

Hearing Date: 6/16/21
Hearing Time: 10am
Judge/Calendar: Guardianship
Shaw Cause

Superior Court of Washington, County of Thurston

In re:

Petitioner/s (person/s who started this case):

Kathryn and Hans Stoker

And Respondent/s (other party/parties):

Hazel Smith

No. 21-4-00443-34

Sealed Personal Health Care Records
(Cover Sheet)
(SEALPHC)

Clerk's action required.

For use in Family Law and Guardianship cases.

DECLARATION OF Hans Stoker Containing:

Sealed Personal Health Care Records /Information

(Cover Sheet)

and Sealed Financial Source Documents

*Use this form as a cover sheet to keep your personal health information **private** from the public. On the first page of each document, write the word "SEALED" 1 inch from the top of the page.*

Check the documents you are attaching to this cover sheet to be sealed:

- Health records of any kind (including correspondence) related to a person's physical or mental condition, or payment for health care.
- Genetic test records for parentage.

Submitted by: Petitioner or his/her lawyer Respondent or his/her lawyer

Sign here 

Breckan Scott-Gabriel, 41585

Print name (if lawyer, also provide WSBA #)

Important! The other person and the lawyers in your case can see your **sealed** documents. If you need to keep your address information private for safety reasons, you may cross out or delete your address information.

Superior Court of Washington, County of Thurston

In re: The Guardianship of

Hazel Belle Ursa Smith
(minor/child)

No. 21-4-00443-34

Declaration of
(name): Hans Stoker
(DCLR)

Declaration of (name): Hans Stoker

1. I am (age): over 18 years old and I am the (check one): Petitioner Respondent

Other (relationship to the people in this case): Step Father of Selena Smith + Step-Grandfather of Hazel Smith.

2. I declare: please see attached.

Multiple horizontal lines for text entry.

(Number any pages you attach to this Declaration. Page limits may apply.)

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. I have attached (number): ___ pages.

Signed at (city and state): Yelm, WA Date: Jun 14, 2021

Hans Stoker
Hans Stoker (Jun 14, 2021 16:34 PDT)

Sign here

Hans Stoker

Print name

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, must be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a Sealed cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents

Declarations by Hans Stoker regarding Selena Smith

June 12, 2021

My wife (Kat Stoker) & I have taken a supportive role with Selena for the last 30 years. That consisted of renting apartments for her, buying houses, providing direct financial support, tuition. **I grieve that my wife and I have to take a confrontive** approach rather than a supportive approach at this point. All every parent wants is for their kids to do well, raise their kids successfully, let their parents "spoil and love on" our grand kids. But after 30 years of trying, we finally realize it isn't going to work.

Kat and I knew that Selena Smith (Morris), had issues, but we thought with enough support she could "make it". We provided tuition and housing as she attempted various careers, mostly in the Jewelry/Arts field. As the years passed, Selena could never hold a job for very long. We provided additional financial support even before the youngest two were born (Onawa now, 3 years old) and Raven now 1.5 years old).

Selena, at the latest hearing in June 2021 she testified that she'd been evaluated 5 times by mental health professionals and never been diagnosed with a mental illness. That is hard to believe given the fact she'd been institutionalized at least 3 times that we know of (California , Humbolt county Eureka . Dr. White), Colorado, and Washington State (St. Peters Hospital) we think twice in the psych ward. Given that, **plus her own testimony** at the recent hearing saying that she'd been evaluated 5 times, I believe she perjured herself by saying there was no diagnosis. But in Humbolt County (billing attached), she was prescribed Xprexa (an antipsychotic) and did well on that medication for a couple of weeks until she stopped taking it.

Various MHPs have diagnosed her with several potential conditions: Schizophrenia, Paranoia and Borderline Personality Disorder (BPD). I personally believe, based on my observations that Paranoia and BPD are the most likely correctly diagnosed disorders.

Clearly, I'm not a MHP, but as her step dad, have observed Selena for over 30 years. Her condition has continued to deteriorate. She has multiple DV complaints against her. She has severe anger management problems. She even stabbed her husband in the leg while he was working as a Army contractor in Germany.

Clearly the supportive approach isn't working, very sadly. Selena runs all over the country in an old motor home or van . There was an accident report and billing (copy attached) that appeared to require ambulance support and potential transport in New Jersey on 1/11/2021 (provider was Borough of Bellmwar MD, EMS, account number 207862). copies attached.

We are taking this action because we were visited by the Thurston County Sherriff's Office doing a Welfare Check on the 3 young grandchildren at Selena's last known address, which was another house on our property. The reason for the Welfare Check is the older grandchild (Hazel 7 yo at the time), was found wandering the street in Camden, NJ half naked. 911 was called and Hazel led the police back to a Motel 6 room where the other 2 younger children were (Onawa (3), and Raven (1.5)) were left alone. According to the police the room was squalid with rotting food and dirty diapers. It was so bad the police wouldn't even enter. New Jersey CPS was called, but before they could arrive, Selena returned and left with the kids. I guess because Selena hadn't actually committed a crime, she couldn't be detained. According to Wikipedia, Camden is the 10th most dangerous city in the US.

My wife and I were given contact information with the NJ CPS officer and have been working in concert with him to rescue the kids from Selena's highly neglectful custody.

After we coordinated with NJ CPS, and they coordinated with the US Marshal office, Oregon Sheriff in Douglas County as well as CPS in Oregon, the kids were finally located.

We got a call from the NJ CPS officer at 11:30 PM saying "we got 'em, how are your night driving skills?"

My wife & I had hoped for this and purchased 2 new car seats for our SUV. So we took off at midnight for Eugene to get the kids from Oregon CPS workers at 4:00 AM in the morning (a 4 hour drive). The handoff was done at a Chevron station just off I-5 a few miles north of Eugene.

In reviewing mail that Selena asked us to look at, there were many toll booth violations, late charges, admin. fees. I did not add them up but probably in the low \$1,000s of dollars. Not a big deal, just a pattern of lawlessness and unwillingness to be financially responsible.

Most distressing are these two items: A speeding ticket for driving 93 MPH in a 70 MPH zone (Minnesota case number 21-VB-20-2172, citation number: 8820002580397) the fine was \$230. This occurred March 8, 2021. Scanned copy provided. This apparently remains unpaid because a letter was sent to Selena dated May 05, 2021 indicating her driver's license would be suspended 6/21/2021. This is from Washington State Dept of Licensing, certified, letter ID: L0134981527.

And even worse, the reports from NJ police and CPS about the living conditions in the squalid motel room.

Concluding: As much as my wife & I have tried over 30 years to be supportive, rather than confrontational, it clearly doesn't work anymore. As hard as it is for me to say this, but at this point I must. Selena has a history of mental illness, repeated hospitalizations in psychiatric wards, severe anger management issues, narcissism, domestic violence complaints against her, she has never been gainfully employed for any reasonable length of time, she could never live in one area for long because she told me her neighbors were spying on her and she didn't trust them.

Her lack of self awareness and poor judgment resulted in Hazel, half naked in the street in the very dangerous city of Camdem, NJ found by the police, thank God!. And her speeding ticket of 93 MPH shows a consistent pattern of very poor judgment and placing the children in danger.

Lastly, I strongly believe that if the children are returned to Selena, they will be put in immediate danger. Currently they have a stable, loving environment with my wife and I and extended family. They are loved, fed, clean, warm, health care issues being addressed.

Respectfully submitted, Hans Stoker

Minnesota Court Payment Center

Date of Notice: March 08, 2021



Citation No.: 882002580397

Case No.: 21-VB-20-2172

Late Payment Advisory
and Final Demand Notice

Balance Due: \$230.00

Amount Enclosed: \$ _____

Return this Portion with your payment



Late Payment Advisory and Final Demand Notice

Date of Notice: 3/8/2021

A citation for violating SPEED 70 ZONE 93/70 in Douglas County at 112 EB 94 I E A21 ORAN DOUGLAS COUNTY, M was issued to you or a vehicle registered in your name on November 03, 2020 at 2:02 PM. A \$5.00 late penalty has been added to the case because you either have not responded to this citation or have not paid the fine in full within the time required on the citation.

If you do not appear in court or the balance due is not received by ****April 07, 2021****, a \$25 delinquent penalty will be added to the balance due. In addition, the following actions may occur depending on the circumstances of your case:

- Entry of guilty plea and conviction on petty misdemeanor charges or misdemeanor charges certified as petty misdemeanor charges.
- Recommend the suspension or revocation of your driver's license.
- Under Minnesota Statute § 480:15, subd. 10c, the District Court may refer any portion of the fine, surcharge, court costs or fee that you fail to pay by the due date to a collection agency.
- Access non-public government data on you for the purpose of collecting debt owed in this case.
- Tow your vehicle.

For your records:

Citation Number: 882002580397
Case Number: 21-VB-20-2172
County: Douglas County
Veh Lic No: ARPJ96 LI

Payable Fine Amount including

| | |
|----------------------|----------|
| \$5.00 Late Penalty: | \$230.00 |
| Amount Paid to Date: | \$0.00 |
| Balance Due: | \$230.00 |

State: NM

If you have any questions about this notice or want to schedule a hearing, call 1-800-657-3611 or 651-281-3219 (Metro). Bring this notice with you when you appear in court.

PLEASE SEE REVERSE FOR PAYMENT OPTIONS

TO OPEN: FOLD ALONG PERFORATION AND TEAR

R
JL - output.pdf 03/08/2021



AT&T

SELENA URSA SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572

Past due amount: \$292.53
Total amount due: \$299.53
Account number: 464136950286
Date: 04/04/2021

Wireless Number(s): 360-878-7162

Final Notice

Hi SELENA URSA SMITH,

As you may know, we canceled your account because you didn't make a payment. We recently sent you a final bill for your account and our records show you still have an outstanding balance of \$299.53. If you've already paid, thank you. If not, please make a payment today using the remittance slip and envelope.

For your convenience, you can also pay by electronic check, debit card, or major credit card by calling 800.947.5096.

If you don't pay the total balance immediately, your account may be referred to an outside collection agency. This may result in a negative impact on your credit report.

Questions? Call us at 800.947.5096 and we'll be happy to help.

Sincerely,

AT&T

TLFNL1

AMOUNT DUE: \$299.53

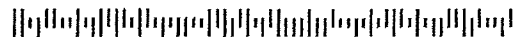
Account Number **464136950286**
Please include account number on your check.

SELENA URSA SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572



Make checks payable to:

AT&T MOBILITY
PO BOX 537104
ATLANTA GA 30353-7104



5065.005.048233.01.01.000000 NNNNNNY 013387.013387

990004641369502860000000002925300000029953006



SELENA URSA SMITH
 6943 76TH AVE NE
 OLYMPIA, WA 98516-9572

Page: 1 of 2
 Issue Date: Mar 16, 2021
 Account Number: 464136950286

Want to stop receiving paper bills and enjoy the convenience of paperless billing? Enroll at att.com/paperless

AutoPay: Set up automatic payments that you can update whenever you want. Go to att.com/autopay today.

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Total due

\$299.53


Due immediately: \$292.53

Due Apr 07, 2021: \$7.00

Account summary

| | |
|-----------------------------------|----------|
| Your last bill | \$292.53 |
| Past due - please pay immediately | \$292.53 |

Service summary

| | |
|---|--------|
|  Account charges <small>Page 2</small> | \$7.00 |
| Total services - due Apr 07, 2021 | \$7.00 |

Total due \$299.53

Ways to pay and manage your account:



myAT&T app
 iPhone and Android



att.com/pay

Call 611 or
800.331.0500
 TTY: 866.241.6567

Scan to pay





SELENA URSA SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572

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AT&T

TLFNL1

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Account Number **464136950286**
Please include account number on your check.

