

STATE OF WISCONSIN
ELECTIONS COMMISSION

COMPLAINT FORM

Please provide the following information about yourself:

Name Mitchell Berman and Jillian Berman

Address 3905 8 Mile Road W., Caledonia (Village of Raymond), WI 53108

Telephone Number 715-923-8611

E-mail mitchell_berman_rn@yahoo.com

State of Wisconsin
Before the Elections Commission

The Complaint of Mitchell Berman and Jillian Berman

_____, Complainant(s) against

Linda Terry, Village Clerk, Village of Raymond, Respondent, whose

address is 2255 76th Street, Franksville, WI 53126.

This complaint is under Wis. Stat 5.06(1) (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)

I, Mitchell Berman and Jillian Berman, allege that:

Village Clerk Linda Terry, in violation of Wis. Stat. § 6.48(1)(d), unlawfully
changed our voting registration from eligible to ineligible status based on
an erroneous interpretation of the statutes governing voter residency.

Please see the attached memorandum, which is incorporated herein.

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: 03/02/2022

[Signature]
Complainant's Signature

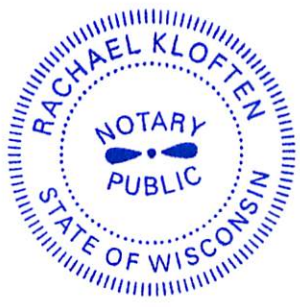
I, Mitchell Berman, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

[Signature]
Complainant's Signature

STATE OF WISCONSIN

County of Milwaukee,
(county of notarization)

Sworn to before me this 2nd day of
March, 2022.



[Signature]
(Signature of person authorized to administer oaths)

My commission expires 03/09/2024 or is permanent.

Notary Public or _____
(official title if not notary)

Please send this completed form to:
Mail: Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984
Fax: (608) 267-0500
Email: elections@wi.gov

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: 3/2/2022 Jillian Berman
Complainant's Signature

I, Jillian Berman, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Jillian Berman
Complainant's Signature

STATE OF WISCONSIN

County of Milwaukee,
(county of notarization)

Sworn to before me this 2nd day of
March, 2022.



Rachael Kloften
(Signature of person authorized to administer oaths)

My commission expires 03/09/2024, or is permanent.

Notary Public or _____
(official title if not notary)

Please send this completed form to:

Mail: Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984

Fax: (608) 267-0500

Email: elections@wi.gov

In re the Complaint of
Mitchell Berman and Jillian Berman,
Complainants

v.
Linda Terry, Clerk, Village of Raymond,
Respondent.

COMPLAINANTS' MEMORANDUM IN SUPPORT
OF THEIR COMPLAINT AGAINST LINDA TERRY

Introduction

Complainants Mitchell Berman and Jillian Berman (the Bermans), by their undersigned counsel, hereby make this Complaint against Linda Terry, Village Clerk, Village of Raymond, Wisconsin. On February 18, 2022, Terry, in response to a verified complaint by Gwendilyn Keller, determined that the Bermans were not residents of the Village of Raymond and accordingly were not eligible voters at their address at 3905 8 Mile Road (also known as County Line Road). This determination, which is attached, was contrary to evidence and law, and should be reversed. The Bermans' voter registration should be reinstated, retroactive to their original registration.

Factual Background

The Bermans are a young couple, both registered nurses, with two small children. It is undisputed that they are U.S. Citizens, over the age of 18, and not otherwise disqualified from voting. Like most parents, they are keenly interested in finding a safe community in which to raise their children. In August 2020, the Bermans entered into a contract to build a home in the Village

of Raymond, Wisconsin. The contract contemplated completion within 240 days of the March 22, 2021 groundbreaking, with an expected completion date of November 17, 2021.

The Bermans sold their prior house and placed their belongings in storage, anticipating a smooth move-in. They set up utilities, and registered their older child for 4K in the Fall of 2022. They began receiving mail, updated their vehicle registration, and changed their driver's licenses. They even licensed their dogs at the Raymond address (Redacted documentation is attached). They fixed their place of habitation in Raymond by December, 2021. Jillian Berman declared her candidacy for the school board, and successfully submitted nomination papers that were not timely challenged on any basis. The Bermans and their children were excited to begin this new chapter.

Unfortunately, the supply chain delays that have affected many sectors since the covid-19 pandemic began hit them as well, and the home was not completed on time. It still is not completed and an occupancy permit has not yet been issued. As a result, they are more or less homeless, and have been forced to stay temporarily with family members.

