Home: 920-242-3195	Phone Numbers:	City State Zip Code	Street Address	Address:	Birth Date:	Last 16/17 First MI	Name of Spouse:	Birth Date: 9/16/109	WHONER JOHN E-	Name of responsible party:	Account Number: 183日 - ルー リコフフ	Account Number: 182 - 16 - 4277 Name of responsible party: WRCHEL JOWN
Cell: 920-248-3475 Marital Status (Please check one): Married Single Life Partner Separated Divorced	Home: 920-248-2179 Work: Cell: 920-248-2475 Marital Status (Please check one): Married Single Life Partner Separated Divorced	Phone Numbers: Home: \(\frac{920-248-3195}{248-3495} \) Cell: \(\frac{920-248-3495}{248-3495} \) Marital Status (Please check one): \(\begin{array}{c c c c c c c c c c c c c c c c c c c	Phone Numbers: Home: 920-242-3119 Work: Cell: 920-242-3119 Cell: 920-242-3119 Marrial Status (Please check one): Married Single Life Partner Separated Divorced	Street Address City State Zip Code Phone Numbers: Home: 920-248-3195 Cell: 920-248-3195 Marital Status (Please check one): Married Separated Divorced	Address: Street Address City State State Zip Code Phone Numbers: Home: 920-248-3195 Cell: 920-248-3195 Marital Status (Please check one): Married Separated Divorced	Birth Date: Address: Street Address City State Zip Code Phone Numbers: Home: 920-248-319 Cell: 920-248-319 Marital Status (Please check one): Married Single Life Partner Separated Divorced	Birth Date: Address: Street Address Street Numbers: Home: 920-248-319 Cell: 920-248-319 Marital Status (Please check one): Married Separated Divorced	Spouse:	Birth Date: O May First MI Name of Spouse: W/P	Birth Date:	Name of responsible party:	Number of dependent children living in your home under the age of 18:
Cell: 920-248-2495 Marital Status (Please check one):	Home: 920-242-2175 Work: Cell: 920-248-2476 Marital Status (Please check one): Married Single Life Partner	Phone Numbers: Home: \(\frac{920-248-2175}{} \) Work: \(\frac{920-248-2175}{} \) Cell: \(\frac{920-248-2175}{} \) Marital Status (Please check one): \[\begin{arrital} \text{Married} \text{ \text{Single}} \text{ \text{Life Partner}} \]	Phone Numbers: Home: \(\mathcal{PLO-24L-3115} \) Work: \(\mathcal{PLO-24L-3115} \) Cell: \(\mathcal{PLO-24L-3115} \) Marital Status (Please check one): \[\mathcal{PMarried} \mathcal{PSingle} \] Life Partner	Street Address City State Zip Code Phone Numbers: Home: 920-242-3114 Cell: 920-244-3116 Cell: 920-244-3116 Marital Status (Please check one):	Address: Street Address City State Zip Code Phone Numbers: Home: 920-242-3195 Cell: 920-242-3195 Marital Status (Please check one): Married Single Life Partner	Birth Date: Address: Street Address City State Zip Code Phone Numbers: Home: 920-248-319 Cell: 920-248-319 Marital Status (Please check one): Married Single Life Partner	Birth Date: Address: Address: Street Address City State City Code Phone: Home: Giv State City State City Code Co	Name of Spouse: Last Last First MI Birth Date: Address: Address: Street Address Street Address Work: City State State Zip Code Phone Numbers: Home: 920-248-3195 Cell: 920-248-3195 Marital Status (Please check one): Married Single Life Partner	Birth Date: Old With Name of Spouse: Name of Spouse: Last First MI Birth Date: First MI Birth Date: State Zip Code Address: Street Address Street Address City State Zip Code Phone Numbers: Home: 920-248-3119 Cell: 920-248-3119 Marrital Status (Please check one): Married Single Life Partner	Birth Date: O M First MI Birth Date: O M First MI Name of Spouse: Name	Name of responsible party: WHENEEL JAM E Last First MI Birth Date: 9/26/27 First MI Birth Date: W/A Birth Date: 1/27 City State Zip Code Phone Numbers: Home: 920-244-3115 Cell: 930-244-3115 Married Status (Please check one):	
Cell: 920-248-24% Marital Status (Please check one):	Home: 920-242-3175 Work: Cell: 920-248-3475 Marital Status (Please check one):	Phone Numbers: Home: \(\frac{920-248-3179}{20-248-3179} \) Cell: \(\frac{920-248-3475}{20-248-3475} \) Marital Status (Please check one):		% 1	of age							☐ Single
12-248-26	76-818-086 118-818-086	Numbers: 920-242-311 920-248-31	State Numbers: 920-242-3175	State Numbers: 920-242-2114 920-244-2115	ss: State State	State: State Numbers: 920-248-3115	Last 16/17 First Date: State Wumbers: 920-248-3194 930-248-3195	of Spouse:	of Spouse: Solution: Solution: Solution: State State Numbers: 920-248-2115 920-248-2115	ACMER SOMM Last First Date: Of Spouse: Of Spouse: POTT First State Numbers: 920-248-2115	of responsible party: CRISIC TOMM Last First Of Spouse: Of Spouse: Of Spouse: First State Numbers: 920-248-2495 920-248-2495	Marital Status (Please check one):
	920-	Numbers:	State Numbers: 920-242-3175	State Numbers:	ss: state Numbers: 920-242-3195	State: Numbers: 910-242-4195	Last W/TH First Date: SS: SS: Winess State Numbers: 910-242-4175	of Spouse: W/II First	of Spouse:	Date: Oppoly First Date: Oppoly of Spouse: Value State Numbers: State	of responsible party: CHIST TOWN Last First Of Spouse: Of Spouse: State Numbers: Numbers:	920-248-76
sible party: John First First State	count Number: RAR-US-4277 Ime of responsible party: IMENIEL JUM The Date: Old IVM Ine of Spouse: th Date: WIT Last First th Date: First th Date: State	Number: - U 4277 responsible party: ***********************************	Number: \[\begin{align*} al	umber: - U6-4277 sponsible party: First O124119 Souse: First First First	ible party: Sold First First First First	ible party: Sold First	umber: - U6-4277 sponsible party: - TOM First	17 First	Account Number: $1824 - 16 - 927$ Name of responsible party:	1		Date: 5/9/17