SELENA URSA SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572



Make checks payable to:

AT&T MOBILITY
PO BOX 537104
ATLANTA GA 30353-7104



5065.005.048233.01.01.000000 NNNNNNNY 013387.013387

990004641369502860000000002925300000029953006



SELENA URSA SMITH
 6943 76TH AVE NE
 OLYMPIA, WA 98516-9572

Page: 1 of 2
 Issue Date: Mar 16, 2021
 Account Number: 464136950286

Want to stop receiving paper bills and enjoy the convenience of paperless billing? Enroll at att.com/paperless

AutoPay: Set up automatic payments that you can update whenever you want. Go to att.com/autopay today.

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Total due

\$299.53


Due immediately: \$292.53

Due Apr 07, 2021: \$7.00

Account summary


| | |
|-----------------------------------|----------|
| Your last bill | \$292.53 |
| Past due - please pay immediately | \$292.53 |

Service summary


| | |
|---|--------|
|  Account charges <small>Page 2</small> | \$7.00 |
| Total services - due Apr 07, 2021 | \$7.00 |

Total due **\$299.53**

Ways to pay and manage your account:

 **myAT&T app**
 iPhone and Android

 **att.com/pay**

 **Call 611 or**
800.331.0500
 TTY: 866.241.6567

Scan to pay



Humboldt County Mental Health
720 Wood Street
Eureka, CA 95501
707-441-5466

3/4/2021

Mental Health Statement of Services Request for Financial Information

Name: SELENA SMITH
Acct #: 78296

Billing Period

Start Date: 7/1/2017
End Date: 12/31/2020

SELENA SMITH
6943 76TH AVE. NE
OLYMPIA, WA 98516

AMOUNT ENCLOSED : \$ _____

Make Checks/Money Orders Payable to:

Humboldt County Mental Health

Cash Payments can be made at 720 Wood St, Eureka, CA.

----- Please Return Upper Portion of Statement with Payment -----

You are being billed Full Fee for all services because we have not received a completed client information form with income and expense information. You may be eligible to reduce your liability with the UMDAP sliding fee scale. Please fill out the attached form and return it to us. If you need help filling out the form, please call 707-441-5466.

CHARGES

| <u>Date</u> | <u>Episode</u> | <u>Service Description</u> | <u>Program</u> | <u>GUAR</u> | <u>Fee</u> | <u>Payment</u> | <u>AMT Due</u> |
|-------------|----------------|----------------------------|-------------------------------|-------------|------------|------------------------|-----------------|
| 10/12/2018 | 1 | 2271 CRISIS STAB. | CRISIS STABILIZATION UNIT-ALL | 8300 | 2,331.93 | 0.00 | 2,331.93 |
| 10/13/2018 | 2 | 1121 (IP) BED DAYS | SV INPATIENT - ALL AGES | 8300 | 1,708.50 | 0.00 | 1,708.50 |
| | | | | | | Statement Total | 4,040.43 |



BOROUGH OF BELLMAWR
 PO BOX 467
 LUMBERTON NJ 08048-0467

PAGE: 1 of 1

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW.
 CHECK CARD USING FOR PAYMENT

MASTERCARD VISA DISCOVER AMEX

| | |
|-------------|----------------|
| CARD NUMBER | SIGNATURE CODE |
| SIGNATURE | EXP. DATE |

| | |
|------------------------|-----------------|
| STATEMENT DATE | ACCOUNT NUMBER |
| 04/01/21 | 207862 |
| PLEASE PAY THIS AMOUNT | AMOUNT ENCLOSED |
| 150.00 | |

SELENA SMITH
 6943 76TH AVE NE
 OLYMPIA WA 98516-9572


 BOROUGH OF BELLMAWR EMS
 PO BOX 467
 LUMBERTON NJ 08048-0467

Please check box if incorrect or insurance information has changed, and indicate change(s) on reverse side.

↑ PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT ↑

| Date | Patient | Service Description | CPT | DX | Prov | Msg | Charge | Payment | Adjustment | Balance Due |
|---|---------|--|-------|----|------|-----|--------|---------|------------|-------------|
| FOR BILLING INQUIRIES PLEASE CALL OUR BILLING COMPANY FARNSWORTH & SEMPTIMPHELTER AT 1(800) 929-1002 Please make checks payable to BOROUGH OF BELLMAWR. | | | | | | | | | | |
| 01/11/21 | Selena | Amb. Resp. And Tx, no transport Patient: Smith, Selena - 207862 Servicing Provider: Borough of Bellmawr MD | A0998 | | 25 | | 150.00 | | | 150.00 |

MTAM21051923323.002807.01.01.000000

| | | | |
|-------------------------------|--|--|-------------------------------|
| MAKE YOUR CHECKS PAYABLE TO → | BOROUGH OF BELLMAWR EMS PO BOX 467 LUMBERTON NJ 08048-0467 | ↑ SEE REVERSE SIDE IF AN INSURANCE MESSAGE APPEARS | Please Pay this Amount |
| | | | 150.00 |

COMMENTS:
 Please pay or submit correct insurance within 30 days...thank you

| 207862 | | | 150.00 | | | | | | |
|----------|----------------|--------|---------|----------|------------|-------------|----------------|---------------|--|
| Account# | Date Last Paid | Amount | Current | Past Due | Collection | Ins Pending | Finance Charge | Budget Amount | |



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

PO Box 9030 • Olympia, Washington 98507-9030

Notice of Suspension

05-May-2021

629

CERTIFIED

Letter ID: L0134981527

SELENA URSA SMITH
6943 76TH AVE NE
OLYMPIA WA 98516-9572

License #: WDLB34BD213B

On 21-Jun-2021 at 12:01 a.m. we will suspend your driving privilege until you comply because you failed to respond, appear, pay, or comply with the terms of the citation below in Minnesota. Authority: 46.20.289

Any Washington driver license or permit, including, occupational restricted license (ORL) or ignition interlock licenses (IL) will not be valid on 21-Jun-2021, and must be returned to Department of Licensing, PO Box 9030, Olympia, WA 98507-9030.

What do I have to do?

- You may be able to avoid this suspension.

You must do all of the following:

- Contact the court below to find out how to take care of this citation. The court must submit proof to the Department that the citation has been resolved prior to the suspension date to avoid suspension. Processing can take 7-10 business days from the date we receive it.
- If you don't resolve this before your suspension goes into effect, you will remain suspended until the Department receives proof that the citation is resolved. You may also be required to pay any mandatory reissuance and licensing fees.

| Violation Date | Violation Number | Reason For Citation | Court Name | Court Phone |
|----------------|------------------|---------------------|------------|--------------|
| 03-Nov-2020 | 21VB202172 | S93 - Speeding | Minnesota | 650 201-7900 |

What other options are available?

- You may contest this action by submitting the enclosed form. This request must be postmarked or received by 22-May-2021.

Many licensing transactions can be completed online without ever having to visit an office such as requesting a hearing, applying for a restricted license, learning how to reinstate your license, paying any required fees, and applying for a license or identification card. We suggest that you always check the status of your driving privilege before you drive. Find out more at www.dol.wa.gov or by calling Customer Service at 360-902-3900.

Driver and Vehicle Records

The Department of Licensing certifies that this document was mailed via U.S. post office on 05-May-2021 to the person named herein at the address shown, which is the last known address of record with the Department.

Skip a trip - go online www.dol.wa.gov

We are committed to providing equal access to our services.
For information visit dol.wa.gov/access. (TDD/TTY call 711).



24001012-000629-01-00000000



Notice of Non-Payment Invoice

PAY BY PLATE MA
 a program of EZDrive
 Massachusetts Department of Transport
www.paybyplatema.com
 1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees. Failure to pay this notice will result in additional fees and your right to operate a motor vehicle in Massachusetts shall be revoked under 700 CMR 7.05. Failure to pay subsequent notices may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SELENA U SMITH
 6943 76TH AVE NE
 OLYMPIA, WA 98516-9572

| License Plate: BWH1378 | | Invoice Date: 03/28/2021 | | | |
|---------------------------------|-------------------|-----------------------------|--------------------|----------------|------------------|
| License Plate State: WA | | Invoice Period: 02/19/2021- | | | |
| Invoice Number: 60159759 | | 03/28/2021 | | | |
| Summary of Activity | | | | | |
| Previous Balance | Payments/ Credits | Current Toll Charges | Current Fees/ Adj. | Balance Due | Payment Due Date |
| \$24.30 | \$0.00 | \$0.00 | \$6.60 | \$30.90 | 04/27/2021 |

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



www.paybyplatema.com

Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**.

By Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7 and 700 CMR 11. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or Money Order payment. Make payable to: Commonwealth of Massachusetts
 Please list your license plate and invoice number on check or money order.

| License Plate: BWH1378 | |
|---------------------------------|-------------|
| License Plate State: WA | |
| Invoice Number: 60159759 | |
| Payment Due Date | Balance Due |
| 4/27/2021 | \$30.90 |

Commonwealth of Massachusetts
 EZDriveMA Payment Processing Center
 P.O. Box 847840
 Boston, MA 02284-7840



Transaction Activity

| Posted* | Transaction | License Plate | Location | Date/Time** | Location | Class | Amount |
|-----------|-----------------|---------------|----------|---------------------|------------------------------|-------|--------|
| 3/28/2021 | Non-Payment Fee | WA - BWH1378 | | 01/08/2021 01:23:47 | Weston - East | 2 | \$1.0 |
| 3/28/2021 | Non-Payment Fee | WA - BWH1378 | | 01/08/2021 01:35:25 | Allston - East | 2 | \$1.0 |
| 3/28/2021 | Non-Payment Fee | WA - BWH1378 | | 01/09/2021 00:34:16 | Tobin Bridge Central - South | 2 | \$1.0 |
| 3/28/2021 | Late Fee(s) | WA - BWH1378 | | 01/09/2021 01:39:10 | Newton - West | 2 | \$1.0 |
| 3/28/2021 | Late Fee(s) | WA - BWH1378 | | 01/09/2021 02:16:45 | Hopkinton - West | 2 | \$1.0 |
| 3/28/2021 | Late Fee(s) | WA - BWH1378 | | 01/09/2021 13:37:05 | Charlton - West | 2 | \$1.0 |
| 3/28/2021 | Invoice Fee | | | 03/29/2021 11:17:41 | | | \$0.6 |

Activity for the Posting Period

\$6.6

Posted - represents the date activity was charged to your account.

* Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com

NOTICE OF VIOLATION ENFORCEMENT IMPENDING COLLECTION / LEGAL ACTION



01512
SELENA SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572

| | |
|-------------------------------|-----------------|
| Notice Date: | 04/16/2021 |
| Toll(s) Due: | \$28.50 |
| Other Fee(s) Due: | \$0.00 |
| Violation Fee(s) Due: | \$300.00 |
| Total Due Immediately: | \$328.50 |

You have not responded to the prior TOLL BILL(s) requesting payment for the Toll(s) and Fee(s) listed below. This is your final notice and payment in full of the Toll(s), Fee(s) and Administrative Violation Fee(s) Due is required immediately. If payment has been submitted, please disregard this notice.

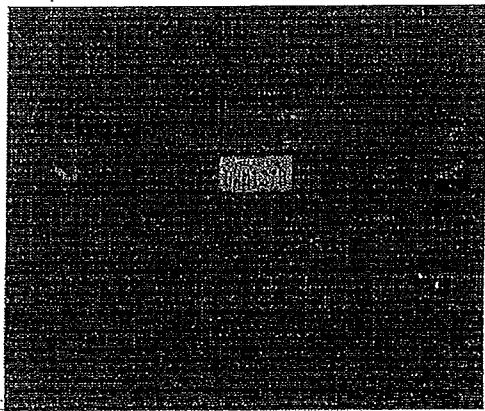
Failure to respond to this Notice of Violation may result in referral to a collection agency, imposition of additional fees and charges and/or suspension of your vehicle registration by the New York State Department of Motor Vehicles under 15 NYCRR 127.14 or exclusion from MTA B&T Facilities under 21 NYCRR 1020.7.

Public Authorities Law § 553 and 21 NYCRR §§ 1020.7, 1021.3 & 1023.7 prohibit vehicular crossings except upon payment of tolls at the place and time and in the manner established by MTA Bridges and Tunnels (legal name, Triborough Bridge and Tunnel Authority).