The Raymond address is their residence, as that term is used in Wis. Stat. § 6.10, even though they are presently temporarily absent from the address. Their habitation is fixed there, and they intend to return once the dwelling unit is safe for occupation.

Consistent with Wis. Stat. § 6.10, on or around February 11, 2022, the Bermans registered to vote in the Spring 2022 primary election. They presented appropriate documentation of residency. However, their registration was challenged on the basis of their residency. In an abundance of caution, the Bermans did not vote in the Spring 2022 primary election.

On February 18, 2022, Village Clerk Linda Terry held a hearing pursuant to Wis. Stat. § 6.48(1)(b), and determined that the Bermans were not eligible voters. She canceled their registration. The decision is attached.

Legal Analysis

The standard of review for a disqualification is set forth in Wis. Stat. § 6.325, which states that

No person may be disqualified as an elector unless the municipal clerk, board of election commissioners or a challenging elector under s. 6.48 demonstrates *beyond a reasonable doubt* that the person does not qualify as an elector or is not properly registered.

(Emphasis added.) This is the highest burden of proof, and for good reason, as voting is a fundamental right that should not be abridged based on scant evidence, or whims. The evidence presented by the challenging elector did not meet, and the decision by Ms. Terry does not demonstrate, this incredibly high standard. The decision is instead based on an erroneous interpretation of Wis. Stat. § 6.10.

Wis. Stat. § 6.10(2) indicates, albeit in another context, that if a place of abode is “temporary or for transient purposes,” it is not the elector’s residence. The Bermans are staying temporarily with family. They have no intent to stay there. They have a present intent to move, and will do so soon as the building inspector signs off.

Ms. Terry’s assumption that because the Raymond home does not have an occupancy permit and cannot be legally occupied, it cannot be the Bermans’ residence, is simply incorrect. Neither the statute, nor anything else, requires an address be safe or legal for habitation for it to nonetheless constitute a “residence.” Surely, Ms. Terry would not have excluded an elector whose home had a fire and who was staying at an out-of-Village hotel during the restoration work, even though their residence is no more habitable than the Bermans’.

The September 25, 2020 WEC guidance¹ for homeless electors is helpful here:

Homeless individuals may designate a fixed location as their residence for voting purposes *if it is an identifiable location in the state of Wisconsin which could conceivably serve as a temporary residence*. This location may be a homeless shelter, *a park bench*, or other location where a homeless individual may spend time or return to on a regular basis.

For homeless voters, this means that if they have established a residence, *they may continue to claim that residence as a voting address, even if they no longer physically reside at that location, if they have intent to return*. This would allow voters who had stayed with friends or family to continue using that address for voting purposes.

(Original bolding omitted; emphasis added.) Again, a park bench will never be issued an occupancy permit, but is still recognized as a valid voting address. A district zoned only for manufacturing may not have any legal residential use, but an elector staying in her car in a parking lot could legally claim the lot's address as her residence nonetheless.

We realize that the Bermans' situation is unique and likely not what WEC or the legislature had in mind when deciding how to treat homeless voters. But, the WEC guidance does not consider *why* electors may be homeless, and that's because no statute requires electors to state a reason. The electors' income or ability to obtain stable housing is not a factor.

Even though they are not on the streets, the Bermans are, functionally, homeless, as they sold their former home and their new one is not habitable. The Raymond address is a fixed, identifiable location. They could camp on the lawn or set up an RV in the driveway. The WEC guidance does not require that they do so every day, only that they could "conceivably" do so. They established the residence fully expecting to be able to reside there full-time in November, 2021, and can claim it as a voting address.

¹ <https://elections.wi.gov/sites/elections/files/2020-09/Homeless%20Voters-%20WI%20Voter%20Guide%202020.pdf>

The evidence that the Raymond address is the Bermans' residence—not just through intent but for acts—is ample. (*See* 60 Op. Att'y Gen. 214 and cases cited therein.) They have lost their prior address (through its sale) and have acquired the Raymond address. They changed their drivers' licenses, vehicle registration, mail preferences, dog licenses, and other documentation. Ms. Terry's conclusion that this could not be their "residence" cannot possibly have been beyond a reasonable doubt, which is the standard required to disqualify an elector.

