHANCERY COURT
D.C. & M.

WILLIAM W. SMITH, Petitioner,	)	Case No. 15-351-IV
v.	)	
JACKIE SMITH; WANDA BURCHETTE; TERRY PARKER; and SHERRY PARKER, Respondents.	)	
IN RE: REAL PROPERTY IN DAVIDSON COUNTY LOCATED AT 896 SHARPE AVENUE, NASHVILLE, TN 37207	)	

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF ORIGINAL INSTRUMENT FILED IN MY OFFICE.
THIS 4th DAY OF January 2017
MARIA M. SALAS, CLERK & MASTER
BY _____ DEPUTY

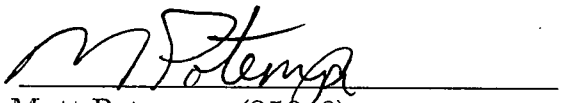
NOTICE OF FILING

Comes now Petitioner William W. Smith, by and through counsel, hereby provides notice to all interested parties of the following documents:

1. Proof of casualty insurance for the subject property;
2. Three Quitclain Deeds executed by Alvin Ray Smith, Roy Dale Smith and Charles E. Smith conveying their interest in the subject property to Petitioner;
3. An Order to Sell Property from the U.S. Bankruptcy Court; and
4. An Affidavit from TennCare advising of a $188,612.54 claim.

BILL GARRETT, Davidson County
Trans:T20170003015 ORDER
Recvd: 01/11/17 16:03 17 pgs
Fees:87.00 Taxes:0.00
20170111-0003418

Respectfully submitted,



Matt Potempa, (25640)
Garrett Knisley, (33391)
Martin Heller Potempa & Sheppard, PLLC
2122 21st Avenue South
Nashville, TN 37212
(615) 800-7096 office
(615) 810-7104 facsimile

Attorneys for Petitioner William W. Smith

CERTIFICATE OF SERVICE

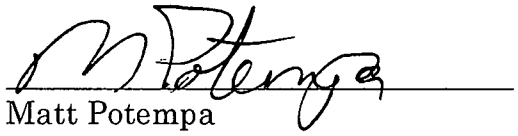
I hereby certify that a true and exact copy of the foregoing has been forwarded via U.S. Postal Service, postage prepaid, to the following persons this 8th day of December, 2015:

Jackie Smith
509 Cloverland Court
Smyrna, TN 37167

Wanda Burchette
5343 Lascassas Pike
Lascassas, TN 37085

Terry Parker
3270 Priest Woods Drive
Nashville, TN 37214

Sherry Parker
3315 New Hope Road
Hendersonville, TN 37085



Matt Potempa

FOREMOST®
INSURANCE COMPANY
Home Office
5600 Beech Tree Lane
P.O. Box 2450
Caledonia, Michigan 49316

FILED
2015 DEC -8 AM 11:01
CLERK & MASTER
DAVIDSON COUNTY CHANCERY COURT

Attn.
MATT O.
615-800-74 4

FOREMOST BASICS™ DECLARATIONS PAGE

POLICY NUMBER: 381-0069057747-04
RENEWAL OF: 381-0069057747-03
POLICY PERIOD BEGINNING 02/03/15 **ENDING** 02/03/16 12:01 A.M. STANDARD TIME

YOU AS NAMED INSURED AND YOUR ADDRESS

ALVIN SMITH
896 SHARPE AVE
NASHVILLE TN 37206-3347

YOUR POLICY IS SERVICED BY

AGENCY CODE:
419600157

DENNIS CHRISTOPHER SINOR
608A N MAIN ST
GOODLETTSVILLE TN 37072-1301

TELEPHONE:
(615) 855-3335

COVERAGES: Coverage is provided only where a specific premium charge is shown below or where shown as included without specific charge either below or in your policy. Detailed descriptions and any limitations will be found in your policy.