VIOLATION TRANSACTION(S) Facility Codes are available at www.e-zpassny.com/en/about/plazas.shtml

| Violation Number | License Plate | Facility | Lane | Date | Time | Toll(s) | Other Fee(s) | Violation Fee(s) | Total |
|---------------------|---------------|----------|------|----------|----------|----------------|---------------|------------------|-----------------|
| T217483565005-00001 | WA BWH1378 | BWB | 006 | 01/09/21 | 19:42:53 | \$9.50 | \$0.00 | \$100.00 | \$109.50 |
| T217483565005-00002 | WA BWH1378 | QMT | 001 | 01/10/21 | 18:20:14 | \$9.50 | \$0.00 | \$100.00 | \$109.50 |
| T217483565005-00003 | WA BWH1378 | RKM | 002 | 01/11/21 | 11:42:08 | \$9.50 | \$0.00 | \$100.00 | \$109.50 |
| TOTALS | | | | | | \$28.50 | \$0.00 | \$300.00 | \$328.50 |

4016580356301098



Dispute/Payment Options

Online



e-zpassny.com/payviolation

Phone



1-844-826-8400

Mail



Cash Payments



See Back of Notice

e-zpassny.com/retailerlocator

If you are a valid E-ZPass customer see Section C on the back of this notice.

DETACH PAYMENT COUPON BELOW

SELENA SMITH

Violations Processing Center Violation #: T217483565005-00001
PO Box 15186
Albany, NY 12212-5186

Payment Instructions (or go to www.e-zpassny.com/payviolation):

- Check or Money Order Enclosed
- Credit Card Payment (VISA, AMEX, Discover, MasterCard)
- Bank Account Payment

| | | |
|--------------------|-----------------|------|
| _____ | / | ____ |
| Credit Card Number | Expiration Date | |

| | |
|---------------------|---------------------|
| _____ | _____ |
| Bank Routing Number | Bank Account Number |

I authorize The MTA Bridges and Tunnels (MTA B&T) to immediately make a one-time charge to my credit card or bank account supplied for the amount shown above.

Authorized Signature _____ Date _____

| | |
|-------------------------------|-----------------|
| Notice Date: | 04/16/2021 |
| Toll(s) Due: | \$28.50 |
| Other Fee(s) Due: | \$0.00 |
| Violation Fee(s) Due: | \$300.00 |
| Total Due Immediately: | \$328.50 |

Payment Enclosed

\$ _____

22008217483565005000000000000000416202100028500000030000000000328500



DECLARATION OF DISPUTE / CUSTOMER CERTIFICATION

DISPUTE INSTRUCTIONS

You may dispute the violation(s) for the reasons shown below. For any dispute, please be sure to check the appropriate dispute box, sign and date the certification at the bottom, and return the entire notice, including all required documentation, to the address listed below. You should make a copy of the notice and any information or documents you may submit, for your records. Your dispute will be reviewed and you will be notified of the resolution.

A-Dispute Reasons

| | |
|--|---|
| <input type="checkbox"/> Surrendered Plate - If prior to toll violation date, attach a copy of plate surrender receipt from DMV. | <input type="checkbox"/> Sold Vehicle - If prior to toll violation date, attach proof of sale. |
| <input type="checkbox"/> Plate Reported Lost/Stolen - If prior to toll violation date, attach a copy of police report. | <input type="checkbox"/> Vehicle Not Present - I declare that this vehicle was not at the toll facility at the time of the violation(s). Attach documentation. |
| <input type="checkbox"/> Tag Read - Toll posted to your E-ZPass Account at the time of occurrence. Include copy of your E-ZPass statement showing toll posting. | <input type="checkbox"/> Vehicle Reported Stolen - If prior to toll violation date, attach a copy of police report. |
| <input type="checkbox"/> Not My License Plate - The license plate associated with this Violation is not mine, and I did not rent or lease a vehicle bearing this license plate. | <input type="checkbox"/> Other - Provide and/or attach any additional information and/or documents in support of your dispute as necessary. |

B-Rental/Lease

Rental Car or Leasing Company

If you are a rental car or leasing company, and wish to perform a Transfer of Responsibility to the vehicle lessee or renter, Please provide the information requested below, sign the certification and submit a copy of the signed lease or rental agreement to the address listed below.

| T# | Name of Renter/Lessee | Address of Renter/Lessee | City | State | Zip |
|----|-----------------------|--------------------------|------|-------|-----|
| 01 | | | | | |
| 02 | | | | | |
| 03 | | | | | |
| 04 | | | | | |
| 05 | | | | | |

C-E-ZPass Customers

E-ZPass NY Account holder currently in good standing and had a valid E-ZPass tag in the vehicle at the time of the violation. E-ZPass customers have two ways to resolve their violations:

WEB - please visit www.e-zpassny.com/payviolation **OR MAIL** - Complete C1 and mail back to address below.

C1 - New York E-ZPass Customer:
 (Tag # starting with 004, 005, 008 or 013)
 I authorize E-ZPass to update license plate/state
 _____ to my Account and deduct the toll due
 and dismiss the fee.
 Account # _____

For Option C1, you MUST enter your 11-digit E-ZPass Tag Number. Your E-ZPass Tag Number can be found directly above the barcode on your E-ZPass Tag.

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

E-ZPass customers other than NY, who had an account in good standing and a valid E-ZPass tag in the vehicle at the time of the violation(s), may remit payment for the tolls and the fees will be waived. The tolls cannot be deducted from your E-ZPass account. You must provide a copy of your E-ZPass statement showing your account was in good standing at the time of the violation.

Please make your check or money order payable to MTA Bridges and Tunnels and return with a copy of this notice and required E-ZPass statement(s) to: Violations Processing Center, P.O. Box 15186, Albany NY 12212-5186

Certification

CERTIFICATION To be completed for all Dispute Form Sections

I certify that the statement(s) I have made herein regarding the violation(s) listed on the front of this notice are complete, true and accurate.

Name: _____ Signature: _____ Date: _____



725 Canton Street, Norwood, MA 02062
 Self-service: www.ccspayment.com
 Monday - Friday: 8:00AM-8:00PM, Saturday: 9:00AM-5:30PM; ET

CALL CENTER: (603) 570-4038



04732 1 MB 0.447 T 9
 SELENA SMITH
 6943 76TH AVE NE
 OLYMPIA WA 98516-9572

00-CCS2WA1E-1
 1601



Date: 04/30
 File Number: 07 0403 172
 Pin Number: 235
 Violations

REGARDING: NEW JERSEY E-ZPASS **AMOUNT DUE:** \$102.85

According to our client, New Jersey E-ZPass, the above referenced amount remains unpaid. As a result, your account has been placed with this office for collection.

Please remit payment by mail (together with the payment stub portion of this notice), by telephone, or by visiting our self-service website @ www.ccspayment.com. If you would like personal attention, our Customer Service Agents are available @ (603) 570-4038. Let's work together to resolve this matter. Thank you.

Please be advised, the Tolling Agency retains the right to issue a summons in connection to your unpaid toll violation(s). The Agency may designate an employee(s) or agent(s) of the Agency to be a complaining witness on behalf of the Agency and to cause a summons and complaint to issue to the extent permitted by, and pursuant to, the Rules Governing the Courts of New Jersey, Delaware, and Pennsylvania.

Listed below are the details of up to five (5) of your outstanding violations:

| Date of Violation | Citation Number | Roadway | Total Due | Plate Number |
|-------------------|------------------|---------------|-----------|--------------|
| 01/11/21 | T122164589395-01 | Toms River | \$50.95 | BWH1378 |
| 01/11/21 | T122165151590-01 | Raritan South | \$51.90 | BWH1378 |
| | | | | |
| | | | | |



SELF-SERVICE WEBSITE: You can activate email messaging, upload correspondence, request telephone calls to stop, pay by check, Visa, MasterCard, Discover, arrange a payment plan, and more at our secure website: www.ccspayment.com.



MAIL PAYMENT: You can mail your check together with the payment stub portion of this notice. You can make your check payable to: NEW JERSEY E-ZPASS.

1501 -

File Number: 07 0403 17202
 Pin Number: 23585
 SELENA SMITH

AMOUNT DUE:
 \$102.85

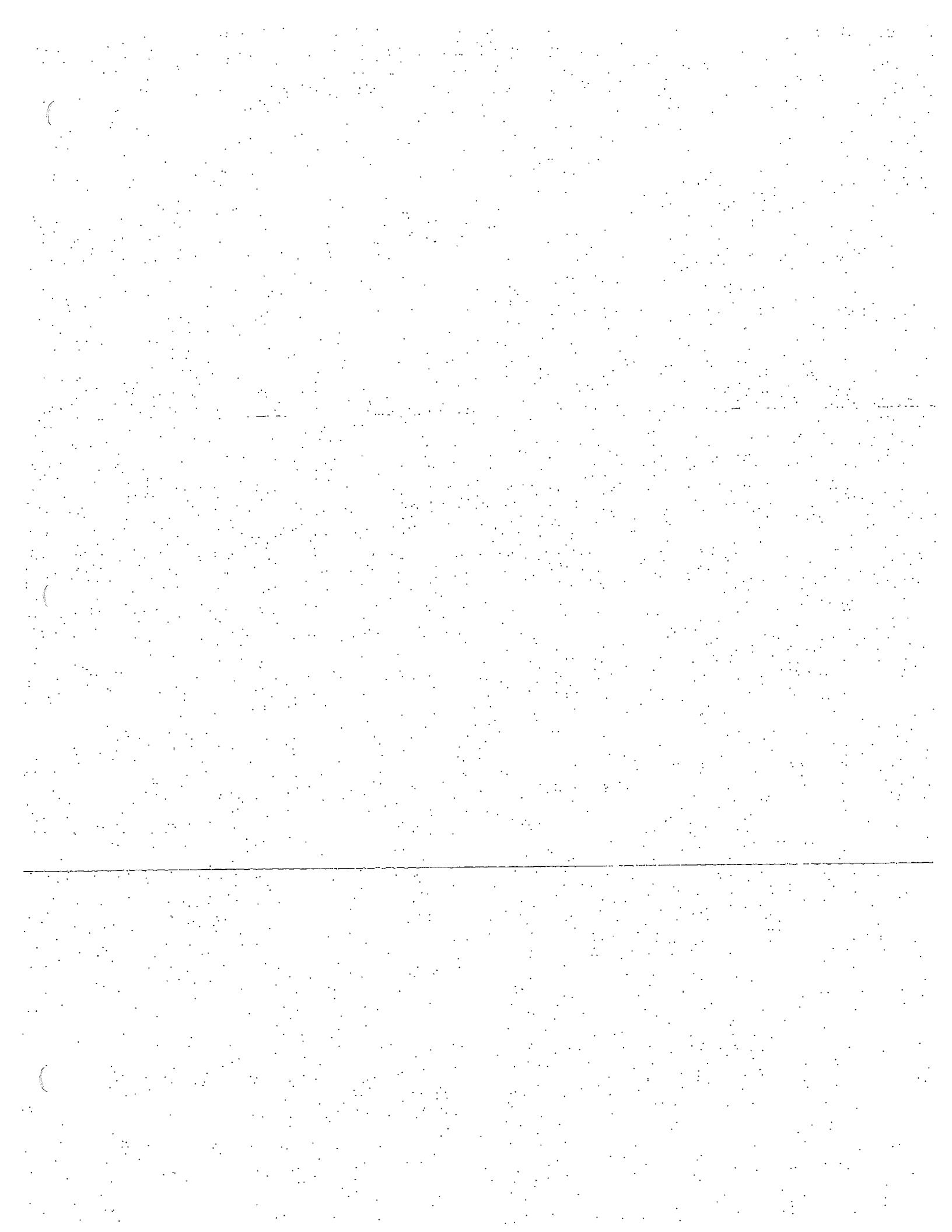
Do not mail post-dated checks. You can call (877) 219-7563 for personal attention. CCS may process payment as a one-time electronic funds withdrawal using information from your check.



