

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Stephen J. Dimeff Law Offices of Stephen J. Dimeff 2643 Fourth Avenue San Diego, California 92101	TELEPHONE NO.: (619) 234-2101	FOR COURT USE ONLY
ATTORNEY FOR (Name): Plaintiff, Conrad Murray		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
STREET ADDRESS: 1551-1555 SIXTH AVENUE		
MAILING ADDRESS:		
CITY AND ZIP CODE: SAN DIEGO CA 92101		
BRANCH NAME: FAMILY COURT DIVISION		
PETITIONER/PLAINTIFF: Conrad R. Murray		
RESPONDENT/DEFENDANT: Nenita C. Malibiran		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: D 445105 ENK

Step 1 Attachments to this summary	I have completed <input checked="" type="checkbox"/> Income <input checked="" type="checkbox"/> Expense <input checked="" type="checkbox"/> Child Support Information forms. (If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)
Step 2 Answer all questions that apply to you	1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC? <input type="checkbox"/> Receiving <input type="checkbox"/> Applied for <input type="checkbox"/> Intend to apply for <input checked="" type="checkbox"/> No 2. What is your date of birth (month/day/year)? ..... 2/19/58 3. What is your occupation? M.D. (doing postgraduate work) 4. Highest year of education completed: Post graduate 5. Are you currently employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. If yes: (1) Where do you work? (name and address): C. M. Corporation, 7901 Frost Street, San Diego Ca 92123 (2) When did you start work there (month/year)? ..... b. If no: (1) When did you last work (month/year)? ..... (2) What were your gross monthly earnings? ..... 6. What is the total number of minor children you are legally obligated to support? .....
Step 3 Monthly income information	7. Net monthly disposable income (from line 16a of Income Information): ..... \$ 921 8. Current net monthly disposable income (if different from line 7, explain below or on Attachment 8): \$ 139 Line 7 is based upon estimated income for 1998. Line 8 is based on amount that I'm advanced monthly by C. M. Medical Corp. + or - \$ 150.00. See Page 2.
Step 4 Expense information	9. Total monthly expenses from line 2q of Expense Information: ..... \$ 4,125 10. Amount of these expenses paid by others: ..... \$ 1,000
Step 5 Other party's income	11. My estimate of the other party's gross monthly income is: ..... \$ 5,200 As shown by her own declarations.
Step 6 Date and sign this form	I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

Plaintiff, Conrad Murray  
(TYPE OR PRINT NAME)

Date:

(SIGNATURE OF DECLARANT)

Petitioner  Respondent

Page one of 5

PETITIONER/PLAINTIFF: Conrad R. Murray	CASE NUMBER:
RESPONDENT/DEFENDANT: Nenita C. Malibiran	D 445105 ENK
INCOME INFORMATION OF (name): Plaintiff, Conrad Murray	

1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ 40,682
2. All other money received during the last 12 months except welfare, AFDC, *Specify sources below:*
  - SSI, spousal support from this marriage, or any child support. 2a. \$ \_\_\_\_\_
  - Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.* 2b. \$ \_\_\_\_\_
  - Include income from a business, rental properties, and reimbursement of job-related expenses.* 2c. \$ \_\_\_\_\_
  - ▶ *Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property.* 2d. \$ \_\_\_\_\_
3. Add lines 1 through 2d ..... 3. \$ 40,682  
Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income	4a. \$ <u>3,390</u>	4b. \$ <u>2,083</u>
5. State income tax	5a. \$ <u>163</u>	5b. \$ <u>55</u>
6. Federal income tax	6a. \$ <u>547</u>	6b. \$ <u>232</u>
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ <u>256</u>	7b. \$ <u>159</u>
8. Health insurance for you and any children you are required to support	8a. \$ <u>324</u>	8b. \$ <u>324</u>
9. State disability insurance	9a. \$ <u>26</u>	9b. \$ <u>21</u>
10. Mandatory union dues	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions <i>Do not include any deduction claimed in item 7.</i>	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship <i>other</i> than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses ( <i>attach explanation</i> )	13a. \$ <u>1,153</u>	13b. \$ <u>1,153</u>
14. Hardship deduction (Line 4d on Child Support Information Form). Expense for Minor Child	14a. \$ <u>\$1485.00</u>	14b. \$ <u>\$1485.00</u>
15. Add lines 5 through 14 ..... Total monthly deductions:	15a. \$ <u>2,469</u>	15b. \$ <u>1,944</u>
16. Subtract line 15 from line 4 ..... Net monthly disposable income:	16a. \$ <u>921</u>	16b. \$ <u>139</u>