LOCATION # 1

IMPORTANT RATING INFORMATION

PREMISES DESCRIPTION:	896 SHARPE AVE NASHVILLE TN 37206-3347				
CONSTRUCTION:	FRAME	**TERRITORY:**	C	**YR. BUILT:**	1981
FAMILIES:	1	**PROT. CLASS:**	4	**FORM:**	ACV
OCCUPANCY:	PRIMARY	**RESP. FIRE DEPT.:**	NASHVILLE FS 3		
HYDRANT:	WITHIN 1,000 FEET	**COUNTY:**	DAVIDSON		
FIRE DEPT.:	WITHIN 5 MILES				

SECTION I COVERAGES	AMOUNT OF INSURANCE	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
A. DWELLING	$ 120,000		$ 893.00
B. OTHER STRUCTURES	$ 6,000		INCLUDED
C. PERSONAL PROPERTY	$ 60,000		INCLUDED
D. ADDITIONAL LIVING EXPENSE	$ 24,000		INCLUDED

SECTION I LOSSES ARE SUBJECT TO A DEDUCTIBLE OF: $1,000 ALL PERILS

SECTION II COVERAGES	LIMIT OF LIABILITY	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
E. COMP PERSONAL LIABILITY	$ 100,000 EA ACCIDENT		INCLUDED
F. MEDICAL PAYMENTS	$ 1,000 EA PERSON		INCLUDED

FORMS/ENDORSEMENTS THAT APPLY TO LOCATION # 1	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
35000 09/99 CLASSIC ACV HOMEOWNERS POLICY		

EXHIBIT 1

10/02/2015 10:42 6158553050 SINOR INSURANCE PAGE 01/02

ORIGINAL

FILED

2015 DEC -8 AM 11:01

DAVIDSON COUNTY CHANCERY COURT

QUITCLAIM DEED	STATE OF TENNESSEE COUNTY OF DAVIDSON THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 0.00 Affiant SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE ____ DAY OF _____, 2014. Notary Public COMMISSION EXPIRES: (AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY:

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILL TO:	MAP-PARCEL NUMBERS:
William W. Smith (Name)	New Owner	082040209.00
896 Sharpe Avenue (Address)		
Nashville, TN 37207		

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which are hereby expressly acknowledged, the undersigned, Alvin Ray Smith, hereinafter referred to as Grantor(s), hereby quitclaim to William W. Smith, her heirs and assigns forever, all of her right, title and interest in the following described real estate, situated in Davidson County, State of Tennessee, to wit

See attached Exhibit "A"

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

IN WITNESS WHEREOF, the said Alvin Ray Smith. has hereunto set his signature, on this, the 19th day of Dec, 2014.

Alvin Ray Smith

EXHIBIT 2

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Alvin Ray Smith., the bargainor(s), with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he/she/they executed the foregoing Quit-Claim Deed for the purposes and considerations therein contained.

WITNESS my hand and official seal of office, this 19th day of Dec, 2014.

My Commission Expires
August 22, 2016

Wanda Whitley
NOTARY PUBLIC

My commission expires: _____

WANDA WHITLEY
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

Exhibit "A"

Being the West 60 feet of Lots 8 and 9 on the Plan of Thornby Place which is of record in Book 332, Page 3, Register's Office for Davidson County, Tennessee.

Being all of the same property conveyed to Mary E. Smith and Charles E. Smith and James H. Smith, Roy Dale Smith, William W. Smith and Alvin Ray Smith from Cumberland Builders, Inc. by warranty deed of record in Book 5683, Page 242, Register's Office for Davidson County, Tennessee.

