

have settled in for the visit, it is time to get ready to leave. The children appear to feel rushed to leave so soon and are often unable to finish their activities or are rushed through the activity due to the time restraint of two hours.

6. From the limited time I have spent with the children and Mrs. Solomon, Mrs. Solomon has been appropriate during the supervised visitations. She has not initiated conversations about the legal proceedings with the children during visits. If questioned by the children about legal proceedings or the situation involving both parents Ms. Solomon uses age appropriate language and/or appropriate redirection and reassurance.

7. From my observations during supervised visitations, Ms. Solomon does not appear to be intoxicated or on drugs. Mrs. Solomon has been flexible arranging the visits to work around the children's activities and my schedule. She is mindful of the time during the visits and is prompt in paying for my services.


8. It is my opinion that Mrs. Solomon's parenting time with the children could easily be extended to at least four (4) hours every Saturday with me being present during part of the time and then further expanded at reasonable intervals working toward unsupervised time. It is my recommendation that my supervised visit be a two (2) hour random visit during the four (4) hour visitation. It is my recommendation that I have a minimum of ten (10) minutes with the children alone during my supervision to discuss any concerns that may have occurred during the visit that was unsupervised. In my experience with past similar supervised visitations I have found that this arrangement provides the least traumatic transition for the children given the circumstances. It is also

proven in my past experience that this formula also assists in the eventual transition to unsupervised visits.

9. It is also my opinion that there should not be a problem for Ms. Solomon to attend all the children's school and extracurricular activities, perhaps with a friend accompanying her during those times provided that she not interrupt the activities.

10. Further, Affiant saith not.

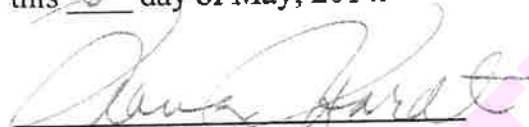




MARY DUFF, LMSW

Sworn to and Subscribed before me

this 6th day of May, 2014.



NOTARY PUBLIC

My Commission Expires: 7-7-14

LUNA SHARK MEDIA

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

AARON L. SOLOMON,
Plaintiff/Husband,

vs.

ANGELIA SOLOMON,
Defendant/Wife.

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DOCKET No. 13D-1446

AFFIDAVIT OF MICHAEL C. REED, M.D.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, Michael C. Reed, M.D., after being first duly sworn, say and depose as follows:

1. I am a physician who specializes in the field of psychiatry. I practice at Associated Psychiatrists of Nashville, 30 Burton Hills Blvd. Suite 375, Nashville, Tennessee 37215. I am attaching to this Affidavit my curriculum vitae listing my experience and education.

2. I have been treating Dr. Angelia Solomon since September 2012. I have provided sixty (60) hours of psychotherapy to Dr. Solomon. Currently, I am seeing Dr. Solomon approximately every week to provide both psychotherapy and medication management.

3. Dr. Solomon presented to me with an Adjustment Disorder with Disturbance of Mood. What this diagnosis means is that any reasonable person in her situation would be saddened by the loss of contact with her children and the loss of her marriage which she had worked hard at for years to heal.

4. I am prescribing an antidepressant medication, Pristiq, to Dr. Solomon at the dose of 100mg each day. The Pristiq has had very effective results with no cognitive or sedating side effects.

5. Dr. Solomon has also responded well to psychotherapy and has returned to a healthy mental state albeit she deeply misses her children. She is no longer clinically depressed.

6. Dr. Solomon is also in regular therapy with Dr. Ruth Smith, a clinical psychologist, which has also been helpful.

7. I will continue to work with Dr. Solomon on a regular basis for the foreseeable future to make certain that she remains healthy and sound.

8. Dr. Solomon's prognosis is excellent.

9. Dr. Solomon has had a horrible experience in regards to her pending divorce. In my opinion, her husband, Aaron Solomon, has done a masterful job in confusing the Court about his wife's actual mental health. Apparently, the Court was led to believe that Dr. Solomon was an unfit parent and mentally ill. Nothing could be further from the truth.

10. Dr. Solomon is a loving and appropriately caring parent. Based on what I have observed, I could not say the same for Mr. Solomon who by means of trickery and deceit, convinced his children one morning to "go get doughnuts" for their mother and then took them from the family home never to return. From multiple comments made by both children over the months since, I find it highly likely that both of the children have consequently suffered severe emotional repercussions. Mr. Solomon's lack of insight

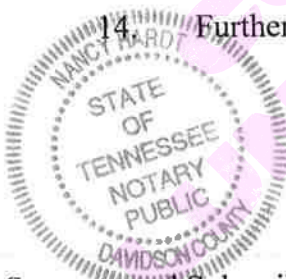
into the future distress that he would cause his children by his actions is worrisome as to his judgment as a parent.

11. On the other hand, I am confident that Dr. Solomon is the more appropriate of the two parents to have primary custody of the children. Dr. Solomon is a caring and loving mother who has a strong bond with her children despite their separation and Mr. Solomon's attempts to undermine such.

12. I had the opportunity to witness what was occurring in the family before the separation. Mr. Solomon was unduly strict and irritable with his children, both of who were fearful of him and remain so still. In my opinion, neither of the children would have willingly left the care of their mother had Mr. Solomon not tricked them into believing they were going to the Donut Den.

13. Dr. Solomon is now working as a supervising pharmacist. Not only does she herself perform the duties of a pharmacist, she oversees many other pharmacists to make sure that they are doing their job correctly as well. To me, this ability alone is more than enough proof that she can adequately handle her duties as a mother.

14. Further, Affiant saith not.



Michael C. Reed, M.D.
Michael C. Reed, M.D.

Sworn to and Subscribed before me

this 29th day of May, 2014.

Nancy Hardt
NOTARY PUBLIC

My Commission Expires: 7-7-14

MICHAEL C. REED, M.D.

30 Burton Hills Boulevard, Suite 375,
Nashville, Tennessee 37215

Healthymindsnashville.com

615-294-0793

drreed@apon5.com

Certification and Licensure

- *Board Certified in Psychiatry, May 1997*
- *Licensed as Medical Doctor by the Tennessee Medical Board of Examiners, July 1986*

Education, Training, and Honors

- *Vanderbilt Medical Center Psychiatry Residency Program - Nashville, Tennessee 1985-1989*
Marc H. Hollender, M.D. Award -Outstanding Performance by a Psychiatry Resident
- *James Quillen College of Medicine East Tennessee State University Johnson City, Tennessee 1985*
Charter Member of Alpha Omega Alpha Medical Honor Society
- *The University of Tennessee - Bachelor of Arts (Ethology Degree) - Knoxville, Tennessee 1981*
Graduated Summa Cum Laude

Professional Summary

- *Mentored and personally supervised by both of the only psychoanalytical training analysts (Dr. Volney Gay and Dr. Pietro Tedesco) for the southeast while a Vanderbilt Resident*
- *One of the only 17% of psychiatrist nationally who always provides psychotherapy to all patients*
- *Well over 60,000 hours of direct clinical experience in treating people with complex mental disorders*
- *Because of this clinical exposure and experience, possesses an astounding ability to resolve symptoms in patients with refractory symptoms*
- *Cutting edge training and ability to utilize rTMS (repetitive Transcranial Magnetic Stimulation) in the healing people suffering from refractory depression*
- *Pioneered the clinical application of the autoimmune and inflammatory concepts of psychiatric illnesses through laboratory and nutritional analysis and even developed a psychotherapy technique that incorporates these concepts.*
- *Educates other psychiatrists and physicians about the autoimmune and inflammatory nature of depression*
- *Actively commandeering the development of a presentation on the autoimmune and inflammatory nature of depression as well is its association to MTHFR polymorphisms and oxidative and nitrostative processes to be given at an upcoming conferences for Nurse Practitioners, Physician Assistants, and Medical Doctors*
- *The only area psychiatrist who routinely obtains DNA mutation analysis to detect MTHFR polymorphisms on all patients*

Recent Competitive Endeavors and Recognitions

- *Winner of the MDLinx Smartest Psychiatrist in America National Competition - December 2012*
- *Patients' Choice Award - Most Compassionate Doctor - Vitals.com - 2012 (based on patients' reviews)*
- *Angie's List's "Top Doc" for Psychiatry in Nashville - Super Service Award - 2013 (based on patients' reviews)*

Noteworthy Presentations

- *Navigating the Borderlands Between Psychiatry and Neurology: SPECT as a Diagnostic Compass National Meeting of the American Psychiatric Association - San Francisco 1985*

Web Page

- *<http://healthymindsnashville.com/doctors/dr-michael-reed/>*

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

AARON L. SOLOMON,
Plaintiff/Husband,

vs.

ANGELIA SOLOMON,
Defendant/Wife.

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DOCKET No. 13D-1446

AFFIDAVIT OF
RUTH A. SMITH, PH.D.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, Ruth A. Smith, Ph.D., after being first duly sworn, say and depose as follows:

1. I am a licensed clinical psychologist in the State of Tennessee. Attached is a copy of my curriculum vitae.

2. I have seen Angelia Solomon in psychotherapy for 11 sessions so far, starting on March 13, 2014.

3. My diagnosis for Dr. Solomon is PTSD, caused by the abusive marriage she has been in since 2001. She is a very capable, hard working, responsible and strong woman, who was gradually and purposefully been ruined by her husband, Mr. Aaron Solomon.

4. The way Dr. Solomon describes her marriage (which happened 3 months after she reacquainted with Mr. Solomon): when they started the relationship she was living in her own house, owned her own car, was a manager of a pharmacy with a very good income, owned 2 dogs, and was a happy person. Within a few years she had lost it all. Mr. Solomon controlled the finances, did not allow her to go anywhere without him approving/being with her, she stopped working and lost her license as a pharmacist, and

was subjected to his mood swings. He either was quiet for days or would go into fits of anger when he diminished her looks, her abilities, her self esteem, and ridiculed her. He called her “crazy” when she confronted him, and at times he violently attacked her and caused her bodily harm.

5. Dr. Solomon says she realized Mr. Solomon has his own standards of behavior, and she always tried to minimize his strangeness and present a happier front to people. After all, he was a TV personality who was considered a popular star by many of his viewers. Things got even worse for her when she found that he was having sexual relations with other women, and when she confronted him he said he needed sex at least 2 times a day, and that was normal.

6. Dr. Solomon says she tried very hard to make her marriage work. Her main goal in life was to be a mother, and having had two children with Mr. Solomon she did her best to keep the marriage intact.

7. Dr. Solomon is a very dedicated mother, who very much loves her children, and is very concerned for their wellbeing. She is grieving the separation from the children imposed on her. The children, by her reports, are very attached to her, and do not understand why they cannot be with her. The short time of phone conversation she has with them daily is the focus of her personal life, and she tries to guide them and support them in these short conversations. She also cherishes the 2 hours she has with them each week, and shows them her deep love and care. From her descriptions of her visits with them, the children are very sad when it is time to leave, and regularly ask her when this arrangement can be changed so they can come back to live with her.