In sum, if the Bermans are not eligible to vote in Raymond, where are they eligible to vote? They sold their former residence and moved out months ago. They are temporarily staying with family; per both Wis. Stat. § 6.10(2) and the homeless voters guidance, this is transient and not their residence. The only logical place for them to register and vote is Raymond, and they are simply trying to do that. To determine otherwise would disenfranchise them completely.

Accordingly, the decision of Ms. Terry to cancel their voter registrations should be reversed and the Bermans' registration should be reinstated forthwith.

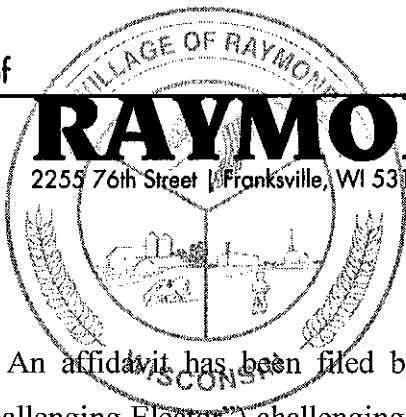
Respectfully submitted this 3rd day of March, 2022,

HALLING & CAYO, S.C.
Attorneys for Complainants

/s/ Electronically signed by Stacie H. Rosenzweig

Stacie H. Rosenzweig
State Bar No. 1062123
shr@hallingcayo.com

POST OFFICE ADDRESS:
320 E. Buffalo Street, Suite 700
Milwaukee, WI 53202
(414) 271-3400
FAX (414) 271-3841



RAYMOND

2255 76th Street | Franksville, WI 53126-9539 | Phone: (262) 835-4426 | Fax: (262) 835-4449 | Website: www.raymondwi.com

An affidavit has been filed by a registered elector of the Village (Gwendolyn Keller - "Challenging Elector") challenging the Voter Registration Applications of Mr. Mitchell Berman and Mrs. Jillian Berman ("Challenged Electors"). Pursuant to the provisions of Wis. stat. §6.48 (1)(b), the Challenging Elector and the Challenged Electors appeared before the Village Clerk, and answered questions necessary to determine the Challenged Electors' qualifications. The following relevant facts were established:

- The Challenged Electors have never resided in the Village of Raymond.
- The Challenged Electors are in the process of constructing their "dream home" at 3905 8 Mile Road (the address listed as their residence on the Voter Registration Application).
- This home was under contract to be completed in November, 2021, but has not been completed and no Occupancy Permit has been issued.
- Pending completion of construction, Challenged Electors have been temporarily housed in homes of friends outside of the Village.
- Challenged Electors consider themselves to be homeless with the intent to reside at their 8 Mile Road home upon its completion.
- Challenged Electors visit the home on a daily basis, have obtained Wisconsin Drivers licenses reflecting this address, have paid taxes for the property, and have obtained dog license(s) at the address and have a mailbox there.

The question of elector residence is addressed in Wis. stat. §6.10. Challenging Elector cited several subsections therein to suggest that they are eligible thereunder to register. Among the references included:

- (1) The residence of a person is the place where the person's habitation is fixed, without any present intent to move, and to which, when absent, the person intends to return.
- (5) A person shall not lose residence when the person leaves home and goes into another state or county, town, village or ward of this state for temporary purposes with an intent to return.
- (8) No person gains a residence in any ward or election district of this state while there for temporary purposes only.

The Wisconsin Attorney General has provided guidance on this issue where the prospective voter has clear intent to establish permanent residency in the municipality, but has not yet fully established it. In *60 Op. Att'y Gen. 214*, the Attorney General opined:

Very generally speaking, the residence of a person is said to be determined by a combination of two elements, **intent and physical presence**. Apparently, the above quoted provisions of sec. 6.10, Stats., merely state or attempt to apply this common law concept. See *Miller v. Sovereign Camp W.O.W.* (1909), 140 Wis. 505, 509, 122 N.W. 1126; *In re Burke* (1938), 229 Wis. 545, 561, 282 N.W. 598. Although physical presence is essential to the establishment of a residence in the first instance, continuous physical presence is not essential to maintain that residence.

and,

Our court has also referred to the general rule that a man must have a habitation or domicile somewhere and that he can have but one at the same time for one and the same purpose and that in order to lose one, he must acquire another. *Miller* case, *supra*; *Seibold v. Wahl* (1916), 164 Wis. 82, 85, 159 N.W. 546. Thus, when a person has once acquired or established a residence, it is generally held that such residence is presumed to continue until a new one is established, and the law of this State places the burden on the person who asserts the nonresidence of a voter to prove such assertion. *In re Burke, supra*, p. 556; 29 C.J.S., *Elections*, § 21, p. 77.