17. AFDC, welfare, spousal support from this marriage, and child support from other relationships received each month ..... 17. \$ \_\_\_\_\_
18. Cash and checking accounts: ..... 18. \$ 300
19. Savings, credit union, certificates of deposit, and money market accounts: ..... 19. \$ 200
20. Stocks, bonds, and other liquid assets: ..... 20. \$ \_\_\_\_\_
21. All other property, real or personal (*specify below*): ..... 21. \$ 22,000  
*Furniture and Automobile*

▶ Attach a copy of your three most recent pay stubs.

PETITIONER/PLAINTIFF: Conrad R. Murray	CASE NUMBER:
RESPONDENT/DEFENDANT: Nenita C. Malibiran	D 445105 ENK
EXPENSE INFORMATION OF (name): Plaintiff, Conrad Murray	

1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	<u>name</u>	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
	1. Janice Adams	36		0
	2. Channel Murry	12	Daughter	0
	3.			
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1.			
	2.			
	3.			

2. MONTHLY EXPENSES

a. Residence payments	e. Food at home and household supplies . \$	400
(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage .... \$	f. Food eating out .....	200
(2) If mortgage, include:	g. Utilities .....	50
Average principle. .... \$	h. Telephone .....	60
Average interest .....	i. Laundry and cleaning .....	45
Impound for real property taxes .....	j. Clothing .....	150
Impound for homeowner's insurance .....	k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$	15
(3) Real property taxes (if not included in item (2)) .....	l. Education (specify): .....	
(4) Homeowner's or renter's insurance (if not included in item (2)) .....	m. Entertainment .....	75
(5) Maintenance .....	n. Transportation and auto expenses (insurance, gas, oil, repair) .....	
b. Unreimbursed medical and dental expenses .....	o. Installment payments (insert total and itemize below in item 3) .....	1,153
	p. Other (specify): .....	
c. Child care .....	q. TOTAL EXPENSES (a-p) .....	4,125
d. Children's education .....	(do not include amounts in a(2))	

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS  Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE
See attachment IS-294		1,153	157,973	

4. ATTORNEY FEES

- a. To date I have paid my attorney for fees and costs: \$ 2,500 The source of this money was: Loans  
 b. I owe to date the following fees and costs over the amount paid: Undetermined  
 c. My arrangement for attorney fees and costs is: Subject to written agreement

I confirm this information and fee arrangement.

(SIGNATURE OF ATTORNEY)

Stephen J. Dimeff

(TYPE OR PRINT NAME OF ATTORNEY)

Page 3 of 5



PETITIONER/PLAINTIFF: Conrad R. Murray	CASE NUMBER:
RESPONDENT/DEFENDANT: Nenita C. Malibiran	D 445105 ENK
CHILD SUPPORT INFORMATION OF (name): Plaintiff, Conrad Murray	

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children  is  is not available through my employer.
- a. Monthly cost paid by me or on my behalf for the children only is: \$ \_\_\_\_\_  
Do not include the amount paid or payable by your employer.
- b. Name of carrier:
- c. Address of carrier:
- d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:  
Mother 85 % Father 15 %