8. My opinion is that Dr. Solomon is a very caring and capable mother, and there is no reason why she should not be allowed to take care of her children without supervision.

9. I have seen a great progress in Dr. Solomon's mental state since she started therapy with me. She is regaining her self esteem. She has regained her profession and is working at a very responsible and high level job. She is managing her finances carefully and thoughtfully, and is very seriously working in her psychotherapy on regaining her own identity.

10. My prognosis is that Dr. Solomon is on her way back to a fully functional, independent and successful woman, who will continue to do everything she can for the benefit of her children.

14. Further, Affiant saith not.



Ruth A. Smith
RUTH A. SMITH, PH.D.

Sworn to and Subscribed before me

this 28 day of May, 2014.

Nancy Hardt
NOTARY PUBLIC

My Commission Expires: 7-7-14

RUTH ARBITMAN SMITH, Ph.D.
Clinical Psychologist

RESUME

November, 2013

Office 4525 Harding Road, Suite 240
 Nashville, TN 37205
 Phone (615) 620-4351
 Fax (615) 620-4488

Education

September 1984- August 1985 Clinical Internship: Vanderbilt Child & Adolescent Psychiatry, and Dede Wallace Center, Nashville (at same period)

Spring 1982- Summer, 1984 Clinical Training, Peabody College for Teachers, Vanderbilt Uni.

May, 1977 Ph.D. in Psychology, George Peabody College for Teachers

May, 1974 M.A. in Psychology, George Peabody College for Teachers

October, 1965 B.A. in English and Sociology, Hebrew University, Jerusalem, Israel

Clinical Experience

September 1985- Present Private Practice

September 1984- August 1985 Clinical Internship: Vanderbilt Child and Adolescent Psychiatry, and Dede Wallace Center (at same period)

June-August 1983 Practicum, Veterans Administration Hosp. Nashville, TN

September, 1983-
May, 1984 Practicum, Vanderbilt University Counseling Center, and
and Practicum in Nashville Metro Schools (at same period)

Previous Work Experience

Fall 1983-Spring 1984 Research Associate with Penelope Brooks, Ph.D., Peabody
College, Nashville, TN.

September 1976-
February, 1986 Director, Instrumental Enrichment Project in Nashville, TN
and Louisville, KY, in charge of supervision in schools,
hiring research team members, developing new assessment
tasks on effects of program. George Peabody College,
Nashville, TN.

Fall 1979-Spring 1982 Research Assistant Professor, Dept. of Teaching and
Learning, George Peabody College, Nashville, TN.

1976-1982 Research Associate, John F. Kennedy Center for Research
on Education and Human Development. George Peabody
College, Nashville, TN.

1971-1972 Teaching Assistant, Dept. of Sociology, Vanderbilt Uni.,
Nashville, TN.

1969-1971 Research Assistant, Dept. of Psychology and Human
Development, George Peabody College, Nashville, TN.

1964-1965 Research Assistant. Prime Minister Office, Jerusalem,
Israel.

License

Psychologist, Tenn. # P00001126 (since 1986).

Membership

American Psychological Association
Tennessee Psychological Association
Nashville Psychotherapy Institute

Community Service

- 2007-2009 President, Jewish Family Service of Nashville and Middle Tennessee
- 2005-2007 President Elect, Jewish Family Service of Nashville and Middle Tennessee
- 1998- 2009 Board Member, Jewish Family Service of Nashville and Middle Tennessee

Professional Service

- 1999-2000 Chair, Nashville Psychotherapy Institute
- 1997-2000 Nashville Psychotherapy Institute Board member
- 1994-1995 Tennessee Psychological Association Continuing Education Committee member
- 1993-1994 Co-Chair, Tennessee Psychological Association Managed Care Interest Group, Nashville Area
- 1987-1989 Board Member, PEACE, Project to End Abuse Through Counseling and Education

Recent Selected Training

- 2012
- Finding the Words to say it: Moving Memory from the Body to the Mind. Jamie Kyne, Ph.D. January 13, Nashville Psychotherapy Institute, Nashville, TN. 1 CEU.
- The Best-Ever Anxiety Treatment Techniques. Margaret Wehrenberg, Psy.D. January 26, Nashville, TN. 6 APA approved CEUs.
- Trauma, PTSD and Grief. Eric Gentry, Ph.D., LMHC. August 15, Nashville, TN. 6 APA approved CEUs.
- Family Law and Ethics for Therapists. Rebecca S. Montgomery, Attorney. December 2, Nashville, TN. 3 CEUS.

2013

Is it Love? From Attachment to Addiction to Recovery, Kai Lohm, LPC-MHSP, June 7, Pine Grove Institute, Nashville, TN. 3 CEUs.

Psychotherapy in the Neoliberal Age: Friend or Foe? Bruce Rogers-Vaughn, Ph.D. Nashville Psychotherapy Institute, August 9, Nashville, TN. 1 CEU.

Using the DSM-5 for Revolutionizing Diagnosis and Treatment. Susan Lewis, Ph.D., J.D. October 9, Nashville, TN. 6 APA approved CEUs.

We are the Tools of our Trade: How the Therapist's own Attachments Shape Therapy. David Wallin, Ph.D. October 19, Nashville, TN. 6 APA approved CEUs.

COURTESY OF LUNA SHARK MEDIA

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

AARON L. SOLOMON,

Plaintiff,

v.

ANGELIA SOLOMON,

Defendant.

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Docket No. 13D-1446

MOTION TO SET CHILD SUPPORT

Father moves this Honorable Court to set child support in this matter. As cause, he would state and show unto this Honorable Court that Mother is now working and drawing a salary and there is no just reason for the Court to delay implementation of Mother's child support obligation.

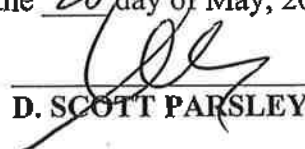
Respectfully submitted,



D. SCOTT PARSLEY, #13606
PARSLEY, PARSLEY & STRICKLAND
219 Second Avenue, North, Suite 300
Nashville, TN 37201
(615) 244-8118
(615) 244-8842 Facsimile

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document has been served on Helen S. Rogers, The Wind in the Willows Mansion, 2205 State Street, Nashville, TN 37203, by placing same in the U.S. Mail, postage prepaid, on the 20 day of May, 2014.



D. SCOTT PARSLEY

THIS MOTION IS EXPECTED TO BE HEARD JUNE 20, 2014, AT 9:00 A.M.

Part I. Identification

Indicate the status of each parent or caretaker by placing an "X" in the appropriate column

Name of Mother:
 Name of Father:
 Name of non-parent Caretaker:
 TCSES case #:
 Docket #:
 Court name:

| | PRP | ARP | SPLIT |
|------------------|-----|-----|-------|
| Angelia Solomon | | X | |
| Aaron L. Solomon | X | | |
| | | | |
| | | | |
| | | | |

| Name(s) of Child(ren) | Date of Birth | Days with Mother | Days with Father | Days with Caretaker |
|-----------------------|---------------|------------------|------------------|---------------------|
| Grant Solomon | 6/13/2002 | 0 | 365 | |
| Gracie Solomon | 10/17/2006 | 0 | 365 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II. Adjusted Gross Income

Use Credit Worksheet to calculate line items 1d - 1e

- 1 Monthly Gross Income
- 1a Federal benefit for child
- 1b Self-employment tax paid
- 1c Subtotal
- 1d Credit for in-home children
- 1e Credit for not-in-home children
- 2 Adjusted Gross Income (AGI)
- 2a Combined Adjusted Gross Income
- 3 Percentage Share of Income (PI)

| | Mother \ Column A | Father \ Column B | Nonparent Caretaker \ Column C |
|------------------------------------|-------------------|-------------------|--------------------------------|
| 1 Monthly Gross Income | \$ 10,400.00 | \$ 3,750.00 | |
| 1a Federal benefit for child | + | + | |
| 1b Self-employment tax paid | - | - | |
| 1c Subtotal | 10,400.00 | 3,750.00 | |
| 1d Credit for in-home children | - 0.00 | - 0.00 | |
| 1e Credit for not-in-home children | - 0.00 | - 0.00 | |
| 2 Adjusted Gross Income (AGI) | \$ 10,400.00 | \$ 3,750.00 | |
| 2a Combined Adjusted Gross Income | \$14,150.00 | | |
| 3 Percentage Share of Income (PI) | 73% | 27% | |

Part III. Parents' Share of BCSO

- 4 BCSO allotted to primary parent's household
- 4a Share of BCSO owed to primary parent
- 5 Each parent's average parenting time
- 6 Parenting time adjustment
- 7 Adjusted BCSO

| 4 BCSO allotted to primary parent's household | \$ 0.00 | \$ 1861.00 | \$ 0.00 |
|-----------------------------------------------|-------------|------------|---------|
| 4a Share of BCSO owed to primary parent | \$ 1358.53 | \$ 0.00 | |
| 5 Each parent's average parenting time | 0 | N/A | |
| 6 Parenting time adjustment | \$ 256.82 | \$ N/A | |
| 7 Adjusted BCSO | \$ 1,615.35 | \$ 0.00 | |

Part IV. Additional Expenses

| | Mother \ Column A | Father \ Column B | Nonparent Caretaker \ Column C |
|---------------------------------------------------|----------------------|----------------------|--------------------------------------|
| 8a Children's portion of health insurance premium | \$ | \$ 219.53 | \$ |
| 8b Recurring uninsured medical expenses | \$ | \$ | \$ |
| 8c Work-related childcare | \$ | \$ | \$ |
| 9 Total additional expenses | \$ 0.00 | \$ 219.53 | \$ 0.00 |
| 10 Share of additional expenses owed | \$ 160.26 | \$ 0.00 | |
| 11 Adjusted Support Obligation (ASO) | \$ 1,775.61 | \$ 0.00 | |

Part V. Presumptive Child Support Order

| | OBLIGATION | | |
|-------------------------------------------|-------------|---------|--|
| 12 Presumptive Child Support Order (PCSO) | \$ 1,776.00 | \$ 0.00 | |

* Enter the difference between the greater and smaller numbers from Line 11 except in non-parent caretaker situations

Low Income? N (N=15% Y=7.5%)
 Current Order Flat %? N (N / Y)

Modification of Current Child Support Order

| | | | |
|--------------------------------------------------------------------------|---------|---------|--|
| 13a Current child support order amount for the obligor parent | \$ | \$ | |
| 13b Amount required for significant variance to exist | \$ 0.00 | \$ 0.00 | |
| 13c Actual variance between current and presumptive child support orders | \$ 0.00 | \$ 0.00 | |

Part VI. Deviations and FCSSO

| | | | |
|--------------------------|----|----|--|
| 14 Deviations (Specify): | \$ | \$ | |
|--------------------------|----|----|--|

Deviations must be substantiated by written findings in the Child Support Order

| | | | |
|-------------------------------------------------------------------|-------------|---------|--|
| 15 Final Child Support Order (FCSSO) | \$ 1,776.00 | \$ 0.00 | |
| 16 FCSSO adjusted for Federal benefit, Line 1a, Obligor's column. | \$ 1,776.00 | \$ 0.00 | |

Comments, Calculations, or Rebuttals to Schedule

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

Preparer's Use Only

Name: _____ Date: 5/27/2014
 Title: _____

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

AARON L. SOLOMON,

Plaintiff,

v.