If you have no source of income, how have you been supporting yourself? _____

Signature of person supporting you

Print Name

Relationship:

Can we discuss this application with the above?

☐ Yes ☐

□ No

shredded upon completion of application. assistance. All documentation provided will be all information presented in this application and I will take any action reasonably necessary this application and exclude me from financia that any false or misleading information will void verification and bank verification. I understand charges. I authorize LifeQuest to verify any and fire department/emergency services charges including but not limited to: employment pay to the service the amount recovered for to obtain such assistance and will assign or be applicable for payment of my ambulance (Medicaid, Medicare, insurance, etc.), which may accurate to the best of my knowledge. Further will take action to apply for any assistance I certify that the above information is true and

Applicant's Signature

Date of Request

-



APPLICATION APPLICATION



Verification Worksheet

Data				11/11		
ILST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD S 4/2, y/2 Childrare expenses s 5 Clas						Rental Income
### IIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD S. 4/2.2.5/2 Childrane expenses				14/14		Child Support
IST ALL MONTHLY EXPONSES FOR THE HOUSEHOLD INTERPRETATION OF THE HOUSE FOR THE HOUSE				14/14		Alimony/Maintenance
ISTALL MONTHLY EXPENSES FOR THE HOUSEHOLD ### SWAP AND Confidence speemiums: ### Confidence premiums: #### Confidence premiums: #### Confidence premiums: #### Confidence premiums: ###################################				jø/ji		Unemployment Benefits
ILST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD S 4/20 of Children expensess Cold support payment Cold support	National Property of the Control of			AlA		Pension Income
ILIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD S. 4472. 64 Childrane expensess S. 4472. 64 Childrane expensess Code S. 4472. 64 Childrane expensions Code S. 4472. 64 Childrane	man - Arabi -			17 (33)		Disability Income
ILST ALL MONTHLY EXPRINSES FOR THE HOUSEHOLD S WAR YOUR Expensions S S Child support payment S S Child support payment Class Child support payment	and have been described from the second seco			1419.00		Social Security Income
Internation Inter	A CONTRACTOR OF THE CONTRACTOR	\$		Alvi	\$	Monthly Gross Wages
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD	The state of the s	Start Date: /\//		4/18/	Start Date:	noye: monadanon
DNTHLY HOUSEHOLD LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ \(\frac{\pmy}{\pmy} \) \(\frac{\pmy}{\pm} \) \(\frac{\pm}{\pm} \) \(\		Employer:			Employer:	lover information
ILIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD S M/JO 2/4 Childrane expenses — Child support payment — Child support payment — Child support payment — Child support payment — Insurance premiums: — Health — Auto NoT NET — Auto NoT NET — Life - 1 NOT E INCOME — Life - 1 NOT E INCOME — Meds/medical supplies MITHLY HOUSEHOLD EXPENSES INCOME RESPONSIBLE PARTY SPOUSE SPOUSE INCOME SPOUSE Child support payment — Child support payment — Auto No J No		N/A		(M/ 1)		Currently Employed
IST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD Support payment Support payment Support payment Support payment Child support payment Child support payment Child support payment Cothing Cothi	Appropriate and the second sec	SPOUSE			ONSIBLE PARTY	RESF
payment Description Descr				INCOME		
ISTALL MONTHLY EXPENSES FOR THE HOUSEHOLD S #月の 以 Child support payment S #月の 以 F #月の	341445				NSES	TAL MONTHLY HOUSEHOLD EXPER
payment Description Descr	2000	CHRE	10ERSOMNER	1		Alimony paid
payment S W 2			Other	```	X	FOR
payment SAMONTHLY EXPENSES FOR THE HOUSEHOLD			•	(Cell Phone
IST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD Standard expenses Standard expension Standard expension Standard expenses	50.50		Meds/medical supplies	1		Telephone
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD S 4972, 47 Childcare expenses S	40.00	3/1		120.00		Food
Depart SAPACE SAPACE Sapport payment SAPACE Sapport payment Sapport pa	· ·	CHOCKED TOWN	recreational activities	<u> </u>		Cable TV
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD Payment S M		HOUSEMALD JEROPUCIS	Entertainment and/or	15.00		Garbage Pickup
Description			Other loan(s) payment	20.50		• Water
## Payment STALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ \$ ### Childcare expenses \$ ### Childcare expenses	11000	ayment)	Credit cards (minimum pa	42.32		• Electric
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ \(\mathcal{H}^2\)_2 \(\mathcal{H}^2\)_3 Childcare expenses \$ ding taxes Clothing rig taxes — Clothing holding — Insurance premiums: Health — Health	69:65	E THEW RAPACE	ŧ	91.20		Utilities: • Gas
ALIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ \(\mathcal{H}_{20} \mathcal{H}_{3} \) Childcare expenses Child support payment es Clothing Insurance premiums: Health		NET.	\	121.90		Property taxes
ALIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ 妈子	Name of the last o		• Health	}		401K/403B witholding
Asyment LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ \(\psi_3\)\ \(\psi_4\) \(\psi_5\)\			Insurance premiums:	—		State witholding taxes
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ \(\mathcal{H}\mathcal{F}_O\mathcal{H}\mathcal{H}\) Child care expenses Child support payment	10.00		Clothing	(Federal witholding taxes # of exemptions
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD \$ ゆうし ジオ Childcare expenses \$			Child support payment	(Lot rent
LIST ALL MONTHLY EXPENSES FOR THE HOUSEHOLD	l		Childcare expenses	\$ 430 4		Mortgage/rent payment
			OR THE HOUSEHOLD	ONTHLY EXPENSES FO	LIST ALL MO	