3.  The court is requested to order the following as additional child support:
- a.  Child care costs related to employment or to reasonably necessary education or training for employment skills  
(1) Monthly amount currently paid by mother: \$ \_\_\_\_\_  
(2) Monthly amount currently paid by father: \$ \_\_\_\_\_
- b.  Uninsured health care costs for the children (for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent):
- c.  Educational or other special needs of the children (for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent):
- d.  Travel expense for visitation  
(1) Monthly amount currently paid by mother: \$ \_\_\_\_\_  
(2) Monthly amount currently paid by father: \$ 500

4.  The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expense (specify and attach any supporting documents):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (specify and attach supporting documents):	\$ _____	_____
c. <input checked="" type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify names and ages of these children):	\$ \$1485.00	150 approx
Chanel Murray age 5		\$476.00
Conrad Murray Jr, age 8 Camile Murray, age 2 1/2		\$1009.00
Total		\$1485.00

- d. Total hardship deductions requested (add lines a - c): \$ \_\_\_\_\_

# ATTACHMENT TO INCOME & EXPENSE DECLARATION

(Page 3 - Continued)

CREDITOR NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE
Sallie Mae	Government Ed. Loan	\$358.08	\$96,681.60	Starts April 1999
Sallie Mae	Government Ed. Loan	\$101.03	\$26,126.94	Starts April 1999
Sallie Mae	Government Ed. Loan	\$16.64	\$3,599.78	Starts April 1999
Sallie Mae	Government Ed. Loan	\$77.64	\$16,930.30	Starts April 1999
Housold Bank	Loan to Pay Fed Tax Levy	\$500.00	\$7,900.00	
Providan Bank	Visa	\$100.00	\$600.00	
Cal Franchise TB	Lien for Ca Taxes	?	\$6,134.00	None-Levy on 3/8/9
Loan frm Parents and othr <del>relatives</del> Relatives	Loan	Deferred	\$82,000.00	

*NS BK Disch*

Ptnr's Ex. 4  
 D 445105  
 Rec'd \_\_\_\_\_  
 Dept FS Clk Ad

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\$1,153.39    \$237,972.62

LA Dist Atty 5006

Total:

03637





**CM Medical corporation**  
**M. Usman Sheriff, MD**

**C/O Dept Of Interventional Cardiology**  
**7901 Frost Street**  
**San Diego CA 92123**  
**USA**

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**Phone 619-541-3917**  
**FAX 619-541-3920**  
**Email aslam123@aol.com**

February 22, 1999

To: Whomsoever it may concern

This is to certify that Conrad Murray draws a salary of two thousand dollars (+/- one to two hundred dollars) a month from CM medical corporation. His income is made as a direct deposit and split between his personal accounts # 0721561728 and 6832337125 on or about 15th - 20th of each month.

Please feel free to contact me if you need any clarification .

Sincerely,



M. Usman Sheriff  
CFO. CM Med. Corp.

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LA Dist Atty-5009

03640

Exhibit 462 - 5009





Department of the Treasury  
Internal Revenue Service  
FRESNO, CA 93888

Notice Number: CP 504  
Notice Date: 03-08-1999

SSN/EIN: 33-0720215  
Caller ID:



C M MEDICAL CORPORATION  
% SHARP MEMORIAL HOSPITAL  
7901 FROST ST  
SAN DIEGO CA 92123-2701012



\*330720215221\*

**Urgent !!**

**We intend to levy on certain assets. Please respond NOW.**  
(To avoid additional late payment penalty and interest, pay your overdue liability now.)

Our records indicate that you haven't paid the amount you owe. The law requires that you pay your tax at the time you file your return. This is your notice, as required by Internal Revenue Code Section 6331(d), of our intent to levy (take) any state tax refunds to which you may be entitled to if we don't receive your payment in full. In addition, we will begin to search for other assets we may levy. We can also file a Notice of Federal Tax Lien, if we haven't already done so. **To prevent collection action, please pay the current balance now.** If you've already paid, can't pay, or have arranged for an installment agreement, it is important that you call us immediately at the telephone number shown below.