ANGELIA SOLOMON,

Defendant.

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Docket No. 13D-1446

NOTICE OF FILING

Aaron L. Solomon hereby files the records received from Wal-Mart regarding Ms. Solomon's employment.

Respectfully submitted,



D. SCOTT PARSLEY, #13606
PARSLEY, PARSLEY & STRICKLAND
219 Second Avenue, North, Suite 300
Nashville, TN 37201
(615) 244-8118
(615) 244-8842 Facsimile

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document has been served on Helen S. Rogers, The Wind in the Willows Mansion, 2205 State Street, Nashville, TN 37203, by placing same in the U.S. Mail, postage prepaid, on the 28 day of May, 2014.



D. SCOTT PARSLEY

Legal

3rd Party Subpoena Group

702 SW 8th Street
Bentonville, AR 72716-0215
Phone 479.273.4505
Fax 479.277.5991

May 22, 2014

D. Scott Parsley & Associates
219 Second Avenue North, Suite 300
Nashville, TN 37201

Re: Aaron L. Solomon v. Angelia Solomon; Docket No. 13D-1446; Matter No. 2014-012766

Certification of Records

Enclosed are the online paystub, direct deposit and 2014 insurance rates records of Angelia Solomon, which we are producing pursuant to a subpoena/request for information, issued in the above-captioned case. Please accept this document as certification of the records produced herewith. The records you have requested are maintained by various divisions of Wal-Mart Stores, Inc. by various individuals at different locations throughout the company. Upon receipt of your subpoena/request for information by the Wal-Mart Stores, Inc. Legal Department, we requested the appropriate divisions of Wal-Mart Stores, Inc. to produce all documents in their possession responsive to your subpoena/request for information. The records produced herewith are true and correct copies of all records we received pursuant to the Legal Department's request. I further certify that Wal-Mart Stores, Inc. is the custodian of records, that the records were kept in the regular course of business, that compiling these records is a regularly conducted business activity, that these records were made at or near the time the act(s) or event(s) occurred, or within a reasonable time thereafter and finally, that these records were made by, or from information transmitted by, a person with knowledge of the act(s) or event(s) stated therein.


Kelley Cross, Discovery Specialist
Wal-Mart Stores, Inc. Legal Dept.
702 SW 8th St. Bentonville, AR 72716

STATE OF ARKANSAS)
) ss.
COUNTY OF BENTON)

The foregoing instrument was acknowledged before me this 22nd day of May, 2014.



Notary Public

SERGIO E. MOREIRA
BENTON COUNTY
NOTARY PUBLIC -- ARKANSAS
My Commission Expires Jan. 6, 2023
Commission No. 12391556

2014 Rates

Medical plan

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | HRA HIGH PLAN | | | HRA PLAN | | | HSA PLAN | | |
|------------------------------------------------|------------------|------------------|-------------------|------------------|------------------|-------------------|------------------|------------------|-------------------|
| | No Tobacco Users | One Tobacco User | Two Tobacco Users | No Tobacco Users | One Tobacco User | Two Tobacco Users | No Tobacco Users | One Tobacco User | Two Tobacco Users |
| Associate only | \$61.30 | \$107.20 | - | \$18.40 | \$32.20 | - | \$21.20 | \$37.10 | - |
| Associate + spouse/partner | \$155.20 | \$201.10 | \$247.00 | \$61.90 | \$75.70 | \$89.50 | \$66.70 | \$82.60 | \$98.50 |
| Associate + child(ren) | \$86.40 | \$132.30 | - | \$79.50 | \$43.30 | - | \$33.40 | \$49.30 | - |
| Associate + family | \$169.60 | \$215.50 | \$261.40 | \$73.90 | \$87.70 | \$101.50 | \$78.60 | \$94.50 | \$110.40 |

Dental plan

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | |
|------------------------------------------------|------------|
| Coverage | 2014 Rates |
| Associate only | \$7.60 |
| Associate + spouse/partner | \$15.80 |
| Associate + child(ren) | \$15.80 |
| Associate + family | \$24.10 |

Vision plan

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | |
|------------------------------------------------|------------|
| Coverage | 2014 Rates |
| Associate only | \$2.62 |
| Associate + spouse/partner | \$5.24 |
| Associate + child(ren) | \$5.24 |
| Associate + family | \$7.86 |

Optional associate life insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | | | | | |
|------------------------------------------------|-------------------------|----------|----------|-----------|-----------|-----------|--------------------------|-----------|-----------|-------------|
| Associate's age | All eligible associates | | | | | | Management/truck drivers | | | |
| | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$150,000 | \$200,000 | \$300,000 | \$500,000 | \$750,000 | \$1,000,000 |
| under 25 | \$0.38 | \$0.76 | \$1.14 | \$1.52 | \$2.28 | \$3.04 | \$4.56 | \$7.59 | \$11.39 | \$15.19 |
| | \$0.44 | \$0.87 | \$1.31 | \$1.75 | \$2.62 | \$3.50 | \$5.25 | \$8.75 | \$13.12 | \$17.49 |
| 25-29 | \$0.43 | \$0.85 | \$1.28 | \$1.70 | \$2.55 | \$3.41 | \$5.11 | \$8.52 | \$12.77 | \$17.03 |
| | \$0.47 | \$0.94 | \$1.42 | \$1.89 | \$2.83 | \$3.77 | \$5.66 | \$9.44 | \$14.15 | \$18.87 |
| 30-34 | \$0.58 | \$1.15 | \$1.73 | \$2.30 | \$3.45 | \$4.60 | \$6.90 | \$11.51 | \$17.26 | \$23.01 |
| | \$0.64 | \$1.29 | \$1.93 | \$2.58 | \$3.87 | \$5.16 | \$7.73 | \$12.89 | \$19.33 | \$25.78 |
| 35-39 | \$0.70 | \$1.40 | \$2.11 | \$2.81 | \$4.21 | \$5.62 | \$8.42 | \$14.04 | \$21.05 | \$28.08 |
| | \$0.79 | \$1.59 | \$2.38 | \$3.18 | \$4.76 | \$6.35 | \$9.53 | \$15.88 | \$23.82 | \$31.76 |
| 40-44 | \$0.81 | \$1.61 | \$2.42 | \$3.22 | \$4.83 | \$6.44 | \$9.67 | \$16.11 | \$24.16 | \$32.22 |
| | \$0.91 | \$1.82 | \$2.73 | \$3.64 | \$5.45 | \$7.27 | \$10.91 | \$18.18 | \$27.27 | \$36.36 |
| 45-49 | \$1.23 | \$2.46 | \$3.69 | \$4.92 | \$7.39 | \$9.85 | \$14.77 | \$24.62 | \$36.94 | \$49.25 |
| | \$1.40 | \$2.81 | \$4.21 | \$5.62 | \$8.42 | \$11.23 | \$16.85 | \$28.08 | \$42.12 | \$56.15 |
| 50-54 | \$1.89 | \$3.77 | \$5.66 | \$7.55 | \$11.32 | \$15.10 | \$22.65 | \$37.74 | \$56.61 | \$75.48 |
| | \$2.16 | \$4.33 | \$6.49 | \$8.65 | \$12.98 | \$17.31 | \$25.96 | \$43.27 | \$64.90 | \$86.53 |
| 55-59 | \$3.50 | \$7.00 | \$10.49 | \$13.99 | \$20.99 | \$27.98 | \$41.98 | \$69.96 | \$104.94 | \$139.92 |
| | \$3.99 | \$7.99 | \$11.98 | \$15.97 | \$23.96 | \$31.94 | \$47.91 | \$79.86 | \$119.79 | \$159.72 |
| 60-64 | \$5.20 | \$10.40 | \$15.60 | \$20.80 | \$31.21 | \$41.61 | \$62.41 | \$104.02 | \$156.03 | \$208.04 |
| | \$5.94 | \$11.88 | \$17.81 | \$23.75 | \$35.63 | \$47.50 | \$71.25 | \$118.75 | \$178.13 | \$237.50 |
| 65-69 | \$9.73 | \$19.47 | \$29.20 | \$38.94 | \$58.41 | \$77.88 | \$116.82 | \$194.70 | \$292.04 | \$389.39 |
| | \$12.99 | \$25.98 | \$38.97 | \$51.96 | \$77.95 | \$103.93 | \$155.89 | \$259.82 | \$389.74 | \$519.65 |
| 70+ | \$15.13 | \$30.26 | \$45.39 | \$60.53 | \$90.79 | \$121.05 | \$181.58 | \$302.63 | \$453.95 | \$605.26 |
| | \$20.17 | \$40.34 | \$60.51 | \$80.69 | \$121.03 | \$161.37 | \$242.06 | \$403.43 | \$605.15 | \$806.86 |

No tobacco users Tobacco user
 No tobacco users Tobacco user

Optional spouse/partner life insurance*

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | |
|------------------------------------------------|---------|----------|----------|----------|----------|-----------|
| Associate's age | \$5,000 | \$15,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 |
| under 25 | \$0.19 | \$0.58 | \$0.97 | \$1.93 | \$2.90 | \$3.87 |
| | \$0.23 | \$0.68 | \$1.13 | \$2.26 | \$3.38 | \$4.51 |
| 25-29 | \$0.23 | \$0.70 | \$1.16 | \$2.32 | \$3.49 | \$4.65 |
| | \$0.26 | \$0.77 | \$1.29 | \$2.58 | \$3.87 | \$5.16 |
| 30-34 | \$0.31 | \$0.93 | \$1.55 | \$3.11 | \$4.66 | \$6.21 |
| | \$0.35 | \$1.04 | \$1.73 | \$3.45 | \$5.18 | \$6.90 |
| 35-39 | \$0.35 | \$1.04 | \$1.74 | \$3.48 | \$5.21 | \$6.95 |
| | \$0.39 | \$1.16 | \$1.93 | \$3.87 | \$5.80 | \$7.73 |
| 40-44 | \$0.39 | \$1.16 | \$1.93 | \$3.87 | \$5.80 | \$7.73 |
| | \$0.43 | \$1.29 | \$2.15 | \$4.30 | \$6.46 | \$8.61 |
| 45-49 | \$0.58 | \$1.73 | \$2.89 | \$5.78 | \$8.66 | \$11.55 |
| | \$0.67 | \$2.02 | \$3.36 | \$6.72 | \$10.08 | \$13.44 |
| 50-54 | \$0.89 | \$2.66 | \$4.44 | \$8.88 | \$13.32 | \$17.77 |
| | \$1.03 | \$3.10 | \$5.17 | \$10.33 | \$15.50 | \$20.67 |
| 55-59 | \$1.66 | \$4.98 | \$8.31 | \$16.62 | \$24.92 | \$33.23 |
| | \$2.01 | \$6.04 | \$10.07 | \$20.14 | \$30.21 | \$40.27 |
| 60-64 | \$2.55 | \$7.65 | \$12.75 | \$25.50 | \$38.25 | \$51.00 |
| | \$3.22 | \$9.66 | \$16.10 | \$32.20 | \$48.29 | \$64.39 |
| 65-69 | \$4.91 | \$14.72 | \$24.53 | \$49.07 | \$73.60 | \$98.13 |
| | \$6.44 | \$19.33 | \$32.22 | \$64.44 | \$96.66 | \$128.88 |
| 70+ | \$7.96 | \$23.88 | \$39.80 | \$79.60 | \$119.41 | \$159.21 |
| | \$10.45 | \$31.36 | \$52.26 | \$104.53 | \$156.79 | \$209.05 |

No tobacco users Tobacco user

*Spouse/partner life insurance is based on associate's age.