Your New Benefit Amount

BENEFICIARY'S NAME: JOHN E WAGNER

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	\$1,729.00
• The amount we deduct for Medicare medical insurance is	<u>\$110.00</u>
(If you did not have Medicare as of November 17, 2016,	
or if someone else pays your premium, we show \$0.00.)	
• The amount we deduct for your Medicare prescription drug plan is	<u>\$0.00</u>
(We will notify you if the amount changes in 2017. If you did not elect	
withholding as of November 1, 2016, we show \$0.00.)	
• The amount we deduct for voluntary Federal tax withholding is	\$0.00
(If you did not elect voluntary tax withholding as of	
November 17, 2016, we show \$0.00.)	
• After we take any other deductions, you will receive	<u>\$1,619.00</u>

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at *www.godirect.org* online.

What If I Have Questions?

on or about Jan. 25, 2017.

- Visit our website at www.socialsecurity.gov for more information about Social Security.
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**) if you have questions. If you speak Spanish, press 7. For other languages, wait until we answer, and then ask for an interpreter.
- Contact your local Social Security office, or contact any United States embassy or consulate office when outside the United States.

1603 MIRRO DRIVE

MANITOWOC WI 54220

Help For Seniors

The Eldercare Locator is a free service of the U.S. Administration on Aging. Call **1-800-677-1116** or visit *www.eldercare.gov* to learn about in-home supportive services, nutrition and wellness programs, transportation, and caregiving help for seniors in your community.



P.O. Box 1800 Saint Paul, Minnesota 55101-0800

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Uni-Statement

Account Number: 1 823 8086 7206 Statement Period: Jan 14, 2017 through Feb 13, 2017



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JOHN WAGNER 1010 S 22ND ST

MANITOWOC WI 54220-4950

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Milwaukee

Metro Area:

414-765-4636

Telecommunications Device

for the Deaf:

1-800-685-5065

Internet:

usbank.com

NEWS FOR YOU

Over the coming months, you'll start to see changes to usbank.com. It's all part of an overall site redesign that will continue through 2017 to make our website easier to use. Rest assured, it's still U.S. Bank - and you can log in to Online Banking with confidence. Look for more updates coming soon!

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

PREN	NUM CHECKING				Member FDIC
U.S. Bank	National Association		ta az renenat para tatakoa tatakoa eraneren eraneren beren eraneren begiarte belengar taren eraneren eraneren e Eraneren eraneren er	Account Number	er 1-823-8086-7206
Accou	nt Summary				
	ng Balance on Jan 14	\$ 828.90	Annual Percentage Yield Earned	1020	0.00893%
Deposits / Credits Card Withdrawals		1,619.01	Interest Earned this Period Interest Paid this Year	\$	0.01
		1.00 -	\$	0.01	
Other W	/ithdrawals	1,023.45 -	riod	31	
Checks	Paid	410.00 -	Average Account Balance	\$	1,319.05
Ending Balance on Feb 13, 2017		\$ 1,013.46	Customer Segment		Senior
Depos	its / Credits				
Date	Description of Transaction		Ref Numl		Amount
Jan 25	Federal Benefit Deposit REF=170200041859370N00	From SSA TREAS 310 XXSOC SEC 90310		\$	1,619.00
Feb 13	Interest Paid		13000109	918	0.01
			Total Deposits / Credit	s \$	1,619.01
Card V	Vithdrawals				
Card No	umber: xxxx-xxxx-xxxx-8196				
Date	Description of Transaction		Ref Numl		Amount
Jan 31	Debit Purchase - VISA USPS.COM MOVER'S	On 013017 800-238-31 REF # 2444500703		188 \$	1.00-
			Card 8196 Withdrawals Subtota	al \$	1.00-
			Total Card Withdrawal	s \$	1.00-
Other	Withdrawals		20.000 (20.000)		
Date	Description of Transaction		Ref Numi		Amount
Jan 30	Miscellaneous Withdrawal		80572144	1 81 \$	150.00-
Jan 31		To CAPITAL ONE			30.00-
	REF=170300193017160N00		E PYMT703039869011253		
Jan 31		To CAPITAL ONE	ø		35.00-
	REF=170300193017150N00	9541719986PHONE	E PYMT703039869011252		