Source of Title: Instrument # 20170111-0003414
and
20170111-0003415

QUITCLAIM DEED	STATE OF TENNESSEE COUNTY OF DAVIDSON THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 0.00 _____ Affiant SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE ____ DAY OF _____, 2014. _____ Notary Public COMMISSION EXPIRES: (AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY:		
ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILL TO:	MAP-PARCEL NUMBERS:
William W. Smith (Name)	New Owner	082040209.00
896 Sharpe Avenue (Address)		
Nashville, TN 37207		

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which are hereby expressly acknowledged, the undersigned, Roy Dale Smith, hereinafter referred to as Grantor(s), hereby quitclaim to William W. Smith, her heirs and assigns forever, all of her right, title and interest in the following described real estate, situated in Davidson County, State of Tennessee, to wit

See attached Exhibit "A"

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

IN WITNESS WHEREOF, the said Roy Dale Smith. has hereunto set his signature, on this, the 19th day of Dec, 2014.

Roy Dale Smith

STATE OF TENNESSEE)
COUNTY OF Rutherford)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Roy Dale Smith., the bargainor(s), with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he/she/they executed the foregoing Quit-Claim Deed for the purposes and considerations therein contained.

WITNESS my hand and official seal of office, this 19th day of Dec, 2014.

Wanda W. Pulley
NOTARY PUBLIC

My Commission Expires
My commission expires August 22, 2016

STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY
WANDA WHITLEY

Exhibit "A"

Being the West 60 feet of Lots 8 and 9 on the Plan of Thornby Place which is of record in Book 332, Page 3, Register's Office for Davidson County, Tennessee.

Being all of the same property conveyed to Mary E. Smith and Charles E. Smith and James H. Smith, Roy Dale Smith, William W. Smith and Alvin Ray Smith from Cumberland Builders, Inc. by warranty deed of record in Book 5683, Page 242, Register's Office for Davidson County, Tennessee.

Source of Title: Instrument # 20170111-0003414
and
20170111-0003415

QUITCLAIM DEED	STATE OF TENNESSEE COUNTY OF DAVIDSON THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 0.00 _____ Affiant SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 17th DAY OF January, 2015 Notary Public COMMISSION EXPIRES: 8-23-16 (AFFIX SEAL)

STATE OF TENNESSEE NOTARY PUBLIC

THIS INSTRUMENT WAS PREPARED BY:		
ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILL TO:	MAP-PARCEL NUMBERS:
William W. Smith (Name)	New Owner	082040209.00
896 Sharpe Avenue (Address)		
Nashville, TN 37207		

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which are hereby expressly acknowledged, the undersigned, Charles E. Smith, hereinafter referred to as Grantor(s), hereby quitclaim to William W. Smith, her heirs and assigns forever, all of her right, title and interest in the following described real estate, situated in Davidson County, State of Tennessee, to wit

See attached Exhibit "A"

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

IN WITNESS WHEREOF, the said Charles E. Smith. has hereunto set his signature, on this, the 17th day of January 2015.

Charles E. Smith

STATE OF TENNESSEE)
COUNTY OF Putnam)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Charles E. Smith., the bargainor(s), with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he/she/they executed the foregoing Quit-Claim Deed for the purposes and considerations therein contained.

WITNESS my hand and official seal of office, this 17th day of January, 2015

Sabrina DeCastillo
NOTARY PUBLIC

My commission expires: 8-23-16

SABRINA DEE CASTILLO
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF PUTNAM

Exhibit "A"

Being the West 60 feet of Lots 8 and 9 on the Plan of Thornby Place which is of record in Book 332, Page 3, Register's Office for Davidson County, Tennessee.

Being all of the same property conveyed to Mary E. Smith and Charles E. Smith and James H. Smith, Roy Dale Smith, William W. Smith and Alvin Ray Smith from Cumberland Builders, Inc. by warranty deed of record in Book 5683, Page 242, Register's Office for Davidson County, Tennessee.

Source of Title: Instrument # 20170111-0003414
and
20170111-0003415

Keith M. Lundin
U.S. Bankruptcy Judge
Dated: 10/27/2015

FILED
2015 DEC -8 AM 11:01
CLERK & MASTER
DAVIDSON COUNTY CHANCERY COURT
D.C. & M.