Optional child life insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | |
|------------------------------------------------|--------|
| Coverage | Rate |
| \$2,000 per child | \$0.15 |
| \$5,000 per child | \$0.38 |
| \$10,000 per child | \$0.76 |

Critical illness insurance**

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | | | | | | \$5,000 COVERAGE | |
|------------------------------------------------|----------|--------|--------|--------|--------|--------|---------|---------|---------|---------|------------------|--|
| Associate's age | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ | |
| Associate | \$0.46 | \$0.46 | \$0.46 | \$0.64 | \$1.02 | \$1.72 | \$3.04 | \$4.34 | \$6.50 | \$9.24 | \$12.28 | |
| | \$0.80 | \$0.80 | \$0.80 | \$1.10 | \$1.80 | \$3.06 | \$5.40 | \$7.78 | \$11.64 | \$16.58 | \$22.06 | |
| Associate + spouse/partner | \$0.94 | \$0.94 | \$0.94 | \$1.26 | \$2.04 | \$3.42 | \$6.06 | \$8.68 | \$12.98 | \$18.46 | \$24.56 | |
| | \$1.26 | \$1.26 | \$1.26 | \$1.72 | \$2.82 | \$4.78 | \$8.44 | \$12.12 | \$18.12 | \$25.80 | \$34.34 | |
| | \$1.58 | \$1.58 | \$1.58 | \$2.18 | \$3.60 | \$6.10 | \$10.80 | \$15.56 | \$23.26 | \$33.14 | \$44.14 | |
| Associate + child(ren) | \$0.70 | \$0.70 | \$0.70 | \$0.86 | \$1.26 | \$1.94 | \$3.26 | \$4.58 | \$6.72 | \$9.46 | \$12.52 | |
| | \$1.02 | \$1.02 | \$1.02 | \$1.32 | \$2.04 | \$3.28 | \$5.64 | \$8.02 | \$11.86 | \$16.80 | \$22.30 | |
| Associate + family | \$1.16 | \$1.16 | \$1.16 | \$1.48 | \$2.26 | \$3.66 | \$6.28 | \$8.92 | \$13.20 | \$18.70 | \$24.80 | |
| | \$1.48 | \$1.48 | \$1.48 | \$1.94 | \$3.06 | \$5.00 | \$8.66 | \$12.36 | \$18.36 | \$26.04 | \$34.58 | |
| | \$1.80 | \$1.80 | \$1.80 | \$2.40 | \$3.84 | \$6.34 | \$11.04 | \$15.20 | \$23.50 | \$33.38 | \$44.36 | |

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | | | | | | \$10,000 COVERAGE | |
|------------------------------------------------|----------|--------|--------|--------|--------|---------|---------|---------|---------|---------|-------------------|--|
| Associate's age | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ | |
| Associate | \$0.94 | \$0.94 | \$0.94 | \$1.26 | \$2.04 | \$3.42 | \$6.06 | \$8.68 | \$12.98 | \$18.46 | \$24.56 | |
| | \$1.58 | \$1.58 | \$1.58 | \$2.18 | \$3.60 | \$6.10 | \$10.80 | \$15.56 | \$23.26 | \$33.14 | \$44.14 | |
| Associate + spouse/partner | \$1.86 | \$1.86 | \$1.86 | \$2.50 | \$4.06 | \$6.84 | \$12.10 | \$17.36 | \$25.94 | \$36.94 | \$49.12 | |
| | \$2.50 | \$2.50 | \$2.50 | \$3.42 | \$5.64 | \$9.52 | \$16.86 | \$24.24 | \$36.24 | \$51.60 | \$68.68 | |
| | \$3.14 | \$3.14 | \$3.14 | \$4.34 | \$7.20 | \$12.20 | \$21.60 | \$31.12 | \$46.54 | \$66.28 | \$88.26 | |
| Associate + child(ren) | \$1.40 | \$1.40 | \$1.40 | \$1.72 | \$2.50 | \$3.88 | \$6.52 | \$9.14 | \$13.44 | \$18.94 | \$25.02 | |
| | \$2.04 | \$2.04 | \$2.04 | \$2.64 | \$4.06 | \$6.56 | \$11.26 | \$16.02 | \$23.74 | \$33.60 | \$44.60 | |
| Associate + family | \$2.32 | \$2.32 | \$2.32 | \$2.96 | \$4.54 | \$7.30 | \$12.56 | \$17.82 | \$26.40 | \$37.40 | \$49.58 | |
| | \$2.96 | \$2.96 | \$2.96 | \$3.88 | \$6.10 | \$9.98 | \$17.32 | \$24.70 | \$36.70 | \$52.06 | \$69.14 | |
| | \$3.60 | \$3.60 | \$3.60 | \$4.80 | \$7.68 | \$12.66 | \$22.06 | \$31.58 | \$47.00 | \$66.74 | \$88.72 | |

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | | | | | | \$15,000 COVERAGE | |
|------------------------------------------------|----------|--------|--------|--------|---------|---------|---------|---------|---------|----------|-------------------|--|
| Associate's age | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ | |
| Associate | \$1.40 | \$1.40 | \$1.40 | \$1.88 | \$3.06 | \$5.14 | \$9.08 | \$13.02 | \$19.46 | \$27.70 | \$36.84 | |
| | \$2.36 | \$2.36 | \$2.36 | \$3.26 | \$5.40 | \$9.14 | \$16.20 | \$23.34 | \$34.90 | \$49.72 | \$66.20 | |
| Associate + spouse/partner | \$2.78 | \$2.78 | \$2.78 | \$3.74 | \$6.10 | \$10.26 | \$18.14 | \$26.04 | \$38.92 | \$55.40 | \$73.66 | |
| | \$3.74 | \$3.74 | \$3.74 | \$5.14 | \$8.46 | \$14.26 | \$25.28 | \$36.36 | \$54.36 | \$77.40 | \$103.02 | |
| | \$4.72 | \$4.72 | \$4.72 | \$6.52 | \$10.80 | \$18.28 | \$32.40 | \$46.66 | \$69.80 | \$99.42 | \$132.38 | |
| Associate + child(ren) | \$2.08 | \$2.08 | \$2.08 | \$2.56 | \$3.74 | \$5.82 | \$9.76 | \$13.72 | \$20.16 | \$28.40 | \$37.54 | |
| | \$3.06 | \$3.06 | \$3.06 | \$3.96 | \$6.10 | \$9.84 | \$16.90 | \$24.04 | \$35.60 | \$50.40 | \$66.88 | |
| Associate + family | \$3.46 | \$3.46 | \$3.46 | \$4.44 | \$6.80 | \$10.94 | \$18.84 | \$26.74 | \$39.60 | \$56.08 | \$74.36 | |
| | \$4.44 | \$4.44 | \$4.44 | \$5.82 | \$9.14 | \$14.96 | \$25.96 | \$37.04 | \$55.04 | \$78.10 | \$103.72 | |
| | \$5.40 | \$5.40 | \$5.40 | \$7.20 | \$11.50 | \$18.98 | \$33.10 | \$47.36 | \$70.48 | \$100.12 | \$133.06 | |

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | | | | | | \$20,000 COVERAGE | |
|------------------------------------------------|----------|--------|--------|--------|---------|---------|---------|---------|---------|----------|-------------------|--|
| Associate's age | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ | |
| Associate | \$1.86 | \$1.86 | \$1.86 | \$2.50 | \$4.06 | \$6.84 | \$12.10 | \$17.36 | \$25.94 | \$36.94 | \$49.12 | |
| | \$3.14 | \$3.14 | \$3.14 | \$4.34 | \$7.20 | \$12.20 | \$21.60 | \$31.12 | \$46.54 | \$66.28 | \$88.26 | |
| Associate + spouse/partner | \$3.70 | \$3.70 | \$3.70 | \$5.00 | \$8.14 | \$13.66 | \$24.20 | \$34.72 | \$51.88 | \$73.86 | \$98.22 | |
| | \$5.00 | \$5.00 | \$5.00 | \$6.84 | \$11.26 | \$19.02 | \$33.70 | \$48.46 | \$72.46 | \$103.20 | \$137.36 | |
| | \$6.28 | \$6.28 | \$6.28 | \$8.68 | \$14.40 | \$24.38 | \$43.20 | \$62.22 | \$93.06 | \$132.56 | \$176.50 | |
| Associate + child(ren) | \$2.78 | \$2.78 | \$2.78 | \$3.42 | \$5.00 | \$7.76 | \$13.02 | \$18.28 | \$26.86 | \$37.86 | \$50.04 | |
| | \$4.06 | \$4.06 | \$4.06 | \$5.26 | \$8.14 | \$13.12 | \$22.54 | \$32.04 | \$47.46 | \$67.20 | \$89.18 | |
| Associate + family | \$4.62 | \$4.62 | \$4.62 | \$5.92 | \$9.06 | \$14.60 | \$25.12 | \$35.64 | \$52.80 | \$74.78 | \$99.14 | |
| | \$5.92 | \$5.92 | \$5.92 | \$7.76 | \$12.20 | \$19.94 | \$34.62 | \$49.40 | \$73.40 | \$104.14 | \$138.28 | |
| | \$7.20 | \$7.20 | \$7.20 | \$9.60 | \$15.34 | \$25.30 | \$44.14 | \$63.14 | \$93.98 | \$133.48 | \$177.42 | |

No tobacco users One tobacco user Two tobacco users

**If you are enrolled in the HSA Plan, your rates will be slightly lower because you are not eligible for the major organ transplant rider

Accidental death and dismemberment (AD&D)

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | | | | | | |
|------------------------------------------------|----------|----------|----------|-----------|-----------|-----------|
| | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$150,000 | \$200,000 |
| Associate only | \$0.16 | \$0.32 | \$0.50 | \$0.66 | \$0.99 | \$1.32 |
| Associate + family | \$0.31 | \$0.62 | \$0.93 | \$1.24 | \$1.86 | \$2.48 |

Accident insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | |
|------------------------------------------------|--------|
| | Rates |
| Associate only | \$1.14 |
| Associate + spouse/ partner | \$1.86 |
| Associate + child(ren) | \$2.08 |
| Associate + family | \$2.44 |

Short-term disability insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD*** | |
|---------------------------------------------------|--------|
| Age | Rates |
| under 25 | \$0.54 |
| 25-29 | \$0.55 |
| 30-34 | \$0.54 |
| 35-39 | \$0.54 |
| 40-44 | \$0.60 |
| 45-49 | \$0.70 |
| 50-54 | \$0.89 |
| 55-59 | \$1.03 |
| 60-64 | \$1.24 |
| 65-69 | \$1.51 |
| 70+ | \$1.95 |

***Disability costs are based on your income. To find your cost, divide your pretax income by 100 and multiply by the rate above.