We offer secure email messaging, as well as the ability to pay or send correspondence online. It's quick, easy, and helps protect the environment. Please consider visiting our self-service website at: www.ccspayment.com.

CCS
 PAYMENT PROCESSING CENTER
 P.O. BOX 55126
 BOSTON, MA 02205-5126







Notice of Liability Invoice - Collections

PAY BY PLATE MA
 a program of EZDrive
 Massachusetts Department of Transportation
www.paybyplatema.com
 1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and your right to operate a motor vehicle in Massachusetts has been revoked under 700 CMR 7.05. Failure to pay this notice may result in being unable to renew your vehicle registration and/or driver's license and may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SELENA U SMITH
 6943 76TH AVE NE
 OLYMPIA, WA 98516-9572

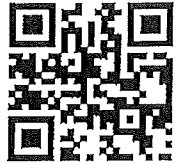
| License Plate: BWH1378 | | Invoice Date: 05/01/2021 | | | |
|---------------------------------|-------------------|-----------------------------|--------------------|-------------|------------------|
| License Plate State: WA | | Invoice Period: 03/28/2021- | | | |
| Invoice Number: 61082909 | | 05/01/2021 | | | |
| Summary of Activity | | | | | |
| Previous Balance | Payments/ Credits | Current Toll Charges | Current Fees/ Adj. | Balance Due | Payment Due Date |
| \$30.90 | \$0.00 | \$0.00 | \$26.60 | \$57.50 | Immediately |

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



www.paybyplatema.com

Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: 17166.

By Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7 and 700 CMR 11. Appeal Forms are available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or Money Order payment. Make payable to: Commonwealth of Massachusetts
 Please list your license plate and invoice number on check or money order.

| License Plate: BWH1378 | |
|---------------------------------|-------------|
| License Plate State: WA | |
| Invoice Number: 61082909 | |
| Payment Due Date | Balance Due |
| Immediately | \$57.50 |

Commonwealth of Massachusetts
 EZDriveMA Payment Processing Center
 P.O. Box 847840
 Boston, MA 02284-7840



Transaction Activity

| Posted* | Transaction | License Plate | Location | Date/Time** | Location | Class | Amount |
|-----------|-----------------|---------------|----------|---------------------|------------------------------|-------|--------|
| 5/01/2021 | NOL Fee | WA - BWH1378 | | 01/08/2021 01:23:47 | Weston - East | 2 | \$1.0 |
| 5/01/2021 | NOL Fee | WA - BWH1378 | | 01/08/2021 01:35:25 | Allston - East | 2 | \$1.0 |
| 5/01/2021 | NOL Fee | WA - BWH1378 | | 01/09/2021 00:34:18 | Tobin Bridge Central - South | 2 | \$1.0 |
| 5/01/2021 | Non-Payment Fee | WA - BWH1378 | | 01/09/2021 01:39:10 | Newton - West | 2 | \$1.0 |
| 5/01/2021 | Non-Payment Fee | WA - BWH1378 | | 01/09/2021 02:16:45 | Hopkinton - West | 2 | \$1.0 |
| 5/01/2021 | Non-Payment Fee | WA - BWH1378 | | 01/09/2021 13:37:05 | Charlton - West | 2 | \$1.0 |
| 5/01/2021 | Invoice Fee | | | 05/03/2021 08:19:49 | | | \$0.6 |
| 5/01/2021 | Non MA Fee | | | 05/03/2021 08:19:49 | | | \$20.0 |

Activity for the Posting Period

\$26.6

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com

NOTICE OF VIOLATION ENFORCEMENT IMPENDING COLLECTION / LEGAL ACTION



02091
SELENA SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572

| | |
|-------------------------------|-----------------|
| Notice Date: | 05/21/2021 |
| Toll(s) Due: | \$9.50 |
| Other Fee(s) Due: | \$0.00 |
| Violation Fee(s) Due: | \$100.00 |
| Total Due Immediately: | \$109.50 |

You have not responded to the prior TOLL-BILL(s) requesting payment for the Toll(s) and Fee(s) listed below. This is your final notice and payment in full of the Toll(s), Fee(s) and Administrative Violation Fee(s) Due is required immediately. If payment has been submitted, please disregard this notice.

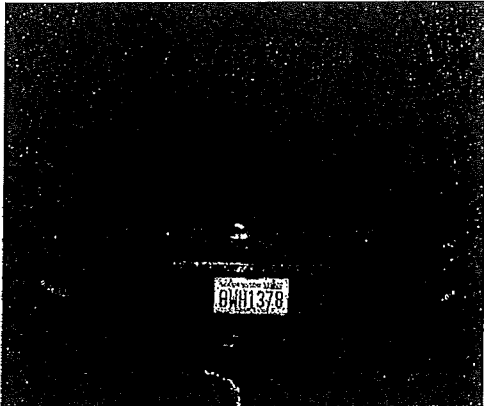
Failure to respond to this Notice of Violation may result in referral to a collection agency, imposition of additional fees and charges and/or suspension of your vehicle registration by the New York State Department of Motor Vehicles under 15 NYCRR 127.14 or exclusion from MTA B&T Facilities under 21 NYCRR 1020.7.

Public Authorities Law § 553 and 21 NYCRR §§ 1020.7, 1021.3 & 1023.7 prohibit vehicular crossings except upon payment of tolls at the place and time and in the manner established by MTA Bridges and Tunnels (legal name, Triborough Bridge and Tunnel Authority).

VIOLATION TRANSACTION(S) Facility Codes are available at www.e-zpassny.com/en/about/plazas.shtml

| Violation Number | License Plate | Facility | Lane | Date | Time | Toll(s) | Other Fee(s) | Violation Fee(s) | Total |
|---------------------|---------------|----------|------|----------|----------|---------|--------------|------------------|----------|
| T217486715516-00001 | WA BWH1378 | VNB | 008 | 01/11/21 | 12:15:59 | \$9.50 | \$0.00 | \$100.00 | \$109.50 |
| TOTALS | | | | | | \$9.50 | \$0.00 | \$100.00 | \$109.50 |

401658035579948



Dispute/Payment Options

| | |
|--|---|
| Online e-zpassny.com/payviolation | Phone 1-844-826-8400 |
| Mail See Back of Notice | Cash Payments e-zpassny.com/retailerlocator |

If you are a valid E-ZPass customer see Section C on the back of this notice.

DETACH PAYMENT COUPON BELOW

SELENA SMITH
Violations Processing Center Violation #: T217486715516-00001
PO Box 15186
Albany, NY 12212-5186

Payment Instructions (or go to www.e-zpassny.com/payviolation):

- Check or Money Order Enclosed
 Credit Card Payment (VISA, AMEX, Discover, MasterCard)

| | |
|-------------------------------|-----------------|
| Notice Date: | 05/21/2021 |
| Toll(s) Due: | \$9.50 |
| Other Fee(s) Due: | \$0.00 |
| Violation Fee(s) Due: | \$100.00 |
| Total Due Immediately: | \$109.50 |

Bank Account Payment

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card Number | | | Expiration Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank Routing Number | | | | | | | | | | | | Bank Account Number | | | | | | | | | | | | | | | | | | | | | | | | |

I authorize The MTA Bridges and Tunnels (MTA B&T) to immediately make a one-time charge to my credit card or bank account supplied for the amount shown above.

Authorized Signature _____ Date _____

401658035579948

22008217486715516000000000000000052120210009500000100000000109508



DECLARATION OF DISPUTE / CUSTOMER CERTIFICATION

DISPUTE INSTRUCTIONS

You may dispute the violation(s) for the reasons shown below. For any dispute, please be sure to check the appropriate dispute box, sign and date the certification at the bottom, and return the entire notice, including all required documentation, to the address listed below. You should make a copy of the notice and any information or documents you may submit, for your records. Your dispute will be reviewed and you will be notified of the resolution.

A-Dispute Reasons

Surrendered Plate - If prior to toll violation date, attach a copy of plate surrender receipt from DMV.

Sold Vehicle - If prior to toll violation date, attach proof of sale.

Plate Reported Lost/Stolen - If prior to toll violation date, attach a copy of police report.

Vehicle Not Present - I declare that this vehicle was not at the toll facility at the time of the violation(s). Attach documentation.

Tag Read - Toll posted to your E-ZPass Account at the time of occurrence. Include copy of your E-ZPass statement showing toll posting.

Vehicle Reported Stolen - If prior to toll violation date, attach a copy of police report.

Not My License Plate - The license plate associated with this Violation is not mine, and I did not rent or lease a vehicle bearing this license plate.

Other - Provide and/or attach any additional information and/or documents in support of your dispute as necessary.

B-Rental/Leas

Rental Car or Leasing Company

If you are a rental car or leasing company, and wish to perform a Transfer of Responsibility to the vehicle lessee or renter, Please provide the information requested below, sign the certification and submit a copy of the signed lease or rental agreement to the address listed below.

| T# | Name of Renter/Lessee | Address of Renter/Lessee | City | State | Zip |
|----|-----------------------|--------------------------|------|-------|-----|
| 01 | | | | | |
| 02 | | | | | |
| 03 | | | | | |
| 04 | | | | | |
| 05 | | | | | |

C-E-ZPass Customers

E-ZPass NY Account holder currently in good standing and had a valid E-ZPass tag in the vehicle at the time of the violation. E-ZPass customers have two ways to resolve their violations:

WEB - please visit www.e-zpassny.com/payviolation **OR MAIL** - Complete C1 and mail back to address below.

C1 - New York E-ZPass Customer:
 (Tag # starting with 004, 005, 008 or 013)
 I authorize E-ZPass to update license plate/state to my Account and deduct the toll due and dismiss the fee.
 Account # _____

For Option C1, you MUST enter your 11-digit E-ZPass Tag Number. Your E-ZPass Tag Number can be found directly above the barcode on your E-ZPass Tag.

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

E-ZPass customers other than NY, who had an account in good standing and a valid E-ZPass tag in the vehicle at the time of the violation(s), may remit payment for the tolls and the fees will be waived. The tolls cannot be deducted from your E-ZPass account. You must provide a copy of your E-ZPass statement showing your account was in good standing at the time of the violation.

Please make your check or money order payable to MTA Bridges and Tunnels and return with a copy of this notice and required E-ZPass statement(s) to: Violations Processing Center, P.O. Box 15186, Albany NY 12212-5186

Certification

CERTIFICATION To be completed for all Dispute Form Sections

I certify that the statement(s) I have made herein regarding the violation(s) listed on the front of this notice are complete, true and accurate.

Name: _____ Signature: _____ Date: _____

Violations Processing Center: P.O. Box 15186, Albany, NY 12212-5186
 Tel #: 844-826-8400, Fax #: 718-313-9701
www.e-zpassny.com/payviolation



TOLLS BY MAIL

OFFICIAL TOLL INVOICE

BILL DATE: 05/22/2021

TOLL BILL No: 17519112332



0614.01.01

SELENA U SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572



ATTENTION: In addition to this Toll Bill, your account has outstanding toll violations. Please visit www.tollsbymailny.com and click on "Pay Toll Bill" to view and pay your account balance.

Summary of Charges

| | |
|-------------------------|----------------|
| Tolls this period | \$0.00 |
| Overdue Balance | \$5.87 |
| Late/Other Fees | \$5.00 |
| Credits | \$0.00 |
| Total Amount Due | \$10.87 |
| Must be received by | 06/24/21 |

Don't want to wait for future Toll Bills?

Use your Reference Number 692171706 to access and pay tolls online.

PAY TOLL



SCAN NOW



Online at tollsbymailny.com



By Check (see coupon below)



Call 1-844-826-8400



By Cash tollsbymailny.com/cashlocations
(See left side of coupon below)

* See page 2 for Toll Activity Detail and Important Information on Paying Tolls on Time to avoid escalation to violations and other legal consequences including but not limited to vehicle registration suspension, revocation or renewal hold and/or fees up to \$100 per unpaid toll.