JOHN WAGNER 1010 S 22ND ST MANITOWOC WI 54220-4950

Uni-Statement

Account Number: 1 823 8086 7206

Statement Period: Jan 14, 2017 through Feb 13, 2017



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PREMI	UM CHECK	ING									(CONT	INUED)
	lational Association								Accoun	t Numl	ber 1-823-8	3086-7206
	ithdrawals (co											
	Description of Tra							Ret	Number			Amount
Jan 31 E	Electronic Withdr			One Bank								44.95-
		193550370N00		[16] [16] [17] [18] [18] [18] [18] [18] [18] [18] [18	nt	0000180744501	i					
Feb 2 B	Electronic Withdr	FOUNDAMENT PROPERTY.	To BILLM			FFF0.400000.400						3,50-
F=6 0 F		093286920N00				FEE8498309432	i i					70.00
Feb 2 B	Electronic Withdr	awai 093288510N00		ONSIN PUBL		. 0400000404						70.00-
Feb 2 B	Electronic Withdr			CKEN LOAN		4 8498309431						000.00
reb Z t		awai 052413970N00		PYMTS 9112		2542						690.00-
	NEF-170320	0324139701100	WIG	-1101139112	330	0013						
						Total (Oth	er Witho	Irawals	\$	1	,023.45-
Checks	Presented Co	nventionally										
Check	Date	Ref Number		Amount		Check	D	ate	Ref Number			Amount
1059	Feb 2	8950345124		15.00		1067	Ja	an 30	8054905560			10.00
1060	Feb 1	8651992453		20.00		1069*		eb 3	9251492535			200.00
1061	Jan 30	8053731959		25.00		1071*	-	eb 6	8059907381			20.00
1063*	Feb 8	8652200565		50.00		1072	600	eb 10	9250335149			10.00
1064	Jan 27	9250670790		10.00		1073		eb 10	9252874553			25.00
1066*	Jan 30	8052129020		15.00	ŀ	1074	F	eb 9	8954018734			10.00
* Gap	in check sequen	ce				Conventiona	I C	hecks Pa	aid (12)	\$		410.00-
Balance	Summary											
Date	Er	nding Balance	Date		E	nding Balance		Date		Endin	g Balance	
Jan 25		2,447.90	Feb 1			2,106.95		Feb 8	()		1,058.45	
Jan 27		2,437.90	Feb 2			1,328.45		Feb 9			1,048.45	
Jan 30		2,237.90	Feb 3			1,128.45		Feb 10			1,013.45	
Jan 31		2,126.95	Feb 6			1,108.45		Feb 13			1,013.46	
Balan	ces only appear t	for days reflecting	change.									



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MANITOWOC WI 54220-4950

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Uni-Statement

Account Number: 1 823 8086 7206 Statement Period: Feb 14, 2017 through Mar 13, 2017



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usbank.com

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PREMIUM CHECKING				Member FDIC
U.S. Bank National Association		Acc	count Number	1-823-8086-7206
Account Summary				
Beginning Balance on Feb 14	\$ 1,013.46	Annual Percentage Yield Earned		0.00863%
Deposits / Credits	1,619.01	Interest Earned this Period	\$	0,01
Card Withdrawals	136.81 -	Interest Paid this Year	\$	0.02
Other Withdrawals	215.00 -	Number of Days in Statement Period		28
Checks Paid	1,073.36 -	Average Account Balance	\$	1,510.50
Ending Balance on Mar 13, 2017	\$ 1,207.30	Customer Segment		Senior
Deposits / Credits				
Date Description of Transaction		Ref Number		<i>Amount</i>
Feb 22 Federal Benefit Deposit REF=170470117212760N00	From SSA TREAS 310 XXSOC SEC 903103	> 6360 6225A S	\$	(1,619.00
Mar 13 Interest Paid		1300011025		0.01
		Total Deposits / Credits	\$	1,619.01
Card Withdrawals				
Card Number: xxxx-xxxx-xxxx-8196				
Date Description of Transaction		Ref Number	NAME (10	Amount
Feb 21 Debit Purchase - VISA	On 021917 GREEN BAY		\$	24.42-
BAY MOTEL & REST	REF # 24013397051			
Feb 22 Debit Purchase - VISA	On 022217 855-754-654			25.00-
Q LINK WIRELESS	REF # 24493987053			
Mar 8 Debit Purchase - VISA	On 030717 716-695-698			87.39-
SSC*STOKES SEEDS	REF # 24692167066	000926772634		
		Card 8196 Withdrawals Subtotal	\$	136.81-
		Total Card Withdrawals	\$	136.81-
Other Withdrawals		=		
Date Description of Transaction		Ref Number		Amount
Feb 27 Electronic Withdrawal	To MANITOWOC PUD		\$	75.00-
REF=170580086051850N00				
	PMTUSB206133502			
Feb 28 Electronic Withdrawal	To WISCONSIN PUBLIC			75.00-
REF=170590012036500N00				
	PMTUSB206133502	POS		