Short-term disability plus insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD | |
|------------------------------------------------|--------|
| Associate only | \$0.66 |
| Associate + family | \$1.54 |

Long-term disability insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD*** | |
|---------------------------------------------------|--------|
| Age | Rates |
| under 25 | \$0.04 |
| 25-29 | \$0.06 |
| 30-34 | \$0.10 |
| 35-39 | \$0.18 |
| 40-44 | \$0.28 |
| 45-49 | \$0.43 |
| 50-54 | \$0.61 |
| 55-59 | \$0.72 |
| 60-64 | \$0.77 |
| 65-69 | \$0.69 |
| 70+ | \$0.66 |

***Disability costs are based on your income. To find your cost, divide your pretax income by 100 and multiply by the rate above.

Truck driver long-term disability insurance

| YOUR COST FOR COVERAGE PER BIWEEKLY PAY PERIOD*** | |
|---------------------------------------------------|--------|
| 5-year duration | \$1.46 |
| Lifetime duration | \$1.99 |

***Disability costs are based on your income. To find your cost, divide your pretax income by 100 and multiply by the rate above.

LUNA SHARK MEDIA





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Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St., Bentonville, Arkansas 72716.

Assoc View -- Pay Period Beginning Date: 04-19-2014 through Ending Date: 05-02-2014

ANGELIA SOLOMON
2602 ABBOTT MARTIN RD
NASHVILLE, TN 37215

| | | | | | | | |
|---------------------|--------------------------|-------------|---------------|------------------|------------------|---------------|-------------------|
| Payee | SOUTHRUST BK OF TENNESSE | Type | CHECK DEPOSIT | Account # | XXXXXXXXXXXX1215 | Amount | \$3,236.10 |
| Total Amount | | | | | | | \$3,236.10 |

| | |
|---------------------|-----------------|
| Deposit Date | Advice # |
| 05-08-2014 | 303127511 |

| | | | |
|------------------------|--------------------|--------------------|--------------------------------|
| W4 Withholding: | Tax Method: | Exemptions: | Additional Withholding: |
| Federal | Single | 0 | \$0.00 |

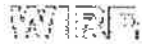
Note: State and local W4 information is not available at this time.

| Description | Rate | Hours | Earnings | Year to Date | Type of Deductions | Taxes / Deductions | Year to Date |
|-----------------|------|-------|------------|--------------|--------------------|--------------------|--------------|
| REGULAR EARNING | | | \$4,800.00 | \$9,600.00 | FEDERAL TAX | \$1,024.27 | \$2,081.56 |
| | | | | | SOCIAL SECURITY | \$358.18 | \$725.38 |
| | | | | | INS MEDICAL * | \$86.40 | \$86.40 |
| | | | | | INS DENTAL * | \$15.80 | \$15.80 |
| | | | | | MED ARR TXBLE | \$38.57 | \$38.57 |
| | | | | | DEN ARR TXBLE | \$7.05 | \$7.05 |
| | | | | | ADD ARR TXBLE | \$1.11 | \$1.11 |
| | | | | | INS LIFE | \$0.52 | \$0.52 |
| | | | | | INS AD&D * | \$2.48 | \$2.48 |
| | | | | | INS DEP LIFE | \$0.49 | \$0.49 |
| | | | | | INS LTD-MGMT | \$13.44 | \$13.44 |
| | | | | | CRITICAL ILL * | \$5.00 | \$5.00 |
| | | | | | ACCIDENT * | \$2.08 | \$2.08 |
| | | | | | ACCIDENT ARR * | \$0.93 | \$0.93 |
| | | | | | INS VIS * | \$5.24 | \$5.24 |
| | | | | | VIS ARR | \$2.34 | \$2.34 |
| | | | | | CHECK DEPOSIT | \$3,236.10 | \$6,611.61 |

| | Earnings | Taxes | Deductions | Net Pay | Deposit No. | Amt. of Deposit |
|---------------------|------------|------------|------------|------------|-------------|-----------------|
| Current | \$4,800.00 | \$1,382.45 | \$181.45 | \$3,236.10 | | |
| Year to Date | \$9,600.00 | \$2,806.94 | \$181.45 | \$6,611.61 | 303127511 | \$3,236.10 |

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Wal-Mart Statement of Earnings and Deductions.

702 S.W. 8th St., Bentonville, Arkansas 72716.

Assoc View -- Pay Period Beginning Date: 05-03-2014 through Ending Date: 05-16-2014

| | | | | |
|-----------------------------------------------------------------|----------------------------------------------|---------------------------------|--------------------------------------|-----------------------------|
| ANGELIA SOLOMON 2602 ABBOTT MARTIN RD NASHVILLE, TN 37215 | Payee SOUTHTRUST BK OF TENNESSE | Type CHECK DEPOSIT | Account # xxxxxxxxxxxx1215 | Amount \$3,239.51 |
| | | | Total Amount | \$3,239.51 |
| Deposit Date 05-22-2014 | Advice # 304433656 | | | |

Please Note: Direct Deposit funds are not available until the Deposit Date listed above on this statement.

| | | | |
|------------------------|--------------------|--------------------|--------------------------------|
| W4 Withholding: | Tax Method: | Exemptions: | Additional Withholding: |
| Federal | Single | 0 | \$0.00 |

Note: State and local W4 information is not available at this time.

| Description | Rate | Hours | Earnings | Year to Date | Type of Deductions | Taxes / Deductions | Year to Date |
|-----------------|------|-------|------------|--------------|--------------------|--------------------|--------------|
| REGULAR EARNING | | | \$4,800.00 | \$14,400.00 | FEDERAL TAX | \$1,024.30 | \$3,105.86 |
| | | | | | SOCIAL SECURITY | \$358.18 | \$1,083.56 |
| | | | | | INS MEDICAL * | \$86.40 | \$172.80 |
| | | | | | INS DENTAL * | \$15.80 | \$31.60 |
| | | | | | MED ARR TXBLE | \$35.49 | \$74.06 |
| | | | | | DEN ARR TXBLE | \$6.49 | \$13.54 |
| | | | | | ADD ARR TXBLE | \$1.02 | \$2.13 |
| | | | | | INS LIFE | \$0.81 | \$1.33 |
| | | | | | INS AD&D * | \$2.48 | \$4.96 |
| | | | | | INS DEP LIFE | \$0.76 | \$1.25 |
| | | | | | INS LTD-MGMT | \$13.44 | \$26.88 |
| | | | | | CRITICAL ILL * | \$5.00 | \$10.00 |
| | | | | | ACCIDENT * | \$2.08 | \$4.16 |
| | | | | | ACCIDENT ARR * | \$0.85 | \$1.78 |
| | | | | | INS VIS * | \$5.24 | \$10.48 |
| | | | | | VIS ARR | \$2.15 | \$4.49 |
| | | | | | CHECK DEPOSIT | \$3,239.51 | \$9,851.12 |

| | Earnings | Taxes | Deductions | Net Pay | | Deposit No. | Amt. of Deposit |
|---------------------|-------------|------------|------------|------------|--|-------------|-----------------|
| Current | \$4,800.00 | \$1,382.48 | \$178.01 | \$3,239.51 | | | |
| Year to Date | \$14,400.00 | \$4,189.42 | \$359.46 | \$9,851.12 | | 304433656 | \$3,239.51 |

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Payment Selection Application

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History

Super User History Screen

SSN

Last Name SOLOMON

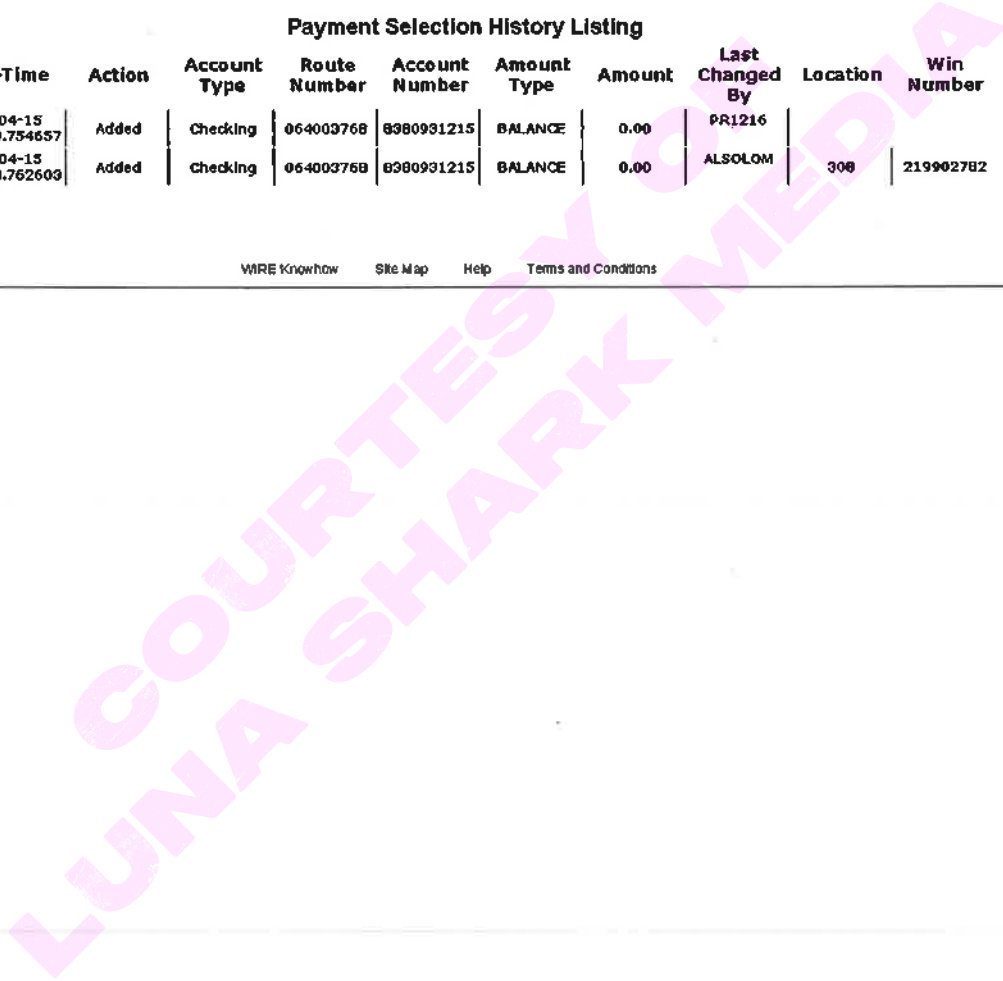
First Name ANGELIA

Location 308



Payment Selection History Listing

| Date-Time | Action | Account Type | Route Number | Account Number | Amount Type | Amount | Last Changed By | Location | Win Number |
|-------------------------------|--------|--------------|--------------|----------------|-------------|--------|-----------------|----------|------------|
| 2014-04-15 21:19:03.754657 | Added | Checking | 064003768 | 8980931215 | BALANCE | 0.00 | PR1216 | | |
| 2014-04-15 09:07:28.762603 | Added | Checking | 064003768 | 8980931215 | BALANCE | 0.00 | ALSOLOM | 308 | 219902782 |



| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STATE OF TENNESSEE DAVIDSON COUNTY Circuit Court | <h2 style="margin: 0;">SUBPOENA</h2> | CIVIL ACTION DOCKET NO. <u>13D-1446</u> | | | | |
| <input checked="" type="checkbox"/> TESTIMONY/PRODUCTION REQUIRED (SEE NOTICE BELOW) <input type="checkbox"/> MEDICAL RECORDS (SEE HIPAA REQUIREMENT BELOW) | | | | | | |
| PLAINTIFF Aaron L. Solomon | DEFENDANT vs. Angelia Solomon | | | | | |
| TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS) Custodian of Records Grace Christian Academy 3279 Southall Road Franklin, Tennessee | | Method of Service: <input type="checkbox"/> Davidson County Sheriff <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Out of County Sheriff | | | | |
| You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of Court which could result in punishment by fine and/or imprisonment as provided by law. | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TIME</td> <td style="padding: 2px;">10:00</td> </tr> <tr> <td style="padding: 2px;">DATE</td> <td style="padding: 2px;">June 19, 2014</td> </tr> </table> | TIME | 10:00 | DATE | June 19, 2014 | ITEMS TO BRING: All school records for 2012-2013 and 2013-2014, including, but not limited to: grade reports, test scores, disciplinary or behavior notices, notes and any correspondence in the file between Aaron Solomon and the administrators or teachers for the following students: Grant Rhodes Solomon, date of birth: June 13, 2002 Gracie Rhodes Solomon, date of birth: October 17, 2006 Appearance will be waived upon receipt of the requested records accompanied by the attached Affidavit which has been signed and notarized. | |
| TIME | 10:00 | | | | | |
| DATE | June 19, 2014 | | | | | |
| PLACE Law Office of Rogers, Kamm & Shea 2205 State Street Nashville, Tennessee | <input type="checkbox"/> Additional List Attached | | | | | |
| This subpoena is being issued on behalf of <input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT Attorney: (NAME, ADDRESS & TELEPHONE NUMBER) Helen Sfikas Rogers 2205 State Street Nashville, TN 37203 (615) 320-0600 ATTORNEY'S SIGNATURE: | | DATE ISSUED: <u>5-22-14</u> <div style="text-align: center;"> RICHARD R. ROOKER Circuit Court Clerk </div> BY: _____ <div style="text-align: right;">DEPUTY CLERK</div> | | | | |
| DESIGNEE: DESIGNEE'S SIGNATURE: | <input type="checkbox"/> To request an ADA accommodation, please contact Dart Gore at 880-3309. | | | | | |
| <input type="checkbox"/> Testimony/Production required. | | | | | | |
| TESTIMONY/PRODUCTION NOTICE | | | | | | |
| The failure to serve an objection to this Subpoena within twenty-one (21) days after the day of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable costs for producing books, papers, documents, electronically stored information, or tangible things. | | | | | | |
| <input type="checkbox"/> Medical Records Requested – HIPAA notice required. | | | | | | |
| HIPAA NOTICE | | | | | | |
| A copy of this Subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the _____ day of _____, 20__, so as to allow him/her twenty-one (21) days to: | | | | | | |
| (A) Serve the recipient of the Subpoena by facsimile with a written objection to the Subpoena, with a copy of the Notice by facsimile to the party that served the Subpoena, and (B) Simultaneously file and serve a Motion for a Protective Order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10. | | | | | | |
| If no objection is made within twenty-one (21) days of the above date, you shall process this Subpoena and produce the documents by the date and time specified in the Subpoena. The signature of counsel or party on the Subpoena is certification that the above Notice was provided to the patient. | | | | | | |

SUBMIT: Original Witness Copy & File Copy

AFFIDAVIT OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized Custodian of Records or other qualified witness for **Merrill Lynch** and having the authority to certify the records declare the following: **The records were prepared in the ordinary course of business at or near the time of the act, condition or event; was kept in the course of regularly conducted activity; and was made by the regularly conducted activity as a regular practice; and that:**

(A) CERTIFICATION OF RECORDS:

_____ All records called for in the subpoena or authorization are in my custody and have been released for documentation.

_____ All records maintained in accordance with our document retention policy and pursuant to state and/or federal statutes and regulations are provided.

(B) CERTIFICATION OF NO RECORDS:

A thorough search of our files, carried out under my direction revealed no documents, records, or other materials called for in the subpoena or authorization.

_____ All records for the time period in question have been destroyed in accordance with our document retention policy.

_____ A thorough search has been performed and no such records were found.

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Executed on the _____ day of _____, 2014, _____ (city),
_____ County, Tennessee.

(Please Print Name) Signature: _____

Subscribed and sworn to before me this the _____ day of _____, 2014.

(Please Print Name) Signature: _____
My Commission Expires: _____

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

FILED
2014 MAY 22 PM 3:41

RICHARD R. ROOKER, CLERK

DOCKET No. 13D-1446 D.C.

AARON L. SOLOMON,)
Plaintiff/Husband,)
vs.)
ANGELIA SOLOMON,)
Defendant/Wife.)

NOTICE OF RECORDS DEPOSITION

To:
Custodian of the Records
Merrill Lynch
5121 Maryland Way
Brentwood, Tennessee

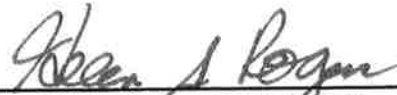
PLEASE TAKE NOTICE that Defendant/Wife, Angelia Solomon, by and through her counsel of record, shall take the records deposition of the Custodian of the Records for Merrill Lynch on June 19, 2014, commencing at 11:00 a.m. and going forward thereafter until completed at the law offices of Rogers, Kamm and Shea, 2205 State Street, Nashville, TN 37203.

Defendant will take this deposition pursuant to Rules 26 and 30 of the *Tennessee Rules of Civil Procedure*. This deposition will be taken before a Notary Public authorized by law to administer oaths. This deposition is for evidentiary purposes and all other purposes Defendant may require pursuant to the *Tennessee Rules of Civil Procedure*.

Please bring with you the following: Job title and description, explanation of income/salary/advanced commissions/bonuses, testing results, cost and availability of health and life insurance, verification of first day of work, a copy of first and most recent paychecks for Aaron L. Solomon, date of birth, March 8, 1969, SS# xxx-xx-4161.

Personal appearance is waived if records requested by subpoena are produced accompanied by the attached affidavit which has been signed and notarized.

Respectfully submitted,



HELEN SFIKAS ROGERS, #7025

Rogers, Kamm & Shea

Attorneys for Plaintiff/Wife

The Wind in the Willows Mansion

2205 State Street

Nashville, Tennessee 37203

(615) 320-0600 (Telephone)

(615) 320-9933 (Fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this the 2nd day of May, 2014, a true and exact copy of the foregoing *Notice of Records Deposition* has been forwarded to the persons listed below:

D. Scott Parsley
Attorney for Plaintiff
Parsley, Parsley & Strickland
219 Second Avenue North, Suite 300
Nashville, TN 37201

by the method identified as follows

- U.S. Mail, Postage Prepaid
- Hand Delivered
- Overnight Delivery Service
- Certified Mail, Return Receipt Requested
- Facsimile
- Email


HELEN SFIKAS ROGERS

AFFIDAVIT OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized Custodian of Records or other qualified witness for **Merrill Lynch** and having the authority to certify the records declare the following: **The records were prepared in the ordinary course of business at or near the time of the act, condition or event; was kept in the course of regularly conducted activity; and was made by the regularly conducted activity as a regular practice; and that:**

(A) CERTIFICATION OF RECORDS:

_____ All records called for in the subpoena or authorization are in my custody and have been released for documentation.

_____ All records maintained in accordance with our document retention policy and pursuant to state and/or federal statutes and regulations are provided.

(B) CERTIFICATION OF NO RECORDS:

A thorough search of our files, carried out under my direction revealed no documents, records, or other materials called for in the subpoena or authorization.

_____ All records for the time period in question have been destroyed in accordance with our document retention policy.

_____ A thorough search has been performed and no such records were found.

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Executed on the ____ day of _____, 2014, _____ (city),
_____ County, Tennessee.

(Please Print Name) Signature: _____

Subscribed and sworn to before me this the ____ day of _____, 2014.