Convert to **EZPass** NY and Save **\$7.90** on this Bill



ESPAÑOL • 中国 • KREYOLAYISYEN • ITALIANO • 한국어 • PYCCKHŃ → tollsbymailny.com/read

For payments remove coupon at dotted line

Mail payment or dispute to:
Tolls by Mail Payment Processing Center
PO Box 15183
Albany, NY 12212-5183

TOLL BILL No: 17519112332

| | |
|---------------------|------------|
| Total Amount Due | \$10.87 |
| Must Be Received by | 06/24/21 |
| Amount Enclosed | US\$ _____ |

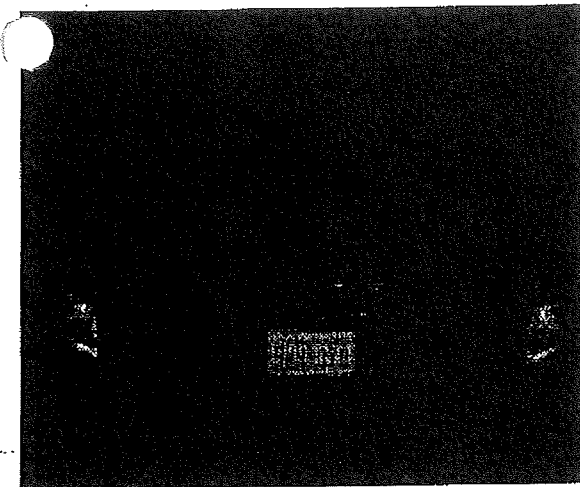
- ▶ Make check or money order payable to Tolls By Mail.
- ▶ Do not send cash.
- ▶ Please allow 5 days for mailed payment to reach us.
- ▶ Enclose this coupon with your payment in the envelope that was provided. Do not use staples or paper clips.
- ▶ If you are remitting Correspondence check this box.

SELENA U SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572



22600017519112332000000592171706052620210000000000000010877

For cash payments use
4016583217893493
Five Code 12555



Already an **E-ZPass NY** customer? Visit tollsbymailny.com to pay this Toll Bill using your **E-ZPass NY** account. Other **E-ZPass** customers cannot pay using their account. You can avoid future Toll Bills by adding your license plate(s) to your account.

If you are not already an **E-ZPass NY** customer save time and money by going to tollsbymailny.com and converting to **E-ZPass**.

Accessing your New York tolls just got easier! Download our new **TollsNY** mobile app on your iPhone app store or Google play for Android.

Toll Activity Detail

| License Plate | Agency | Entry Facility (Plaza) | Exit Facility (Plaza) | Class | Date | Time | Toll Amount |
|--------------------|--------|------------------------|-----------------------|-------|----------|----------|---------------|
| WA BWH1378 | NYSTA | 61 | 55 | 2L | 01/07/21 | 02:36:34 | \$3.87 |
| | NYSTA | | Toll Admin. Surcharge | | 04/15/21 | | \$2.00 |
| Total Tolls | | | | | | | \$5.87 |

Important Information on Paying Tolls on Time

Failure to respond to this Toll Bill in a timely manner may result in the imposition of fees of up to \$100 per unpaid toll, referral to a collection agency, additional fees and charges, and/or suspension of your vehicle registration by the New York State Department of Motor Vehicles under 15 New York Codes, Rules and Regulations (NYCRR) § 127.14 or suspension, revocation or renewal hold of your vehicle registration under a reciprocal agreement with your home State as authorized for New York State by Vehicle and Traffic Law § 518 and/or pursuant to your home State's related vehicle registration laws, rules and/or regulations, and/or exclusion from MTA B&T Facilities under 21 NYCRR § 1020.7, and/or exclusion from Port Authority Facilities under New York Unconsolidated Laws § 6809, New Jersey Statutes Annotated § 21:157-3.

Public Authorities Law § 559 and 21 NYCRR §§ 1020.7, 1021.3 & 1023.7 prohibit vehicular crossings except upon payment of tolls at the plate and time and in the manner established by MTA B&T (legal name: Triborough Bridge and Tunnel Authority). Public Authorities Law § 954 authorizes the imposition of tolls on the Thruway and 21 NYCRR part 101.3 prohibits the evasion or non-payment of tolls along the Thruway system as established by the Thruway Authority. As to all vehicular crossings operated by the Port Authority of New York and New Jersey, New York Unconsolidated Laws § 6802 and New Jersey Statutes Annotated § 21:154-2 prohibit any traffic on or upon such vehicular crossings except upon payment of tolls and other charges as prescribed by the Port Authority.

How to Dispute This Toll Bill

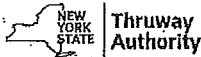
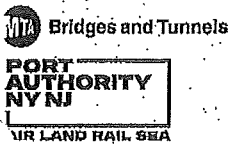
To dispute any toll(s), check the appropriate box, if applicable, and attach supporting documentation. Sign and date the Certification, return the entire bill and any required documentation in the envelope provided. Please submit your dispute to this toll bill promptly. Retain a copy of this Toll Bill and any supporting documents for your records.

List LICENSE PLATE(S) you are disputing:

- Vehicle Sold..... Attach Proof of Sale.
- License Plate(s) Surrendered..... Attach Plate Surrender Receipt.
- Vehicle/Plate Stolen or Lost..... Attach Police Report.
- License Plate and/or Vehicle is not registered to me and I did not rent and/or lease it..... Attach Documentation if Available.

Certification: I certify that the information I provided regarding this dispute is complete, true and accurate.

Name _____ Signature _____ Date _____



TOLLS BY MAIL

OFFICIAL TOLL INVOICE

BILL DATE: 04/15/2021
TOLL BILL No: 17501658683



0664.01.01
SELENA U. SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572



ATTENTION: In addition to this Toll Bill, your account has outstanding toll violations. Please visit www.tollsbymailny.com and click on "Pay Toll Bill" to view and pay your account balance.

Summary of Charges

| | |
|--------------------|---------|
| Tolls this period* | \$5.87 |
| Overdue Balance | \$31.26 |
| Late/Other Fees | \$5.00 |

Return Mail Only:
P.O. Box 15618
Wilmington, DE 19850-5618
900.5519.TOLL



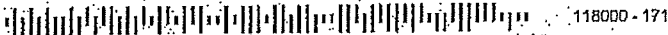
PAY TOLL

SCAN NOW

TSI Physical Address:
TRANSWORLD SYSTEMS INC.
1105 SCHROCK ROAD SUITE 300
COLUMBUS, OH 43229
1-800-234-3550

Calls to or from this company may be monitored or recorded.

Date: May 29, 2021
Our Account #: 21727067
Creditor: MTA BRIDGES AND TUNNELS
Balance Due: \$328.50
This Balance is a Sum of Balances from 3 Accounts.



SELENA SMITH
6943 76TH AVE NE
OLYMPIA WA 98516-9572



See additional page(s) for account detail.

MTA BRIDGES AND TUNNELS has placed your account(s) with this office for collection. This is a request for payment. As the registered owner(s)/operator(s) of these vehicles associated with the License Plates involved with the violations listed on the following pages you are responsible for the tolls and violation fees placed by MTA BRIDGES AND TUNNELS. Please return the lower section of this notice, or a copy thereof, with your payment.

Make your check or money order payable to TRANSWORLD SYSTEMS INC. and mail it in the enclosed envelope.

For more information, go to <http://www.e-zpassny.com> and click on "Violations".

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute this debt, or any portion thereof, this office will obtain verification of the debt or a copy of a judgment and mail you a copy of such verification or judgment. If you request of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect unpaid tolls and/or violation fees. Any information obtained will be used for that purpose. This is a communication from a debt collector.

Office Hours: Monday through Thursday 8:00am to 9:00pm, Friday 8:00am to 5:00pm, Saturday 8:00am to 12:00pm (ET)

You may also make payment by visiting us on-line at <https://payments.tsic.com>. Your unique registration code is 2172706722.



TOLLS BY MAIL

TOLL BILL No: 17501658683

Already an **E-ZPass NY** customer? Visit tollsbymailny.com to pay this Toll Bill using your **E-ZPass NY** account. Other **E-ZPass** customers cannot pay using their account. You can avoid future Toll Bills by adding your license plate(s) to your account.

If you are not already an **E-ZPass NY** customer save time and money by going to tollsbymailny.com and converting to **E-ZPass**.

Accessing your New York tolls just got easier! Download our new **TollsNY** mobile app on your iPhone app store or Google play for Android.

Toll Activity Detail

| License Plate | Agency | Entry Facility (Plaza) | Exit Facility (Plaza) | Class | Date | Time | Toll Amount |
|--------------------|--------|------------------------|-----------------------|-------|----------|----------|---------------|
| WA BWH1378 | NYSTA | 61 | 55 | 2L | 01/07/21 | 02:36:34 | \$3.87 |
| | NYSTA | | Toll Admin. Surcharge | | 04/15/21 | | \$2.00 |
| Total Tolls | | | | | | | \$5.87 |

Important Information on Paying Tolls on Time

Failure to respond to this Toll Bill in a timely manner may result in the imposition of fees of up to \$100 per unpaid toll, referral to a collection agency, additional fees and charges, and/or suspension of your vehicle registration by the New York State Department of Motor Vehicles under 15 New York Codes, Rules and Regulations (NYCRR) § 127.14 or suspension, revocation or renewal hold of your vehicle registration under a reciprocal agreement with your home State as authorized for New York State by Vehicle and Traffic Law § 518 and/or pursuant to your home State's related vehicle registration laws, rules and/or regulations, and/or exclusion from MTA B&T Facilities under 21 NYCRR § 1020.7, and/or exclusion from Port Authority Facilities under New York Unconsolidated Laws § 6809, New Jersey Statutes Annotated 32:1-154.9

Public Authorities Law § 553 and 21 NYCRR §§ 1020.7, 1021.3 & 1023.7 prohibit vehicular crossings except upon payment of tolls at the place and time and in the manner established by MTA B&T (legal name, Triborough Bridge and Tunnel Authority). Public Authorities Law §354 authorizes the imposition of tolls on the Thruway and 21 NYCRR part 101.3 prohibits the evasion or non-payment of tolls along the Thruway system as established by the Thruway Authority. As to all vehicular crossings operated by the Port Authority of New York and New Jersey, New York Unconsolidated Laws § 6802 and New Jersey Statutes Annotated §32:1-154.2 prohibit any traffic in or upon such vehicular crossings except upon payment of tolls and other charges as prescribed by the Port Authority.

How to Dispute This Toll Bill

To dispute any toll(s), check the appropriate box, if applicable, and attach supporting documentation. Sign and date the Certification, return the entire bill and any required documentation in the envelope provided. Please submit your dispute to this toll bill promptly. Retain a copy of this Toll Bill and any supporting documents for your records.

List LICENSE PLATE(S) you are disputing: _____

- Vehicle Sold..... Attach Proof of Sale.
- License Plate(s) Surrendered..... Attach Plate Surrender Receipt.
- Vehicle/Plate Stolen or Lost..... Attach Police Report.
- License Plate and/or Vehicle is not registered to me and I did not rent and/or lease it..... Attach Documentation if Available.

Certification: I certify that the information I provided regarding this dispute is complete, true and accurate.

Name

Signature

Date



New Jersey Turnpike Authority

FINAL NOTICE OF ENFORCEMENT ACTION



ADVISORY AND PAYMENT REQUEST VIOLATION# T122165151590

NOTICE DATE : 03/17/2021



00071602-003870
SELENA U SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516



THIS NOTICE REQUIRES YOUR PROMPT ATTENTION

Your payment is now overdue. This is the second and final notice of the toll violation described below. The total amount of **\$51.90 is DUE NOW**. If you choose to dispute the total amount due, please follow the instructions below.

IF YOU DO NOT MAKE PAYMENT OR DISPUTE THE VIOLATION WITHIN 10 DAYS OF THE DATE OF THIS NOTICE, THIS NOTICE SHALL BE ASSIGNED, WITHOUT FURTHER NOTICE, TO A THIRD PARTY FOR COLLECTION OF THE OUTSTANDING TOLLS AND RELATED FEES.