IN THE UNITED STATES BANKRUPTCY COURT
Middle District of Tennessee

In the Matter of:	}	Case No. 3:11-bk-08526
WILLIAM WAYNE SMITH	}	Chapter 13
SSN# xxx-xx-9429	}	
DENA SUE SMITH	}	Judge Lundin
SSN# xxx-xx-9632	}	
1337 MADISON CREEK RD	}	
Goodlettsville TN 37072	}	
Debtor(s)		

ORDER TO SELL PROPERTY

Debtors moved the Court to approve the sale of debtor's real property located at 896 Sharpe Ave, Nashville, TN 37207. No objection being raised during the period specified in debtors' Motion and for good cause shown therein, debtors shall have permission to sell real property located at 896 Sharpe Ave, Nashville, TN 37207. Debtors shall remit any interest in net proceeds received after closing costs to the Chapter 13 Trustee by the closing agent.

IT IS SO ORDERED.

This order was signed and entered electronically as indicated at the top of the first page.

APPROVED FOR ENTRY:

/s/ DAVID F CANNON
David F. Cannon
Attorney for Debtor
346 21st Ave North
Nashville, TN 37203
(p) 615-321-8787
(f) 615-620-7340
dcannon@davidcannon.net

EXHIBIT
3

This Order has been electronically signed. The Judge's signature and Court's seal appear at the top of the first page.
United States Bankruptcy Court.

FILED
2015 DEC -8 AM 11:00
CLERK & MASTER
DAVIDSON COUNTY CHANCERY COURT
D.C. & M.

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

October 20, 2014

Selina Harris
ATTORNEY FOR ESTATE
30 Burton Hills Ste 400
Nashville, TN 37215

RE: Estate of Mary Smith

Dear Selina Harris:

Enclosed please find an Affidavit for a Medicaid claim on behalf of the State of Tennessee, Bureau of TennCare, in which the State incurred medical expenses for nursing home care on behalf of Mary E Smith.

Please send a check or money order for the claim amount made payable to Treasurer - State of Tennessee. The account number 11000336990 must appear on your payment to ensure proper credit. Please mail your payment only to:

TennCare
MSC# 1337
P.O Box 305133
Nashville, TN 37230-1337

All other correspondence should be addressed to Estate Recovery. If you have any questions or need further assistance you may contact our office at 866-389-8444 .

Thank you for your attention to this matter.

Sincerely,

Brenda Soulas

Brenda Soulas
Estate Recovery

EXHIBIT
4

AFFIDAVIT

State of Tennessee
County of Davidson

Member:	Mary E Smith	Probate #:
Date of Death	01/12/2007	
TennCare ID #	11000336990	
Cost Claim Amount:	$188,612.54	

Pursuant to the Tennessee Code Annotated §71-5-116, the Bureau of TennCare is submitting this recovery cost claim to the estate of the above referenced individual. Our records identify this member was an enrollee in the TennCare program and fifty five years of age or older at the time of their death. Additionally we do not show the decedent to be survived by a spouse, a child under the age of eighteen (18) years old or a child who is blind or permanently and totally disabled.

Attached to this affidavit is a copy of a computer generated summary print-out of TennCare records listing the amounts paid for which TennCare is seeking recovery. This cost claim is correct, just and a valid obligation of the estate of the above referenced individual, neither the State nor any other person on the State's behalf has received payment thereof in whole or in part, except such as is credited thereon, and no security therefore has been received, except as thereon stated.

Sworn to and subscribed before me on this the 24th day of October of 2014.

Santhisouk Fongnaly
Notary Public

SANTHISOUK FONGNALY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JUL 2, 2018

Notary Public / My commission expires:

JUL 02 2018

Further, affiant saith not.