(Please Print Name) Signature: _____
My Commission Expires: _____

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STATE OF TENNESSEE DAVIDSON COUNTY Circuit Court | <h2 style="margin: 0;">SUBPOENA</h2> | CIVIL ACTION DOCKET NO. 13D-1446 | | | | |
| <input checked="" type="checkbox"/> TESTIMONY/PRODUCTION REQUIRED (SEE NOTICE BELOW) <input type="checkbox"/> MEDICAL RECORDS (SEE HIPAA REQUIREMENT BELOW) | | | | | | |
| PLAINTIFF Aaron L. Solomon | DEFENDANT vs. Angelia Solomon | | | | | |
| TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS) Custodian of Records Grace Christian Academy 3279 Southall Road Franklin, Tennessee | | Method of Service: <input type="checkbox"/> Davidson County Sheriff <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Out of County Sheriff | | | | |
| You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of Court which could result in punishment by fine and/or imprisonment as provided by law. | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TIME</td> <td style="padding: 2px;">10:00</td> </tr> <tr> <td style="width:15%; padding: 2px;">DATE</td> <td style="padding: 2px;">June 19, 2014</td> </tr> </table> | TIME | 10:00 | DATE | June 19, 2014 | ITEMS TO BRING: All school records for 2012-2013 and 2013-2014, including, but not limited to: grade reports, test scores, disciplinary or behavior notices, notes and any correspondence in the file between Aaron Solomon and the administrators or teachers for the following students: Grant Rhodes Solomon, date of birth: June 13, 2002 Gracie Rhodes Solomon, date of birth: October 17, 2006 Appearance will be waived upon receipt of the requested records accompanied by the attached Affidavit which has been signed and notarized. | |
| TIME | 10:00 | | | | | |
| DATE | June 19, 2014 | | | | | |
| PLACE Law Office of Rogers, Kamm & Shea 2205 State Street Nashville, Tennessee | | <input type="checkbox"/> Additional List Attached | | | | |
| This subpoena is being issued on behalf of <input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT Attorney: (NAME, ADDRESS & TELEPHONE NUMBER) Helen Sfikas Rogers 2205 State Street Nashville, TN 37203 (615) 320-0600 ATTORNEY'S SIGNATURE: <i>Helen Sfikas Rogers</i> | | DATE ISSUED: 5-22-14 RICHARD R. ROOKER Circuit Court Clerk BY: <i>[Signature]</i> DEPUTY CLERK | | | | |
| DESIGNEE: DESIGNEE'S SIGNATURE: | | <input type="checkbox"/> To request an ADA accommodation, please contact Dart Gore at 880-3309. | | | | |
| <input type="checkbox"/> Testimony/Production required. | | | | | | |
| TESTIMONY/PRODUCTION NOTICE | | | | | | |
| The failure to serve an objection to this Subpoena within twenty-one (21) days after the day of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable costs for producing books, papers, documents, electronically stored information, or tangible things. | | | | | | |
| <input type="checkbox"/> Medical Records Requested – HIPAA notice required. | | | | | | |
| HIPAA NOTICE | | | | | | |
| A copy of this Subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the _____ day of _____, 20__, so as to allow him/her twenty-one (21) days to: | | | | | | |
| (A) Serve the recipient of the Subpoena by facsimile with a written objection to the Subpoena, with a copy of the Notice by facsimile to the party that served the Subpoena, and (B) Simultaneously file and serve a Motion for a Protective Order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10. | | | | | | |
| If no objection is made within twenty-one (21) days of the above date, you shall process this Subpoena and produce the documents by the date and time specified in the Subpoena. The signature of counsel or party on the Subpoena is certification that the above Notice was provided to the patient. | | | | | | |

SUBMIT: Original Witness Copy & File Copy

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

FILED
2014 MAY 22 PM 3:42
RICHARD R. ROCKER, CLERK

AARON L. SOLOMON,
Plaintiff/Husband,

vs.

ANGELIA SOLOMON,
Defendant/Wife.

DOCKET No. 13D-1446 D.C.

NOTICE OF RECORDS DEPOSITION

To:
Custodian of the Records
Grace Christian Academy
3279 Southall Road
Franklin, Tennessee

PLEASE TAKE NOTICE that Defendant/Wife, Angelia Solomon, by and through her counsel of record, shall take the records deposition of the Custodian of the Records for Grace Christian Academy on June 19, 2014, commencing at 10:00 a.m. and going forward thereafter until completed at the law offices of Rogers, Kamm and Shea, 2205 State Street, Nashville, TN 37203.

Defendant will take this deposition pursuant to Rules 26 and 30 of the *Tennessee Rules of Civil Procedure*. This deposition will be taken before a Notary Public authorized by law to administer oaths. This deposition is for evidentiary purposes and all other purposes Defendant may require pursuant to the *Tennessee Rules of Civil Procedure*.

Please bring with you the following: All school records for 2012-2013 and 2013-14, including but not limited to: grade reports, test scores, disciplinary or behavior notices, notes and any correspondence in the file between Aaron Solomon and the administrators or teachers for the following students: Grant Rhodes Solomon, date of birth: June 13, 2002 and Gracie Rhodes Solomon, date of birth: October 17, 2006.

| | |
|--------------------------------------|-----------------------------------------|
| PLAINTIFF Aaron L. Solomon | DEFENDANT vs. Angelia Solomon |
|--------------------------------------|-----------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS) Custodian of Records Grace Christian Academy 3279 Southall Road Franklin, Tennessee | Method of Service: <input type="checkbox"/> Davidson County Sheriff <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Out of County Sheriff |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of Court which could result in punishment by fine and/or imprisonment as provided by law.

| | | |
|----------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TIME 10:00 | DATE June 19, 2014 | ITEMS TO BRING: All school records for 2012-2013 and 2013-2014, including, but not limited to: grade reports, test scores, disciplinary or behavior notices, notes and any correspondence in the file between Aaron Solomon and the administrators or teachers for the following students: Grant Rhodes Solomon, date of birth: June 13, 2002 Gracie Rhodes Solomon, date of birth: October 17, 2006 Appearance will be waived upon receipt of the requested records accompanied by the attached Affidavit which has been signed and notarized. |
| PLACE Law Office of Rogers, Kamm & Shea 2205 State Street Nashville, Tennessee | | <input type="checkbox"/> Additional List Attached |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This subpoena is being issued on behalf of <input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT Attorney: (NAME, ADDRESS & TELEPHONE NUMBER) Helen Sfikas Rogers 2205 State Street Nashville, TN 37203 (615) 320-0600 ATTORNEY'S SIGNATURE: <i>Aaron Solomon</i> | DATE ISSUED: <div style="text-align: center;"> RICHARD R. ROOKER Circuit Court Clerk </div> BY: _____ <div style="text-align: center;">DEPUTY CLERK</div> To request an ADA accommodation, please contact Dart Gore at 880-3309. |
| DESIGNEE: DESIGNEE'S SIGNATURE: | |

Testimony/Production required.

TESTIMONY/PRODUCTION NOTICE

The failure to serve an objection to this Subpoena within twenty-one (21) days after the day of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable costs for producing books, papers, documents, electronically stored information, or tangible things.

Medical Records Requested – HIPAA notice required.

HIPAA NOTICE

A copy of this Subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the _____ day of _____, 20__, so as to allow him/her twenty-one (21) days to:

(A) Serve the recipient of the Subpoena by facsimile with a written objection to the Subpoena, with a copy of the Notice by facsimile to the party that served the Subpoena, and

(B) Simultaneously file and serve a Motion for a Protective Order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10.

If no objection is made within twenty-one (21) days of the above date, you shall process this Subpoena and produce the documents by the date and time specified in the Subpoena. The signature of counsel or party on the Subpoena is certification that the above Notice was provided to the patient.

AFFIDAVIT OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized Custodian of Records or other qualified witness for **Grace Christian Academy** and having the authority to certify the records declare the following: **The records were prepared in the ordinary course of business at or near the time of the act, condition or event; was kept in the course of regularly conducted activity; and was made by the regularly conducted activity as a regular practice; and that:**

(A) CERTIFICATION OF RECORDS:

_____ All records called for in the subpoena or authorization are in my custody and have been released for documentation.

_____ All records maintained in accordance with our document retention policy and pursuant to state and/or federal statutes and regulations are provided.

(B) CERTIFICATION OF NO RECORDS:

A thorough search of our files, carried out under my direction revealed no documents, records, or other materials called for in the subpoena or authorization.

_____ All records for the time period in question have been destroyed in accordance with our document retention policy.

_____ A thorough search has been performed and no such records were found.

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Executed on the ___ day of _____, 2014, _____ (city),
_____ County, Tennessee.

(Please Print Name) Signature: _____

Subscribed and sworn to before me this the ___ day of _____, 2014.

(Please Print Name) Signature: _____
My Commission Expires: _____

**IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE**

AARON L. SOLOMON,
Plaintiff/Husband,

vs.

ANGELIA SOLOMON,
Defendant/Wife.

)
)
)
)
)
)
)

DOCKET No. 13D-1446

NOTICE OF RECORDS DEPOSITION

To:
Custodian of the Records
Merrill Lynch
5121 Maryland Way
Brentwood, Tennessee

PLEASE TAKE NOTICE that Defendant/Wife, Angelia Solomon, by and through her counsel of record, shall take the records deposition of the Custodian of the Records for Merrill Lynch on June 19, 2014, commencing at 11:00 a.m. and going forward thereafter until completed at the law offices of Rogers, Kamm and Shea, 2205 State Street, Nashville, TN 37203.

Defendant will take this deposition pursuant to Rules 26 and 30 of the *Tennessee Rules of Civil Procedure*. This deposition will be taken before a Notary Public authorized by law to administer oaths. This deposition is for evidentiary purposes and all other purposes Defendant may require pursuant to the *Tennessee Rules of Civil Procedure*.

Please bring with you the following: Job title and description, explanation of income/salary/advanced commissions/bonuses, testing results, cost and availability of health and life insurance, verification of first day of work, a copy of first and most recent paychecks for Aaron L. Solomon, date of birth, March 8, 1969, SS# xxx-xx-4161.

Personal appearance is waived if records requested by subpoena are produced accompanied by the attached affidavit which has been signed and notarized.

Respectfully submitted,

Helen Sfikas Rogers

HELEN SFIKAS ROGERS, #7025
Rogers, Kamm & Shea
Attorneys for Plaintiff/Wife
The Wind in the Willows Mansion
2205 State Street
Nashville, Tennessee 37203
(615) 320-0600 (Telephone)
(615) 320-9933 (Fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this the 2nd day of May, 2014, a true and exact copy of the foregoing *Notice of Records Deposition* has been forwarded to the persons listed below:

D. Scott Parsley
Attorney for Plaintiff
Parsley, Parsley & Strickland
219 Second Avenue North, Suite 300
Nashville, TN 37201

by the method identified as follows

- U.S. Mail, Postage Prepaid
- Hand Delivered
- Overnight Delivery Service
- Certified Mail, Return Receipt Requested
- Facsimile
- Email

Helen Sfikas Rogers
HELEN SFIKAS ROGERS

| | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| STATE OF TENNESSEE DAVIDSON COUNTY Circuit Court | SUBPOENA | CIVIL ACTION |
| | <input checked="" type="checkbox"/> TESTIMONY/PRODUCTION REQUIRED (SEE NOTICE BELOW) <input type="checkbox"/> MEDICAL RECORDS (SEE HIPAA REQUIREMENT BELOW) | DOCKET NO. <u>13D-1446</u> |

| | |
|--------------------------------------|-----------------------------------------|
| PLAINTIFF Aaron L. Solomon | DEFENDANT vs. Angelia Solomon |
|--------------------------------------|-----------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS) Custodian of Records Merrill Lynch 5121 Maryland Way Brentwood, Tennessee | Method of Service: <input type="checkbox"/> Davidson County Sheriff <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Out of County Sheriff |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of Court which could result in punishment by fine and/or imprisonment as provided by law.

| | | |
|---------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TIME 11:00 | DATE June 19, 2014 | ITEMS TO BRING: Job title and description, explanation of income/salary/advanced commissions/bonuses, testing results, cost and availability of health and life insurance and verification of first day of work, a copy of first and most recent paychecks for Aaron L. Solomon, date of birth: March 8, 1969, SS# xxx-xx-4161. Appearance will be waived upon receipt of the requested records accompanied by the attached Affidavit which has been signed and notarized |
| PLACE Law Office of Rogers, Kamm & Shea 2205 State Street Nashville, Tennessee | | <input type="checkbox"/> Additional List Attached |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| This subpoena is being issued on behalf of <input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT Attorney: (NAME, ADDRESS & TELEPHONE NUMBER) Helen Sfikas Rogers 2205 State Street Nashville, TN 37203 (615) 320-0600 ATTORNEY'S SIGNATURE: <i>Helen Sfikas Rogers</i> | DATE ISSUED: <u>5-22-14</u> RICHARD R. ROOKER Circuit Court Clerk BY: <i>[Signature]</i> DEPUTY CLERK |
| DESIGNEE: DESIGNEE'S SIGNATURE: | <input type="checkbox"/> To request an ADA accommodation, please contact Dart Gore at 880-3309. |

Testimony/Production required.