Note: If you have already made payment or submitted an appeal, kindly disregard this notice.

Under the provisions of N.J.S.A. 27:23-1, et seq. and N.J.A.C. 19:9-9.1, et seq., the person named above is alleged to be liable, as the owner of the identified vehicle(s), for the toll violation transaction(s) specified within this notice. **Non-payment of toll(s) is a violation and may be subject to assignment to a collection agency and the suspension of all motor vehicle registration privileges by the New Jersey Motor Vehicle Commission.**

To avoid further charges; potential legal and administrative actions, please submit your payment in the amount of **\$51.90** within **ten (10) calendar days** of this notice or by **March 27, 2021**. You have a right to dispute the total amount due by using one of the following three methods: (1) by completing the Dispute Form on the reverse of this Notice and mailing it to NJ E-ZPass at the address below, (2) by completing a Violation Inquiry on the NJ E-ZPass web site at www.ezpassnj.com, or (3) by calling NJ E-ZPass at (973) 368-1425.

Payment Options

- Line:** Credit card payments www.ezpassnj.com.
- Telephone:** Credit card payments (973) 368-1425.
- Mail:** Send check or money order information with completed Payment Coupon below (DO NOT SEND CASH).

RECORDED VIOLATION TRANSACTIONS

| Violation Number | License Plate | Toll Plaza | Lane | Date | Time | Toll Due |
|------------------|---------------|---------------|------|----------|----------|-------------------------|
| T122165151590-01 | (WA) BWH1378 | Raritan South | 03s | 01/11/21 | 13:44:31 | \$1.90 |
| | | | | | | Total Unpaid Tolls |
| | | | | | | \$1.90 |
| | | | | | | Administrative Fee |
| | | | | | | \$50.00 |
| | | | | | | Returned Check Fee |
| | | | | | | \$0.00 |
| | | | | | | Total Amount Due |
| | | | | | | \$51.90 |

A fee of \$25 will be assessed for each returned check.

KEEP THIS SECTION FOR YOUR RECORDS ▲

RETURN THIS SECTION WITH PAYMENT ▼

Payment Coupon
Write the violation number(s) on your payment. **DO NOT SEND CASH.**
Please make Check or Money Order payable to NJ E-ZPass.

Mail to:
NJ E-ZPass
P.O. Box 4971
Trenton, NJ 08650

| VIOLATION# T122165151590 | |
|--------------------------|----------------|
| Total Unpaid Tolls | \$1.90 |
| Administrative Fee | \$50.00 |
| Returned Check Fee | \$0.00 |
| Total Amount Due | \$51.90 |

Credit Card Payments (AMEX, MasterCard, Discover, VISA) can be made by clicking on the Violations link at www.ezpassnj.com or by calling (973) 368-1425.

SELENA U SMITH
Payment Due Immediately

*To deliver better customer service please provide your contact information. Your information may be sent to a Third-Party/Authorized agent of the Commission for the purpose of collecting the outstanding balance owed.

* LANDLINE PHONE NUMBER

| | | | | | | | | | | |
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| | | | | | | | | | | |
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* CELL PHONE NUMBER

| | | | | | | | | | | |
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| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

* EMAIL ADDRESS

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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0007160200387001001000000000

VIOLATION DISPUTE / CUSTOMER CERTIFICATION

DISPUTE INSTRUCTIONS

Pursuant to N.J.S.A. 27:23-1, et seq. and N.J.A.C. 19:9-9.1, et seq., with regard to the non-payment of toll(s) at the facility or facilities detailed the front of this Advisory and Payment Request, the registered owner of the vehicle, identified by the license plate number specified, has the right to dispute the Total Amount Due.

Non-Responsibility - Select the appropriate dispute box in Section A1 or A2, sign the Certification Section D and return the completed notice and all related documentation requested to *NJ E-ZPass*.

Inadvertent Toll Violators - Complete Section B and include Check or Money Order for toll only, sign the Certification Section D and return the completed notice to *NJ E-ZPass*.

For NJ E-ZPass Tag Holders - Provide license plate and account holder name in Section C1. Provide *NJ E-ZPass* account number or tag number, sign the Certification Section D and return the completed notice to *NJ E-ZPass*.

Other Agency E-ZPass Tag Holders - Select the appropriate dispute box in Section C2, provide *E-ZPass* account or tag number, sign the Certification Section D and return the completed notice to *NJ E-ZPass*.

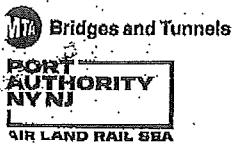
| | | |
|--|--|---|
| Section A1 Non-Responsibility | <input type="checkbox"/> Surrendered License Plate - prior to violation date (Attach copy of plate surrender receipt from MVC/DMV) | <input type="checkbox"/> Sold Vehicle - prior to violation date (Attach copy of notarized bill of sale and/or plate surrender receipt from MVC/DMV) |
| | <input type="checkbox"/> Vehicle or License Plate Reported Stolen - prior to violation date (Attach copy of police report) | <input type="checkbox"/> Vehicle Not Mine - I declare that the Vehicle associated to the violation is not registered to me. (Attach explanation and supporting documentation from MVC/DMV) |
| | <input type="checkbox"/> Tag Read - Toll posted to <i>E-ZPass</i> Account at time of occurrence. (Attach copy of <i>E-ZPass</i> statement showing toll posting) | <input type="checkbox"/> Paid Toll to Agency - Paid cash or paid directly to Agency. (Attach copy of toll receipt) |

| | |
|---|---|
| Section A2 Rental or Leasing | <input type="checkbox"/> Rental Car or Leasing Companies To request a Transfer of Responsibility to the vehicle Lessee or Renter, please provide a copy of the original signed rental or signed lease agreement or company letterhead for each vehicle. The agreement(s) must contain the information listed below FOR EACH ENTITY within 50 days of first notice date. If NOT completed satisfactorily, the request will be denied, transfer will not occur and you will remain liable for the full amount of the notice. <ul style="list-style-type: none"> The date and time indicated on rental/lease agreement must correspond with the date and time of the violation(s) occurrence. Name of Renter/Lessee License plate number -- and state -- for each vehicle Complete mailing address with zip code of Renter/Lessee |
|---|---|

| | |
|--|---|
| Section B Inadvertent Toll Violations | <input type="checkbox"/> Dispute Section: I hereby certify that I took every reasonable action to pay the toll but was prevented from doing so by the following reason(s) beyond my control. (Describe in detail): <hr/> <hr/> <p>To be considered for SECTION B Dispute: you must send a Check or Money Order (No Cash) for the Toll Balance Due or pay the toll due online at www.ezpassnj.com. Do not pay the Administrative fee at this time when completing a SECTION B Dispute. Please use the Courtesy Reply Envelope.</p> |
|--|---|

| | | | | | | | |
|--|---|--|--|--|--|-------------------------------|---------------------------|
| For your convenience, E-ZPass customers have three ways to dispute violations: MAIL - Complete Section C and mail back using the courtesy envelope provided. ONLINE - Please visit www.ezpassnj.com PHONE (973) 368-1425 Please note that you may be liable for open violations. You may not be granted a waiver of the administrative fees. I hereby certify that I am an <i>E-ZPass</i> customer in good standing and had a valid <i>E-ZPass</i> tag at the time of the violation(s) referenced on the front of this notice. | | | | | | | |
| Section C E-ZPass Customer | <table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> C1 - New Jersey E-ZPass Customer: By providing my account or tag number below and signing this form, I acknowledge: • I am the owner of the account and <i>NJ E-ZPass</i> will charge my account for tolls and fees as provided by the account holder terms and conditions. • Waiver of administrative fee(s) for disputes may not be granted. Select A or B. (If neither is checked, license plate(s) will be added.) <input type="checkbox"/> A: I authorize <i>NJ E-ZPass</i> to add the license plate(s) to my account. <input type="checkbox"/> B: I do not authorize the license plate(s) to be added to my account. Account Holder Name: _____ </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> C2 - Non-New Jersey E-ZPass Customer Dispute: I have updated my <i>E-ZPass</i> account to include the license plate(s) referenced in the violation. I authorize you to deduct the toll from my <i>E-ZPass</i> account. If the license plate(s) has not been added to my account within 3 days of this dispute, I may be responsible to pay the toll and fees. This option is only available if dispute is processed within 50 days from the recorded violation transaction date otherwise you are responsible for the toll and the fee. Account Holder Name: _____ </td> </tr> </table> <p style="text-align: center;">For Options C1 or C2, you MUST enter your <i>E-ZPass</i> Tag or Account Number: Your <i>E-ZPass</i> Tag Number can be found directly above the barcode on the front of your <i>E-ZPass</i> Tag (only numbers between *asterisks*)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;"> </td> <td style="border: 1px solid black; width: 50%; height: 20px;"> </td> </tr> <tr> <td>E-ZPass Account Number</td> <td>E-ZPass Tag Number</td> </tr> </table> | <input type="checkbox"/> C1 - New Jersey E-ZPass Customer: By providing my account or tag number below and signing this form, I acknowledge: • I am the owner of the account and <i>NJ E-ZPass</i> will charge my account for tolls and fees as provided by the account holder terms and conditions. • Waiver of administrative fee(s) for disputes may not be granted. Select A or B. (If neither is checked, license plate(s) will be added.) <input type="checkbox"/> A: I authorize <i>NJ E-ZPass</i> to add the license plate(s) to my account. <input type="checkbox"/> B: I do not authorize the license plate(s) to be added to my account. Account Holder Name: _____ | <input type="checkbox"/> C2 - Non-New Jersey E-ZPass Customer Dispute: I have updated my <i>E-ZPass</i> account to include the license plate(s) referenced in the violation. I authorize you to deduct the toll from my <i>E-ZPass</i> account. If the license plate(s) has not been added to my account within 3 days of this dispute, I may be responsible to pay the toll and fees. This option is only available if dispute is processed within 50 days from the recorded violation transaction date otherwise you are responsible for the toll and the fee. Account Holder Name: _____ | | | E-ZPass Account Number | E-ZPass Tag Number |
| <input type="checkbox"/> C1 - New Jersey E-ZPass Customer: By providing my account or tag number below and signing this form, I acknowledge: • I am the owner of the account and <i>NJ E-ZPass</i> will charge my account for tolls and fees as provided by the account holder terms and conditions. • Waiver of administrative fee(s) for disputes may not be granted. Select A or B. (If neither is checked, license plate(s) will be added.) <input type="checkbox"/> A: I authorize <i>NJ E-ZPass</i> to add the license plate(s) to my account. <input type="checkbox"/> B: I do not authorize the license plate(s) to be added to my account. Account Holder Name: _____ | <input type="checkbox"/> C2 - Non-New Jersey E-ZPass Customer Dispute: I have updated my <i>E-ZPass</i> account to include the license plate(s) referenced in the violation. I authorize you to deduct the toll from my <i>E-ZPass</i> account. If the license plate(s) has not been added to my account within 3 days of this dispute, I may be responsible to pay the toll and fees. This option is only available if dispute is processed within 50 days from the recorded violation transaction date otherwise you are responsible for the toll and the fee. Account Holder Name: _____ | | | | | | |
| | | | | | | | |
| E-ZPass Account Number | E-ZPass Tag Number | | | | | | |

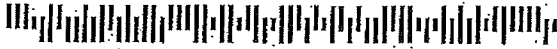
| | |
|------------------------------------|--|
| Section D Certification | CERTIFICATION to be completed for all Dispute Form Sections. I certify that the statement(s) I have made herein regarding the violation(s) listed on the front of this notice are complete, true and accurate. Name: _____ Signature: _____ Date: _____ <p style="text-align: center;">NJ E-ZPass: P.O. Box 4971, Trenton, NJ 08650 Phone (973) 368-1425, Fax (973) 368-1583, Web: www.ezpassnj.com</p> |
|------------------------------------|--|



TOLLS BY MAIL

OFFICIAL TOLL INVOICE

BILL DATE: 03/11/2021
TOLL BILL No: 17486715516



0080.01.01
SELENA U SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572



Summary of Charges

| | |
|-------------------------|----------------|
| Tolls this period* | \$31.26 |
| Overdue Balance | \$30.99 |
| Late/Other Fees | \$5.00 |
| Credits | \$0.00 |
| Total Amount Due | \$67.25 |
| Must be Received by* | 04/13/21 |

Don't want to wait for future Toll Bills?