JOHN WAGNER 1010 S 22ND ST MANITOWOC WI 54220-4950

Uni-Statement

Account Number: 1 823 8086 7206

Statement Period: Feb 14, 2017 through Mar 13, 2017



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PREMIUM	CHECKI	NG							ONTINUED)
U.S. Bank Nationa							Account	Number	1-823-8086-7206
Other Withd	Irawals (co	ntinued)							
	ription of Tra					Re	f Number		Amount
	ronic Withdra		To CAPITAL ONE CARI	D					30.00-
		029822810N00	9500000000ONLINE	<u> </u>					
			PMTUSB206133502	POS					05.00
Mar 2 Elect	tronic Withdra	awal	To CAPITAL ONE CARI	D					35.00-
F	REF=1706100	029822820N00	9500000000ONLINE						
			PMTUSB206133502	2POS					
				•	Total Othe	r With	drawals	\$	215.00-
Checks Pre	sented Co	nventionally	10.211						
Check	Date	Ref Number	Amount	Check	Dat		Ref Number		Amount
1062	Feb 14	8352546643	30.00	1082		17	9253108438		15.00
1068*	Feb 17	9250630750	15.00	1083		21	8354452707		30.00
1075*	Feb 16	8950257926	10.00	1084		28	8353538256		25.00
1076	Feb 14	8353485721	100.00	5163*	Ma		8951857284		50.00
1077	Feb 15	8650806918	23.36	5164		r 6	8150850052		690.00
1078	Feb 17	9252012192	20.00	5167*		28	8351420076		15.00
1079	Feb 21	8352057556	10.00	5168		r 6	8052176070		10.00
1080	Feb 17	9250241627	10.00	5169	Ma	r 6	8058169056		10.00
1081	Feb 16	8954799423	10.00	1					
* Gap in c	heck sequer	nce		Conve	ntional Ch	ecks F	Paid (17)	\$	1,073.36-
Balance Su	ımmary				1			En eller er E	1-1
Date	Ei	nding Balance		Ending Bal		Date		Ending B	
Feb 14		883.46	Feb 21		5.68	Mar			004.68
Feb 15		860.10	Feb 22	,	9.68		6	,	294.68
Feb 16	•	840.10	Feb 27		4.68		8		207.29
Feb 17		780.10	Feb 28	2,11	9.68	Mar 1	ડ	Ή,	207.30
Balances	only appear	for days reflecting	change.						



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Uni-Statement

Account Number: 1 823 8086 7206 Statement Period: Mar 14, 2017 through Apr 13, 2017



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usbank.com

NEWS FOR YOU

Over the coming months, you'll start to see changes to usbank.com. It's all part of an overall site redesign that will continue through 2017 to make our website easier to use. Rest assured, it's still U.S. Bank - and you can log in to Online Banking with confidence. Look for more updates coming soon!

INFORMATION YOU SHOULD KNOW

Important changes are coming to your Online and Mobile Financial Services Agreement. Review the changes being made by clicking on the banner on your My Accounts page in Online Banking to learn more.