TESTIMONY/PRODUCTION NOTICE

The failure to serve an objection to this Subpoena within twenty-one (21) days after the day of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable costs for producing books, papers, documents, electronically stored information, or tangible things.

Medical Records Requested – HIPAA notice required.

HIPAA NOTICE

A copy of this Subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the _____ day of _____, 20__, so as to allow him/her twenty-one (21) days to:

(A) Serve the recipient of the Subpoena by facsimile with a written objection to the Subpoena, with a copy of the Notice by facsimile to the party that served the Subpoena, and

(B) Simultaneously file and serve a Motion for a Protective Order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10.

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SUBMIT: Original, Witness Copy & File Copy

AFFIDAVIT OF CUSTODIAN OF RECORDS

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_____ All records maintained in accordance with our document retention policy and pursuant to state and/or federal statutes and regulations are provided.

(B) CERTIFICATION OF NO RECORDS:

A thorough search of our files, carried out under my direction revealed no documents, records, or other materials called for in the subpoena or authorization.

_____ All records for the time period in question have been destroyed in accordance with our document retention policy.

_____ A thorough search has been performed and no such records were found.

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Executed on the ____ day of _____, 2014, _____ (city),
_____ County, Tennessee.

(Please Print Name) Signature: _____

Subscribed and sworn to before me this the ____ day of _____, 2014.

(Please Print Name) Signature: _____
My Commission Expires: _____

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

FILED

2014 MAY 22 PM 3:42

RICHARD R. ROCKER, CLERK



DOCKET No. 13D-1446 - D.C.

AARON L. SOLOMON,
Plaintiff/Husband,

vs.

ANGELIA SOLOMON,
Defendant/Wife.

NOTICE OF RECORDS DEPOSITION

To:
Custodian of the Records
Grace Christian Academy
3279 Southall Road
Franklin, Tennessee

PLEASE TAKE NOTICE that Defendant/Wife, Angelia Solomon, by and through her counsel of record, shall take the records deposition of the Custodian of the Records for Grace Christian Academy on June 19, 2014, commencing at 10:00 a.m. and going forward thereafter until completed at the law offices of Rogers, Kamm and Shea, 2205 State Street, Nashville, TN 37203.

Defendant will take this deposition pursuant to Rules 26 and 30 of the *Tennessee Rules of Civil Procedure*. This deposition will be taken before a Notary Public authorized by law to administer oaths. This deposition is for evidentiary purposes and all other purposes Defendant may require pursuant to the *Tennessee Rules of Civil Procedure*.

Please bring with you the following: All school records for 2012-2013 and 2013-14, including but not limited to: grade reports, test scores, disciplinary or behavior notices, notes and any correspondence in the file between Aaron Solomon and the administrators or teachers for the following students: Grant Rhodes Solomon, date of birth: June 13, 2002 and Gracie Rhodes Solomon, date of birth: October 17, 2006.

Personal appearance is waived if records requested by subpoena are produced accompanied by the attached affidavit which has been signed and notarized.

Respectfully submitted,



HELEN SFIKAS ROGERS, #7025
Rogers, Kamm & Shea
Attorneys for Plaintiff/Wife
The Wind in the Willows Mansion
2205 State Street
Nashville, Tennessee 37203
(615) 320-0600 (Telephone)
(615) 320-9933 (Fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this the 22nd day of May, 2014, a true and exact copy of the foregoing *Notice of Records Deposition* has been forwarded to the persons listed below:

D. Scott Parsley
Attorney for Plaintiff
Parsley, Parsley & Strickland
219 Second Avenue North, Suite 300
Nashville, TN 37201

by the method identified as follows

- U.S. Mail, Postage Prepaid
- Hand Delivered
- Overnight Delivery Service
- Certified Mail, Return Receipt Requested
- Facsimile
- Email



HELEN SFIKAS ROGERS

AFFIDAVIT OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized Custodian of Records or other qualified witness for **Grace Christian Academy** and having the authority to certify the records declare the following: **The records were prepared in the ordinary course of business at or near the time of the act, condition or event; was kept in the course of regularly conducted activity; and was made by the regularly conducted activity as a regular practice; and that:**

(A) CERTIFICATION OF RECORDS:

_____ All records called for in the subpoena or authorization are in my custody and have been released for documentation.

_____ All records maintained in accordance with our document retention policy and pursuant to state and/or federal statutes and regulations are provided.

(B) CERTIFICATION OF NO RECORDS:

A thorough search of our files, carried out under my direction revealed no documents, records, or other materials called for in the subpoena or authorization.

_____ All records for the time period in question have been destroyed in accordance with our document retention policy.

_____ A thorough search has been performed and no such records were found.

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Executed on the ____ day of _____, 2014, _____ (city),
_____ County, Tennessee.

(Please Print Name) Signature: _____

Subscribed and sworn to before me this the ____ day of _____, 2014.

(Please Print Name) Signature: _____
My Commission Expires: _____

STATE OF TENNESSEE
DAVIDSON COUNTY
Circuit Court

SUBPOENA

CIVIL ACTION

- TESTIMONY/PRODUCTION REQUIRED (SEE NOTICE BELOW)
 MEDICAL RECORDS (SEE HIPAA REQUIREMENT BELOW)

DOCKET NO. 13D-1446

PLAINTIFF
Aaron L. Solomon

DEFENDANT
vs. Angelia Solomon

TO: (NAME, ADDRESS & TELEPHONE NUMBER OF WITNESS)
Custodian of Records
Merrill Lynch
5121 Maryland Way
Brentwood, Tennessee

Method of Service:

- Davidson County Sheriff
 Personal Service
 Out of County Sheriff

You are hereby commanded to appear at the time, date and place specified for the purpose of giving testimony. In addition, if indicated, you are to bring the items listed. Failure to appear may result in contempt of Court which could result in punishment by fine and/or imprisonment as provided by law.

TIME: 11:00
DATE: June 19, 2014

ITEMS TO BRING:
Job title and description, explanation of income/salary/advanced commissions/bonuses, testing results, cost and availability of health and life insurance and verification of first day of work, a copy of first and most recent paychecks for Aaron L. Solomon, date of birth: March 8, 1969, SS# xxx-xx-4161.

PLACE
Law Office of Rogers, Kamm & Shea
2205 State Street
Nashville, Tennessee

Appearance will be waived upon receipt of the requested records accompanied by the attached Affidavit which has been signed and notarized

This subpoena is being issued on behalf of

PLAINTIFF
 DEFENDANT
Attorney: (NAME, ADDRESS & TELEPHONE NUMBER)
Helen Sfikas Rogers
2205 State Street
Nashville, TN 37203
(615) 320-0600
ATTORNEY'S SIGNATURE: *Helen Sfikas Rogers*

Additional List Attached

DATE ISSUED: 5-22-14

RICHARD R. ROOKER
Circuit Court Clerk

BY: *[Signature]*
DEPUTY CLERK

To request an ADA accommodation, please contact Dart Gore at 880-3309.

DESIGNEE:
DESIGNEE'S SIGNATURE:

Testimony/Production required.

TESTIMONY/PRODUCTION NOTICE

The failure to serve an objection to this Subpoena within twenty-one (21) days after the day of service of the Subpoena waives all objections to the Subpoena, except the right to seek the reasonable costs for producing books, papers, documents, electronically stored information, or tangible things.

Medical Records Requested - HIPAA notice required.

HIPAA NOTICE

A copy of this Subpoena has been provided to counsel for the patient or the patient by mail or facsimile on the _____ day of _____, 20____, so as to allow him/her twenty-one (21) days to:

(A) Serve the recipient of the Subpoena by facsimile with a written objection to the Subpoena, with a copy of the Notice by facsimile to the party that served the Subpoena, and

(B) Simultaneously file and serve a Motion for a Protective Order consistent with the requirements of T.R.C.P. 26.03, 26.07 and Local Rule §22.10.

If no objection is made within twenty-one (21) days of the above date, you shall process this Subpoena and produce the documents by the date and time specified in the Subpoena. The signature of counsel or party on the Subpoena is certification that the above Notice was provided to the patient.

SUBMIT: Original, Witness Copy & File Copy

IN THE FOURTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

AARON L. SOLOMON,
Plaintiff/Husband,

vs.

ANGELIA SOLOMON,
Defendant/Wife.

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FILED
2014 MAY 22 PM 3:41
RICHARD R ROOKER, CLERK

DOCKET No. 13D-1446 *KB* D.C.

NOTICE OF RECORDS DEPOSITION

To:
Custodian of the Records
Merrill Lynch
5121 Maryland Way
Brentwood, Tennessee

PLEASE TAKE NOTICE that Defendant/Wife, Angelia Solomon, by and through her counsel of record, shall take the records deposition of the Custodian of the Records for Merrill Lynch on June 19, 2014, commencing at 11:00 a.m. and going forward thereafter until completed at the law offices of Rogers, Kamm and Shea, 2205 State Street, Nashville, TN 37203.

Defendant will take this deposition pursuant to Rules 26 and 30 of the *Tennessee Rules of Civil Procedure*. This deposition will be taken before a Notary Public authorized by law to administer oaths. This deposition is for evidentiary purposes and all other purposes Defendant may require pursuant to the *Tennessee Rules of Civil Procedure*.

Please bring with you the following: Job title and description, explanation of income/salary/advanced commissions/bonuses, testing results, cost and availability of health and life insurance, verification of first day of work, a copy of first and most recent paychecks for Aaron L. Solomon, date of birth, March 8, 1969, SS# xxx-xx-4161.

Personal appearance is waived if records requested by subpoena are produced accompanied by the attached affidavit which has been signed and notarized.