Records Keeper (Signature)

S. Kenneth Mallard

Records Keeper (Printed Name)

Please remit checks payable to TennCare to the following address:

TennCare
MSC# 1337
P.O Box 305133
Nashville, TN 37230-1337

CLERK ID: DCU0686

RID: 11000336990 RECIPIENT: MARY E SMITH

PROVIDER NAME
MAYFIELD REHABILITATION AND SPECIAL CARE CENTER

PROVIDER NO	ICN	CT	M	S	FROM DT	THRU DT	COV. DAYS	BILLED AMT.	PAID AMT.	PAID DT	DIAG1/2	
000445160	4001213948860	L	1	P	2001/07/01	2001/07/31	31	3,317.00	2,645.00	2001/08/31	436	/36910
000445160	4001244757693	L	1	P	2001/08/01	2001/08/31	31	3,317.00	2,645.00	2001/09/28	436	/36910
000445160	4001274748568	L	1	P	2001/09/01	2001/09/30	30	3,210.00	2,538.00	2001/10/26	436	/36910
000445160	4001305943699	L	1	P	2001/10/01	2001/10/31	31	3,317.00	2,645.00	2001/11/30	436	/36910
000445160	4001335770811	L	1	P	2001/11/01	2001/11/30	30	3,210.00	2,793.00	2001/12/28	436	/36910
000445160	4002001723798	L	1	P	2001/12/01	2001/12/31	31	3,317.00	2,645.00	2002/01/25	436	/36910
000445160	4002032706382	L	1	P	2002/01/01	2002/01/31	31	3,317.00	2,626.00	2002/02/22	436	/36910
000445160	4002061061695	L	1	P	2002/02/01	2002/02/28	28	2,996.00	2,305.00	2002/03/29	436	/36910
000445160	4002091887833	L	1	P	2002/03/01	2002/03/31	31	3,317.00	2,626.00	2002/04/26	436	/36910
000445160	4002122042691	L	1	P	2002/04/01	2002/04/30	30	3,210.00	2,519.00	2002/05/31	436	/36910
000445160	4002152539210	L	1	P	2002/05/01	2002/05/31	31	3,317.00	2,626.00	2002/06/28	436	/36910
000445160	4002182881493	L	1	P	2002/06/01	2002/06/30	30	3,210.00	2,519.00	2002/07/26	436	/36910
000445160	4503001003724	L	2	P	2002/07/01	2002/07/31	31	3,551.36	2,860.36	2003/01/24	436	/36910
000445160	4502274004559	L	2	P	2002/07/01	2002/07/31	31	3,501.76	2,810.76	2002/10/18	436	/36910
000445160	4503001003726	L	2	P	2002/08/01	2002/08/31	31	3,551.36	2,860.36	2003/01/24	436	/36910
000445160	4503001003728	L	2	P	2002/09/01	2002/09/30	30	3,436.80	2,745.80	2003/01/24	436	/36910
000445160	4002306094233	L	1	P	2002/10/01	2002/10/31	31	3,551.36	2,860.36	2002/11/29	436	/36910
000445160	4002335791491	L	1	P	2002/11/01	2002/11/30	30	3,436.80	2,745.80	2002/12/27	436	/36910
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000445160	4003182852459	L	1	P	2003/06/01	2003/06/30	29	3,322.24	2,644.51	2003/07/25	436	/36910
000445160	4003214127857	L	1	P	2003/07/01	2003/07/31	31	3,609.95	2,908.95	2003/08/29	436	/36910
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000445160	4003305943304	L	1	P	2003/10/01	2003/10/31	31	3,609.95	2,908.95	2003/11/28	436	/36910
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000445160	4004093157093	L	1	P	2004/03/01	2004/03/31	31	3,609.95	2,908.95	2004/04/30	436	/36910
000445160	4004123063807	L	1	P	2004/04/01	2004/04/30	30	3,493.50	2,792.50	2004/05/28	436	/36910
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000445160	4004184265163	L	1	P	2004/06/01	2004/06/30	30	3,493.50	2,792.50	2004/07/30	436	/36910
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000445160	2804266001941	L	1	P	2004/08/01	2004/08/31	31	3,787.27	3,071.27	2004/10/14	436	/36910
000445160	2804281003672	L	1	P	2004/09/01	2004/09/30	30	3,665.10	2,949.10	2004/10/29	436	/36910
000445160	2804342001993	L	1	P	2004/10/01	2004/10/31	31	3,787.27	3,071.27	2004/12/17	436	/36910