Use your Reference Number 592171706 to access and pay tolls online.

PAY TOLL



SCAN NOW



Online at tollsbymailny.com



By Check (see coupon below)



Call 1-844-826-8400



By Cash tollsbymailny.com/cashlocations
(See left side of coupon below)

* See page 2 for Toll Activity Detail and Important Information on Paying Tolls on Time to avoid escalation to violations and other legal consequences including but not limited to vehicle registration suspension, revocation or renewal hold and/or fees up to \$100 per unpaid toll.

Convert to **EZPass NY** and Save **\$27.20** on this Bill



ESPAÑOL • 中國 • KREYÓLAYISYEN • ITALIANO • 한국어 • PYCCKHÑ → tollsbymailny.com/read

For payments remove coupon at dotted line

Mail payment or dispute to:
Tolls by Mail Payment Processing Center
PO-Box 15183
Albany, NY 12212-518

TOLL BILL No: 17486715516

Total Amount Due **\$67.25**
Must Be Received by **04/13/21**

Amount Enclosed US\$ _____

- ▶ Make check or money order payable to Tolls By Mail.
- ▶ Do not send cash.
- ▶ Please allow 5 days for mailed payment to reach us.
- ▶ Enclose this coupon with your payment in the envelope that was provided. Do not use staples or paper clips.
- ▶ If you are remitting Correspondence check this box.

SELENA U SMITH
6943 76TH AVE NE
OLYMPIA, WA 98516-9572

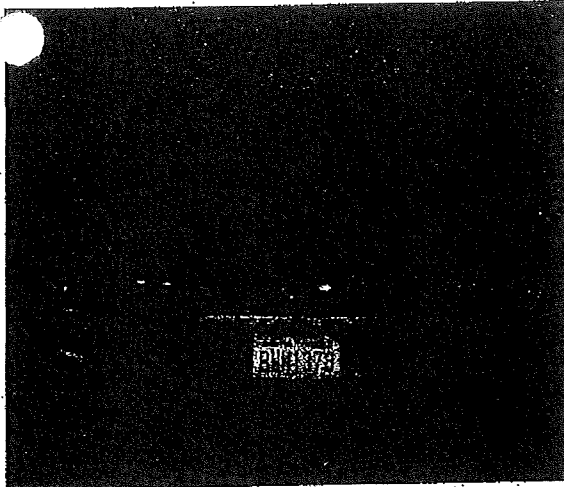


226000174867155160000059217170603142021000000000000067252

For cash payments use Receive Code 12555
4014260210000000



TOLLS BY MAIL



Already an **E-ZPass NY** customer? Visit tollsbymailny.com to pay this Toll Bill using your **E-ZPass NY** account. Other **E-ZPass** customers cannot pay using their account. You can avoid future Toll Bills by adding your license plate(s) to your account.

If you are not already an **E-ZPass NY** customer save time and money by going to tollsbymailny.com and converting to **E-ZPass**.

Accessing your New York tolls just got easier! Download our new **TollsNY** mobile app on your iPhone app store or Google play for Android.

| Toll Activity/Detail | | | | | | | |
|----------------------|--------|------------------------|-----------------------|-------|----------|----------|-------------|
| License Plate | Agency | Entry Facility (Plaza) | Exit Facility (Plaza) | Class | Date | Time | Toll Amount |
| WA BWH1378 | NYSTA | 50 | 50 | 2L | 01/07/21 | 11:39:10 | \$2.43 |
| WA BWH1378 | NYSTA | | Grand Island S | 2L | 01/07/21 | 12:04:27 | \$1.24 |
| WA BWH1378 | NYSTA | 50 | 47 | 2L | 01/07/21 | 14:45:03 | \$2.43 |
| WA BWH1378 | NYSTA | 47 | 46 | 2L | 01/07/21 | 14:53:51 | \$0.94 |
| WA BWH1378 | NYSTA | 46 | 45 | 2L | 01/07/21 | 16:53:31 | \$0.67 |

(Continued)

Important Information on Paying Tolls on Time

Failure to respond to this Toll Bill in a timely manner may result in the imposition of fees of up to \$100 per unpaid toll, referral to a collection agency, additional fees and charges, and/or suspension of your vehicle registration by the New York State Department of Motor Vehicles under 15 New York Codes, Rules and Regulations (NYCRR) § 127.14 or suspension, revocation or renewal hold of your vehicle registration under a reciprocal agreement with your home State as authorized for New York State by Vehicle and Traffic Law § 518 and/or pursuant to your home State's related vehicle registration laws, rules and/or regulations, and/or exclusion from MTA B&T Facilities under 21 NYCRR § 1020.7, and/or exclusion from Port Authority Facilities under New York Unconsolidated Laws § 6809, New Jersey Statutes Annotated 32:1-154.9.

Public Authorities Law § 553 and 21 NYCRR §§ 1020.7, 1021.3 & 1023.7 prohibit vehicular crossings except upon payment of tolls at the place and time and in the manner established by MTA B&T (legal name, Triborough Bridge and Tunnel Authority). Public Authorities Law § 554 authorizes the imposition of tolls on the Thruway and 21 NYCRR part 101.3 prohibits the evasion or non-payment of tolls along the Thruway system as established by the Thruway Authority. As to all vehicular crossings operated by the Port Authority of New York and New Jersey, New York Unconsolidated Laws § 6802 and New Jersey Statutes Annotated § 32:1-154.2 prohibit any traffic in or upon such vehicular crossings except upon payment of tolls and other charges as prescribed by the Port Authority.

How to Dispute This Toll Bill

To dispute any toll(s), check the appropriate box, if applicable, and attach supporting documentation. Sign and date the Certification, return the entire bill and any required documentation in the envelope provided. Please submit your dispute to this toll bill promptly. Retain a copy of this Toll Bill and any supporting documents for your records.

List LICENSE PLATE(S) you are disputing:

- Vehicle Sold..... Attach Proof of Sale.
- License Plate(s) Surrendered..... Attach Plate Surrender Receipt.
- Vehicle/Plate Stolen or Lost..... Attach Police Report.
- License Plate and/or Vehicle is not registered to me and I did not rent and/or lease it..... Attach Documentation if Available.

Certification: I certify that the information I provided regarding this dispute is complete, true and accurate.

Name

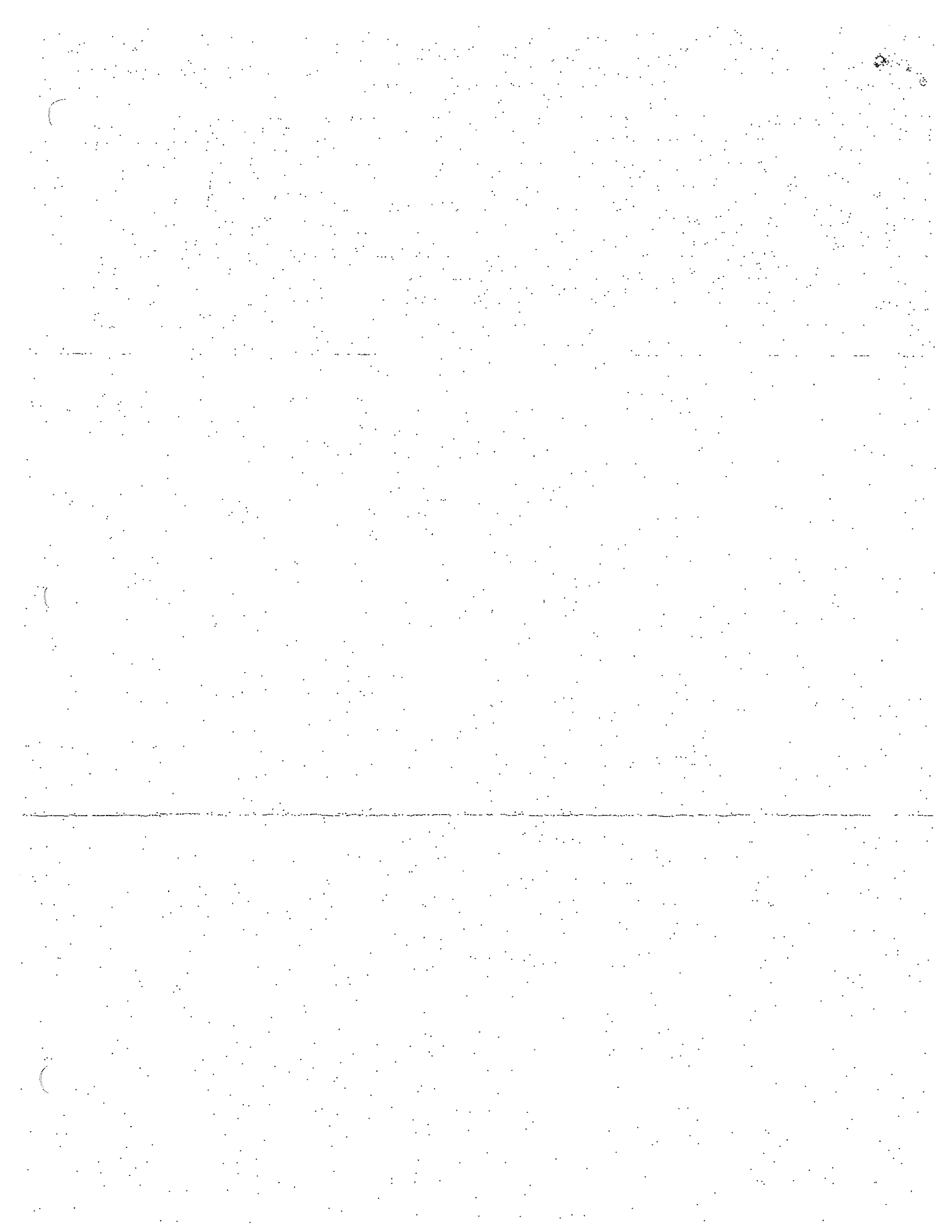
Signature

Date



TOLLS BY MAIL

| | | | | | | | |
|--------------------|--------|-----|-----------------------|----|----------|----------|----------------|
| WA BWH1378 | NYSTA | 45 | 44 | 2L | 01/07/21 | 17:25:02 | \$0.22 |
| WA BWH1378 | NYSTA | 44 | 39 | 2L | 01/07/21 | 18:28:04 | \$3.35 |
| WA BWH1378 | NYSTA | 39 | 36 | 2L | 01/07/21 | 18:37:53 | \$0.38 |
| WA BWH1378 | NYSTA | 36 | 35 | 2L | 01/07/21 | 18:39:34 | \$0.23 |
| WA BWH1378 | NYSTA | 34A | 25A | 2L | 01/07/21 | 21:15:03 | \$6.84 |
| WA BWH1378 | NYSTA | B1 | B3 | 2L | 01/07/21 | 22:56:59 | \$1.03 |
| WA BWH1378 | MTAB&T | | Verrazzano Narrows | 1 | 01/11/21 | 12:15:59 | \$9.50 |
| | NYSTA | | Toll Admin. Surcharge | | 03/11/21 | | \$2.00 |
| Total Tolls | | | | | | | \$31.26 |





725 Canton Street, Norwood, MA 02062
 Self-service: www.ccspayment.com
 Monday - Friday: 8:00AM-8:00PM, Saturday: 9:00AM-5:30PM, ET

CALL CENTER: (603) 570-4038



05216 1 MB 0.447 T 11
 SELENA SMITH
 6943 76TH AVE NE
 OLYMPIA WA 98516-9572

Date: 04/09
 File Number: 07 0403 172
 Pin Number: 23585
 Violation:

REGARDING:
NEW JERSEY E-ZPASS

AMOUNT DUE:
\$50.95

According to our client, New Jersey E-ZPass, the above referenced amount remains unpaid. As a result, your account has been placed with this office for collection.