*#FD 0901819  
Mrs Wad  
Wadsworth City*

**Account Summary**

Form: 1120	Tax Period: 12-31-1997
Current Balance:	\$6,133.61
Includes:	
Penalty:	\$28.26
Interest:	\$40.84
Last Payment:	\$0.00

*#FD 0908818  
Mr Keatins  
3/19/99  
Attention  
Adjustments  
Please input payment  
- 6 weeks  
correct the tax*

Questions? Call us at 1-800-829-8815

See enclosed Publication 594 that explains your rights and responsibilities as a taxpayer.

Please mail this part with your payment, payable to United States Treasury.

Notice Number: CP 504  
Notice Date: 03-08-1999

write on your check:

1120 12-31-1997 33-0720215

Amount Due:  
\$6,133.61

330720215 UY CMME 02 2 9712 670 00000613361

Internal Revenue Service  
FRESNO, CA 93888

C M MEDICAL CORPORATION  
% SHARP MEMORIAL HOSPITAL  
7901 FROST ST  
SAN DIEGO CA 92123-2701012

CONFIDENTIAL

LA Dist Atty-5010

03641

Exhibit 462 - 5010

**REPAYMENT OBLIGATION  
(VARIABLE RATE)**

CONRAD R MURRAY  
454 51 37991

03/12/99

This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION ASSISTANCE LOAN (HEAL) owned by SALLIE MAE ("the Lender") and a disclosure of the finance charges related to this loan.

Loan Date: 05/02/86  
Original Loan Amount: \$ 16,000.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

ANNUAL PERCENTAGE RATE: The cost of the credit as a yearly rate		FINANCE CHARGE: The dollar amount the credit will cost		Amount Financed* The amount of credit provided to you or on your behalf		Total of Payments: The amount that will be paid after all payments have been made as scheduled	
7.500 %		\$ 49,976.52		\$ 46,705.08		\$ 96,681.60	
YOUR REPAYMENT SCHEDULE WILL BE							
No. of Payments	Amount of Payments	Due Monthly Beginning	No. of Payments	Amount of Payments	Due Monthly Beginning	No. of Payments	Amount of Payments
269	\$ 358.08	04/16/99	1	\$ 358.08	09/16/21		\$

**Variable Rate:** The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates, reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increased to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.

**Prepayment:** If you pay off all or part of this obligation early, you will not have to pay a penalty.

**Late Charge:** If your loan date is on or after April 7, 1987, you will be charged five cents for each dollar of the installment payment due if a scheduled payment is late.

**Note:** Please see your Promissory Note for additional information about nonpayment, default, and any required repayment in full before the scheduled date.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

**\*ITEMIZATION OF AMOUNT FINANCED**

A. Outstanding Principal	\$ 44,964.37
B. Accrued Unpaid Interest	\$ 1,740.71
Total (A & B)	\$ 46,705.08

**CONFIDENTIAL**



**REPAYMENT OBLIGATION  
(VARIABLE RATE CEILING)**

CONRAD R MURRAY  
454 51 37991

03/12/99

This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION ASSISTANCE LOAN (HEAL) owned by SALLIE MAE ("the Lender") and a disclosure of the finance charges related to this loan.  
Loan Date: 03/09/88 Original Loan Amount: \$ 5,399.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

<b>ANNUAL PERCENTAGE RATE:</b> The cost of the credit as a yearly rate		<b>FINANCE CHARGE:</b> The dollar amount the credit will cost		<b>Amount Financed:</b> The amount of credit provided to you or on your behalf		<b>Total of Payments:</b> The amount that will be paid after all payments have been made as scheduled		
7.500 %		\$ 13,171.63		\$ 12,997.31		\$ 26,168.94		
<b>YOUR REPAYMENT SCHEDULE WILL BE</b>								
<b>No. of Payments</b>	<b>Amount of Payments</b>	<b>Due Monthly Beginning</b>	<b>No. of Payments</b>	<b>Amount of Payments</b>	<b>Due Monthly Beginning</b>	<b>No. of Payments</b>	<b>Amount of Payments</b>	<b>Due Monthly Beginning</b>
257	\$ 101.43	04/16/99	1	\$ 101.43	09/16/20		\$	

**Variable Rate:** The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter, and will not increase above 18.000 % per year. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increases to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.