PREM	IUM CHECKING						Member FDIC
U.S. Bank N	National Association				Acc	ount Number	1-823-8086-7206
Accoun	t Summary						
	g Balance on Mar 14	\$	1,207.30	Annual Percentage			0.00916%
Deposits			1,619.01	Interest Earned this		\$	0.01
Other Wi	thdrawals		209.95 -	Interest Paid this Ye		\$	0.03
Checks F	Paid		1,616.05 <i>-</i>	Number of Days in		•	31
E.	nding Balance on Apr 13, 2017	¢	1,000.31	Average Account Ba		\$	1,284.40
	tuling balance on Apr 13, 2017	y	1,000.31	Customer Segment		·/	Senior
Deposit	ts / Credits						
	Description of Transaction	The state of the s		•	Ref Number		Amount
Mar 22	Federal Benefit Deposit REF=170760110300270N00		TREAS 310	/ 6360 6225A S		\$	1,619.00
Apr 13	Interest Paid	٨٨٥٥	0 000 100	0000 02207 0	1300006970		0.01
-				Total Den	osits / Credits	\$	1.619.01
						_	
	Vithdrawals						
	Description of Transaction		Fundada		Ref Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount
Mar 15	Electronic Withdrawal		One Bank			\$	44.95-
	REF=170730095948790N00			0000188969200			
Mar 21	Electronic Withdrawal		One Bank				25.00-
	REF=170800074112110N00			0000190086556			
Mar 23	Electronic Withdrawal		AL ONE CARE)			30.00-
	REF=170810118800180N00)000000ONLINE JSB206133502I	POS			
Mar 23	Electronic Withdrawal		AL ONE CARE				35.00-
Mai 20	REF=170810118800190N00		0000000NLINE				00.00
	1121 - 110010 10000 1001100		JSB206133502I	POS			
Mar 27	Electronic Withdrawal		TOWOC PUD				75.00-
IVICI ZI	REF=170860058498150N00		0000000NLINE				
	1, 1, 000000100100100		JSB206133502I	POS			
				Total Othe	r Withdrawals	\$	209.95-



Mar 23

Mar 24

JOHN WAGNER 1010 S 22ND ST MANITOWOC WI 54220-4950

Uni-Statement

Account Number: 1 823 8086 7206

Statement Period: Mar 14, 2017 through Apr 13, 2017

1,000.31



Apr 13

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PREMIU	IM CHECK	ING						(CC	ONTINUED)
	ional Association		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			California de la calenta de	Accoun	t Number 1-	823-8086-7206
Checks P	resented Co	nventionally							
Check	Date	Ref Number		Amount	Check	Date	Ref Number		Amount
1085	Mar 21	8353712648		20.00	1093	Apr 10	8052632311		15.00
1086	Mar 21	8353712646		60.00	1095*	Apr 10	8055682960		40.00
1087	Mar 23	8954080486		51.70	5170*	Mar 27	8057584755		690.00
1088	Mar 22	8651792306		95.00	5173*	Mar 24	9251955137		50.00
1089	Mar 30	8952880036		15.00	5174	Apr 7	9250647451		15.00
1090	Mar 31	9255272928		129.35	5175	Mar 29	8651908307		10.00
1091	Mar 30	8952880035		20.00	5176	Apr 4	8359088250		10.00
1092	Mar 22	8651792307		320.00	5177	Mar 30	8954467545		75.00
* Gap ir	n check sequer	nce			Convention	al Checks P	aid (16)	\$	1,616.05-
Balance S	Summary								
Date	•	nding Balance	Date		Ending Balance	Date		Ending Bal	ance
Mar 15		1,162.35	Mar 27		1,329.65	Apr	4	1,07	0.30
Mar 21		1,057,35	Mar 29		1,319.65	Apr	7	1,05	55.30
Mar 22		2,261.35	Mar 30		1,209.65	Apr 1	D	1,00	00.30

1,080.30

I DO NOT PAPUE ANY THRES OFF MY SOCIAL SECURITY RAKES.

Mar 31

2,144.65

2,094.65

Balances only appear for days reflecting change.