Please remit payment by mail (together with the payment stub portion of this notice), by telephone, or by visiting our self-service website @ www.ccspayment.com. If you would like personal attention, our Customer Service Agents are available (603) 570-4038. Let's work together to resolve this matter. Thank you.

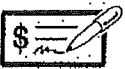
Please be advised, the Tolling Agency retains the right to issue a summons in connection to your unpaid toll violation(s). The Agency may designate an employee(s) or agent(s) of the Agency to be a complaining witness on behalf of the Agency and to cause a summons and complaint to issue to the extent permitted by, and pursuant to, the Rules Governing the Courts of New Jersey, Delaware, and Pennsylvania.

Listed below are the details of up to five (5) of your outstanding violations:

| Date of Violation | Citation Number | Roadway | Total Due | Plate Number |
|-------------------|------------------|------------|-----------|--------------|
| 01/11/21 | T122164589395-01 | Toms River | \$50.95 | BWH1378 |
| | | | | |
| | | | | |
| | | | | |



SELF-SERVICE WEBSITE: You can activate email messaging, upload correspondence, request telephone calls to stop, pay by check, Visa, MasterCard, Discover, arrange a payment plan, and more at our secure website: www.ccspayment.com.



MAIL PAYMENT: You can mail your check together with the payment stub portion of this notice. You can make your check payable to: NEW JERSEY E-ZPASS.

1.503

File Number: 07 0403 17202
Pin Number: 23585
SELENA SMITH

AMOUNT DUE:
\$50.95

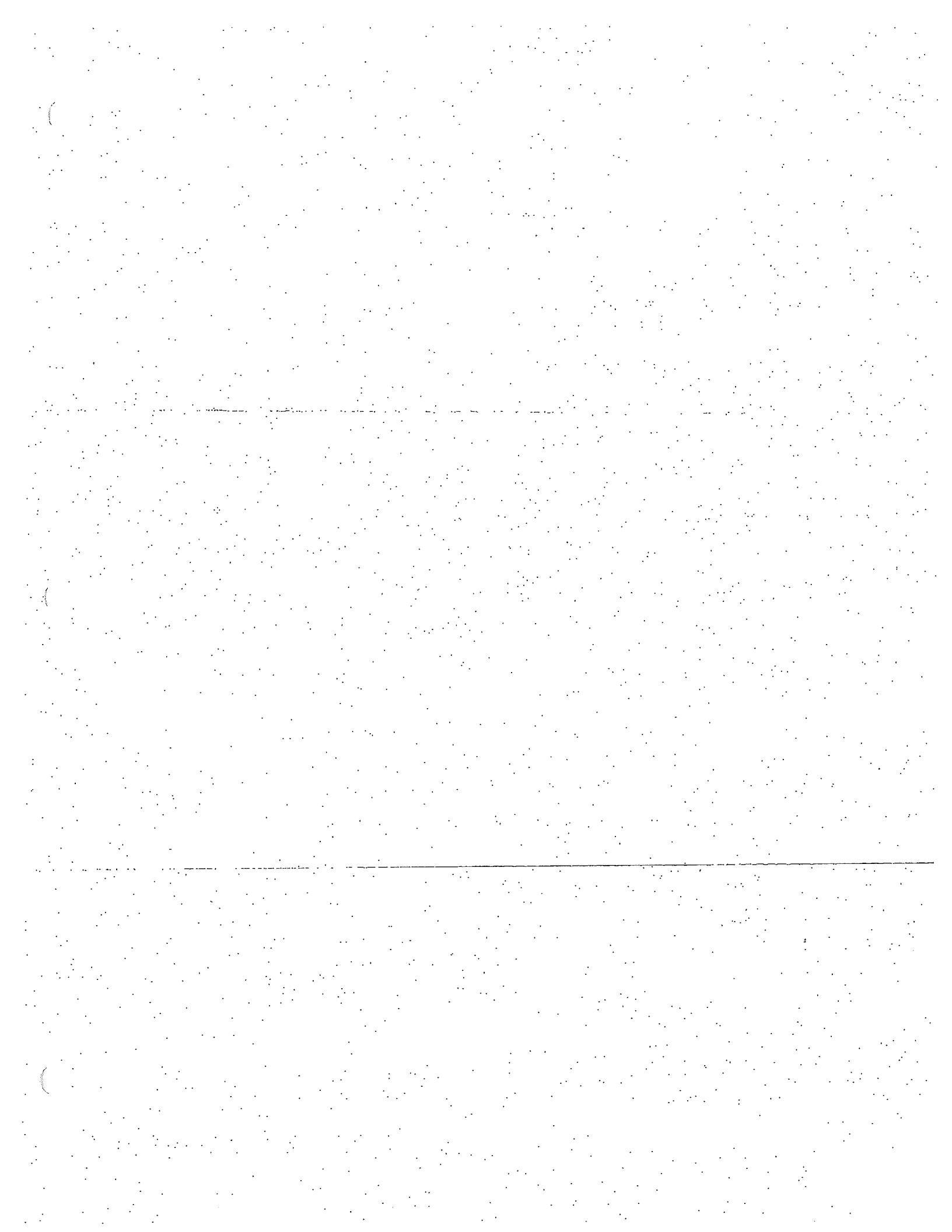
Do not mail post-dated checks: You can call (877) 219-7563 for personal attention. CCS may process payment as a one-time electronic funds withdrawal using information from your check.

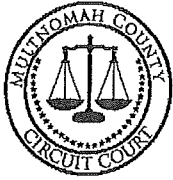
Go Green

We offer secure email messaging, as well as the ability to pay or send correspondence online. It's quick, easy, and helps protect the environment. Please consider visiting our self-service website at: www.ccspayment.com.

CCS
PAYMENT PROCESSING CENTER
P.O. BOX 55126
BOSTON, MA 02205-5126







IN THE CIRCUIT COURT OF THE STATE OF OREGON
 FOR THE COUNTY OF MULTNOMAH
 1200 SW First Avenue Portland, OR 97204
 courts.oregon.gov/multnomah
 Please keep the top half of this form for your records.

3/11/2021

PARKING NOTICE
 Citation: HA34682511
 Case: 21PK16231

Selena Ursa Smith
 6943 76th Ave NE
 Olympia, WA 98516-9572

A parking citation was issued to vehicle **WA BWY9528**. You have been identified as the registered owner. Please disregard this notice if you've already paid. Options are printed on the back of this Parking Notice. Or find more information on our website by taking a picture of this QR code with your smart phone.



| Offense Date & Time | Statute | Offense | Offense Location | Fine |
|---------------------|-------------|------------------|---|-------|
| 02/27/2021 4:47 PM | 16.20.430-A | No Meter Receipt | NW GLISAN ST Between 9TH AVE and 10TH AVE | 65.00 |

I, **Selena Ursa Smith**, have completed the form below and agree to comply with the response that I have selected. If I do not, I understand that penalties may be assessed after 60 days (please see the back of the Parking Notice).

RESPONSE to PARKING NOTICE
 Citation: HA34682511
 Case: 21PK16231
 Vehicle: WA BWY9528

Initial here if you are not the registered owner of the vehicle but are taking responsibility for this citation; you must select one of the listed options and provide your full name and mailing address in the box below.

I have read the instructions on the back of this form. I select ONE of the following statements, plead No Contest, waive my right to trial, and consent to any judgment entered:

- Response A:** I am enclosing a check payable to the State of Oregon for the full fine amount.
- Response B:** At the time of the cited offense I had paid for my parking in full. I am enclosing proof of that payment and requesting a fine reduction.
- Response C:** I was in compliance at the time of the cited offense. I am enclosing a *copy* of my current vehicle documentation and requesting a fine reduction.
- Response D:** I was out of compliance at the time of the cited offense. I am enclosing a *copy* of my current vehicle documentation. I fixed the issue and am requesting a fine reduction.

I would like to schedule a court hearing.

Response E: I understand that my hearing will be held by video due to COVID-19 and that I will be notified of my appearance date by email. Current email address: _____

Initial here if you cannot appear by video. Request an exemption with an explanation in the space below.

Space for updated contact information, or additional comments:

Signature of Defendant: _____

Date: _____

Select and complete one of the following options within 60 days of this notice date: 3/11/2021. If you do not respond within 60 days the court may issue an order for impoundment or immobilization of the cited vehicle, enter a judgment against you, and impose a fine. The court may assess collection costs, and assign the citation for collection.

PARKING NOTICE
Citation: HA34682511
Case: 21PK16231

Handling Your Parking Citation



Option 1: The quickest way to resolve your case is to pay the full fine amount online. Use your smart phone to scan this QR code and go directly to the website!

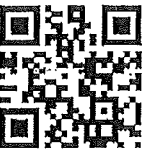
Option 2: Visit or call the Central Courthouse or East County Courthouse to speak with a court clerk.

Option 3: Complete (instructions below), detach, and mail the Response to Parking Notice form to:

Parking Citation Office
PO BOX 78
Portland, OR 97207-0178

See how Case Number **21PK16231** is doing by scanning this QR code!

The circuit court is accessible to disabled persons with 48 hours notice. For the Telecommunications Relay Service, dial 711. Déjenos saber si le podemos ayudar. Hablamos español (971-274-0590).



000009682

RESPONSE to
PARKING NOTICE
Citation: HA34682511
Case: 21PK16231
Vehicle: WA BWY9528

Filling Out the Response to Parking Notice Form (Option 3 Instructions)

Different Person Taking Responsibility: If the registered owner is a business, or was not in possession of the vehicle at the time of the cited offense, someone else may claim responsibility for the citation. That person must clearly print their full name and mailing address in the box for updated contact information, and they must fill out the rest of the form.

Response A) You want to pay by check and resolve the case.

The court may reduce, but not completely eliminate, the fine amount. The court will not be able to return any materials that you submit. You may be eligible for a fine reduction in these common situations:

Response B) You are sending in proof that you paid for your parking. Example, the receipt fell off the window.

Response C) You are sending in vehicle documentation which shows you were in compliance with the offense at the time it was issued. Example, I was in possession of updated registration tags, valid permit, etc., but didn't have it displayed properly.

Response D) You were cited for an offense that you have since fixed. You must enclose proof. Example, my license plate was not properly mounted, or my permit or registration tags had expired, etc.

Response E) None of the other responses fit your situation, you feel the fine should be waived in full, therefore you wish to be assigned a court date.

Thank you for understanding that these common situations are not eligible for a fine reduction:

- ❖ Didn't realize vehicle was parked in a zone that required payment.
- ❖ Only parked for a few minutes and did not pay at all.
- ❖ Did not pay for enough time and were late getting back to your car.
- ❖ Citations weren't given to any other cars parked in the same area.






Declaration of Hans Stoker-Unsigned

Final Audit Report

2021-06-14

| | |
|-----------------|--|
| Created: | 2021-06-14 |
| By: | Breckan Scott-Gabriel (breckan@breckanlaw.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAFAFHnASlv0WUuzrHznLJ5cCnOihP3YIHml |

"Declaration of Hans Stoker-Unsigned" History

-  Document created by Breckan Scott-Gabriel (breckan@breckanlaw.com)
2021-06-14 - 10:23:52 PM GMT- IP address: 73.169.231.32
-  Document emailed to Hans Stoker (hans-stoker@comcast.net) for signature
2021-06-14 - 10:24:09 PM GMT
-  Email viewed by Hans Stoker (hans-stoker@comcast.net)
2021-06-14 - 11:27:17 PM GMT- IP address: 76.121.132.72
-  Document e-signed by Hans Stoker (hans-stoker@comcast.net)
Signature Date: 2021-06-14 - 11:34:00 PM GMT - Time Source: server- IP address: 76.121.132.72
-  Agreement completed.
2021-06-14 - 11:34:00 PM GMT