**Prepayment:** If you pay off all or part of this obligation early, you will not have to pay a penalty.

**Late Charge:** If your loan date is on or after April 7, 1987, you will be charged five cents for each dollar of the installment payment due if a scheduled payment is late.

**Note:** Please see your Promissory Note for additional information about nonpayment, default, and any required repayment in full before the scheduled date.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

**\*ITEMIZATION OF AMOUNT FINANCED**

A. Outstanding Principal	\$ 12,512.90
B. Accrued Unpaid Interest	\$ 484.41
Total (A & B)	\$ 12,997.31

**REPAYMENT OBLIGATION  
 (VARIABLE RATE CEILING)**

CONRAD R MURRAY  
 454 51 37991

03/12/99

This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION-ASSISTANCE LOAN (HEAL) owned by SALLIE MAE ("the Lender") and a disclosure of the finance charges related to this loan.  
 Loan Date: 08/25/88 Original Loan Amount: \$ 953.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

<b>ANNUAL PERCENTAGE RATE:</b> The cost of the credit as a yearly rate  <p style="text-align: center;">7.200 %</p>	<b>FINANCE CHARGE:</b> The dollar amount the credit will cost  <p style="text-align: center;">\$ 1,583.46</p>	<b>Amount Financed:*</b> The amount of credit provided to you or on your behalf  <p style="text-align: center;">\$ 2,016.32</p>	<b>Total of Payments:</b> The amount that will be paid after all payments have been made as scheduled  <p style="text-align: center;">\$ 3,599.78</p>																	
<b>YOUR REPAYMENT SCHEDULE WILL BE</b>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">No. of Payments</th> <th style="width: 15%;">Amount of Payments</th> <th style="width: 15%;">Due Monthly Beginning</th> </tr> <tr> <td style="text-align: center;">216</td> <td style="text-align: center;">\$ 16.64</td> <td style="text-align: center;">04/16/99</td> </tr> </table>	No. of Payments	Amount of Payments	Due Monthly Beginning	216	\$ 16.64	04/16/99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">No. of Payments</th> <th style="width: 15%;">Amount of Payments</th> <th style="width: 15%;">Due Monthly Beginning</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">\$ 5.54</td> <td style="text-align: center;">04/16/17</td> </tr> </table>	No. of Payments	Amount of Payments	Due Monthly Beginning	1	\$ 5.54	04/16/17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">No. of Payments</th> <th style="width: 15%;">Amount of Payments</th> <th style="width: 15%;">Due Monthly Beginning</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">\$</td> <td style="text-align: center;"> </td> </tr> </table>	No. of Payments	Amount of Payments	Due Monthly Beginning		\$	
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216	\$ 16.64	04/16/99																		
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	\$																			

**Variable Rate:** The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter, and will not increase above 18.000 % per year. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increases to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.

**Prepayment:** If you pay off all or part of this obligation early, you will not have to pay a penalty.

**Late Charge:** If your loan date is on or after April 7, 1987, you will be charged five cents for each dollar of the installment payment due if a scheduled payment is late.