CLERK ID: DCU0686

RID: 11000336990 RECIPIENT: MARY E SMITH

PROVIDER NAME
MAYFIELD REHABILITATION AND SPECIAL CARE CENTER

PROVIDER NO	ICN	CT	M	S	FROM DT	THRU DT	COV. DAYS	BILLED AMT.	PAID AMT.	PAID DT	DIAG1/2	
000445160	2804342001997	L	1	P	2004/11/01	2004/11/30	30	3,665.10	2,949.10	2004/12/24	436	/36910
000445160	2805004001279	L	1	P	2004/12/01	2004/12/31	31	3,787.27	3,071.27	2005/01/27	436	/36910
000445160	2805032003655	L	1	P	2005/01/01	2005/01/25	20	3,054.25	1,975.00	2005/02/24	436	/36910
000445160	2805152002736	L		P	2005/05/03	2005/05/31	29	3,542.93	2,863.75	2005/06/29	436	/
000445160	2805182002525	L		P	2005/06/01	2005/06/30	30	3,665.10	2,939.10	2005/07/28	436	/
000445160	5507158003869	L		P	2005/07/01	2005/07/31	31	4,122.38	3,061.27	2007/06/22	436	/
000445160	5507158003924	L		P	2005/08/01	2005/08/31	31	3,787.27	3,061.27	2007/06/22	436	/
000445160	5507158003984	L		P	2005/09/01	2005/09/30	30	3,665.10	2,939.10	2007/06/22	436	/
000445160	5507148036189	L		P	2005/10/01	2005/10/31	31	3,787.27	3,396.38	2007/06/22	436	/
000445160	5507148036250	L		P	2005/11/01	2005/11/30	30	3,665.10	3,263.40	2007/06/22	436	/
000445160	5507148036324	L		P	2005/12/01	2005/12/31	31	3,787.27	3,396.38	2007/06/22	436	/
000445160	5507148036386	L		P	2006/01/01	2006/01/31	31	3,787.27	3,364.38	2007/06/22	436	/
000445160	5507148036456	L		P	2006/02/01	2006/02/28	28	3,420.76	2,965.44	2007/06/22	436	/
000445160	5507148036539	L		P	2006/03/01	2006/03/31	31	3,787.27	3,364.38	2007/06/15	436	/
000445160	5507148036602	L		P	2006/04/01	2006/04/30	30	3,989.40	3,231.40	2007/06/15	436	/
000445160	5507148036680	L		P	2006/05/01	2006/05/31	31	4,122.38	3,364.38	2007/06/15	436	/
000445160	5507148036755	L		P	2006/06/01	2006/06/30	30	3,989.40	3,231.40	2007/06/15	436	/
000445160	5507148035763	L		P	2006/07/01	2006/07/31	31	4,122.38	3,553.17	2007/06/15	436	/
000445160	5507148035837	L		P	2006/08/01	2006/08/31	31	4,311.17	3,553.17	2007/06/15	436	/
000445160	5507148035910	L		P	2006/09/01	2006/09/30	30	4,172.10	3,414.10	2007/06/15	436	/
000445160	5507148035984	L		P	2006/10/01	2006/10/31	31	4,311.17	3,553.17	2007/06/15	436	/
000445160	5507148035493	L		P	2006/11/01	2006/11/30	30	4,172.10	3,414.10	2007/06/15	436	/
000445160	5507148035554	L		P	2006/12/01	2006/12/31	31	4,311.17	3,553.17	2007/06/15	436	/
000445160	5507148035642	L		P	2007/01/01	2007/01/12	11	1,529.77	1,251.58	2007/06/15	436	/

TOTALS FOR PROVIDER: 232,115.91 188,612.54

TOTALS FOR RID: 232,115.91 188,612.54