**Note:** Please see your Promissory Note for additional information about nonpayment, default, and any required repayment in full before the scheduled date.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

**\*ITEMIZATION OF AMOUNT FINANCED**

A. Outstanding Principal	\$ 1,943.95
B. Accrued Unpaid Interest	\$ 72.37
<b>Total (A &amp; B)</b>	<b>\$ 2,016.32</b>



**REPAYMENT OBLIGATION  
 (VARIABLE RATE CEILING)**

CONRAD R MURRAY  
 454 51 37991

03/12/99

This is the schedule for the repayment of your variable-rate Federal HEALTH EDUCATION ASSISTANCE LOAN (HEAL) owned by SALLIE MAE ("the Lender") and a disclosure of the finance charges related to this loan.  
 Loan Date: 01/17/89 Original Loan Amount: \$ 4,577.00

Installments of principal may be deferred if you qualify for one of the deferment conditions listed on the statement of Rights and Responsibilities printed on the last page of this form. You must provide proper documentation to the Lender to support any deferment status.

Since the loan bears simple interest, early payments of installments will result in faster retirement of the loan principal and thus reduced interest charges over the term of the repayment period. Installments are credited to late fees, accrued interest and outstanding principal, in that order, as of the day installments are received. An overpayment of less than \$1.00 calculated after receipt of the final installment may not be refunded.

<b>ANNUAL PERCENTAGE RATE</b> The cost of the credit as a yearly rate		<b>FINANCE CHARGE:</b> The dollar amount the credit will cost		<b>Amount Financed:</b> The amount of credit provided to you or on your behalf		<b>Total of Payments:</b> The amount that will be paid after all payments have been made as scheduled	
7.200 %		\$ 7,490.05		\$ 9,440.25		\$ 16,930.30	

**YOUR REPAYMENT SCHEDULE WILL BE**

No. of Payments	Amount of Payments	Due Monthly Beginning	No. of Payments	Amount of Payments	Due Monthly Beginning	No. of Payments	Amount of Payments	Due Monthly Beginning
218	\$ 77.57	04/16/99	1	\$ 20.04	06/16/17		\$	

**Variable Rate:** The ANNUAL PERCENTAGE RATE may increase during the term of this transaction if the index to the average of the bond equivalent rates reported for 91-day U.S. Treasury Bills auctioned during the preceding quarter increases as determined by the interest calculation formula set forth in your Promissory Note. The rate will not change more than once every calendar quarter, and will not increase above 18.000 % per year. Any increase in the rate will, at the option of the Lender, take the form of higher regular payments, more payments of the same amount, or a larger amount due at maturity. For example, should the Lender exercise the option to raise the regular payments, if your loan was for \$10,000 at 10% for 20 years and the rate increases to 11% in a quarter, your regular monthly payments would increase by \$6.72 during the following quarter.

**Prepayment:** If you pay off all or part of this obligation early, you will not have to pay a penalty.

**Late Charge:** If your loan date is on or after April 7, 1987, you will be charged five cents for each dollar of the installment payment due if a scheduled payment is late.

**Note:** Please see your Promissory Note for additional information about nonpayment, default, and any required repayment in full before the scheduled date.

The ANNUAL PERCENTAGE RATE (APR) is a variable rate, subject to increase or decrease. The rate will increase (or decrease) if the average of the bond equivalent rates for 91-day U.S. Treasury Bills increases (or decreases). The amount disclosed above is the APR in effect at the time this repayment obligation was prepared. The FINANCE CHARGE and the Total of Payments disclosed are based on the APR as disclosed above.

All payments for the repayment period are due on the same day of the month as the initial payment. If a payment is not made as scheduled (e.g., if you are late in making a payment or if you are entitled to a deferment), or if under applicable law payments should have commenced on a date other than as listed in the repayment schedule, the Lender will adjust the repayment schedule and, if permitted by law, may capitalize unpaid accrued interest.

Your obligation to repay is subject to the terms and conditions of the Promissory Note you executed and will be interpreted in light of the provisions of the Public Health Services Act (42 U.S.C. 294-2941) and the Federal Regulations issued thereunder (45 C.F.R. Part 126).

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a Federal HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a Federal HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

**\*ITEMIZATION OF AMOUNT FINANCED**

A. Outstanding Principal	\$ 9,101.43
B. Accrued Unpaid Interest	\$ 338.82
Total (A & B)	\$ 9,440.25