and, importantly,

"Although intention alone is insufficient to establish a residence for voting purposes, it is an important factor to be considered in determining whether or not a residence has been acquired. In fact, a good-faith intent of a voter to make a place his home for all purposes is an essential element entering into the determination of the question of residence. The intention to be considered is that which is manifested by the voter's acts. If there exists a discrepancy between declarations of intention and acts, the declarations yield to the conclusion to be drawn from the acts. If the intention and acts of a party are in accord with the fact of residence in a particular place, there can be no doubt of the fact that the party is a resident of such place."

In conclusion, as Raymond Village Clerk, although I sympathize with the Challenged Electors, I must find while there is no doubt that there is an intent to establish residency at the 8 Mile Road property, their admitted acts do not establish that they are residents of such place. As to the homeless claims, I need not make any findings or determination on that issue, because the 8 Mile Road property could not conceivably serve as a temporary residence, as no occupancy permit has yet been issued, and any occupancy would be illegal under the Village Zoning Ordinance.

Based upon these findings and determination, pursuant to the provisions of Wis. stat. §6.48 (1)(d), I determine that the Challenged Electors are not qualified, and by law I must change the challenged electors' registration from eligible to ineligible status on the registration list and notify the inspectors for the ward or election district where the elector was registered.

Dated this 18th day of February 2022.


Linda Terry, Village Clerk

K4 New Student Information Sheet

Student's Name Berman D.O.B. 1 / 1 2019
First / Middle / Last

Does your child have a nickname? If yes, please list: _____ Male / Female

Name(s) and Age(s) of other children in the household (if applicable):

Berman (2 y.o)

Please circle if you have a preference for your child to be in the morning or the afternoon session:

AM (7:25am - 10:30am)

PM (11:30am - 2:30pm)

Note that although we try to accommodate preferences we cannot guarantee that you will get the session you request in an effort to keep class sizes and class dynamics optimal for students.

Please list your intended way of transportation for your child's commute to and from school:

Parent / Family transport

Developmental / Social Information:

Age your child learned to speak: Words 12 mos Sentences 18 mos
Age your child learned to: Crawl 9 mos Walk 15 mos

Behavioral Information:

Does your child play well with other children: Y N Does your child play well alone? Y N

Please circle any of the following areas your child has evidence tendency in:

Excessive Crying Frequent Nightmares Biting Nails Temper Tantrums

Sucking Thumb Bedwetting Sleeping Problems Unusual or Excessive Fears

Please describe any other behaviors or conditions that you feel we should be aware of:

Today's Date: 2/14/2022 Raymond School District #14 - Enrollment Form

Berman 12/29/2017 4K Female Alaska
Student Name Student Birthdate Grade Entering Gender Ethnicity

3905 County Line Rd. Caledonia 53108 262-994-8638
Street Address City Zip Phone

Jillian Berman (mother) Mitchell Berman (father)
Parent 1 Name Parent 2 Name

mitchell_berman_rm@yahoo.com jillian.berman.rs@gmail.com
Primary Email Address Secondary Email Address

Is student living with both parents? Yes No Do both parents have legal custody? Yes No
Is this student a foster child? Yes No No
If yes, caseworker's name and phone number: _____

0 1 Rank in Family (circle one) 1 2 3 4 5 6 7 8
of brothers # of sisters

Transportation Information - Estimated number of miles from student's home:
Check one: 0-2 miles 2-5 miles 5-8 miles 8-12 miles 12 or more miles

Ethnic Background - Check all that apply:
 American Indian/Alaskan Native Asian African American Hispanic White
 Native American/Pacific Islander Other (Please specify: _____)

	For Office Use	
	Initials	Date
Administrator/Principal		
Teachers:		
Reading Specialist		
School Counselor/Psychologist		

Proof of Residency Form

Must be completed for students that reside in-district

Raymond School District #14

2659 S. 76th St. Franksville, WI 53126

(262)835-2929 raymond.k12.wi.us

Child's Name: Berman Date of Birth: 1/17 Grade: 4K Male Female

Jillian Berman 3905 County Line Rd. 262-994-8638
Child's Name Address Phone
Caledonia, WI 53108

Please list Names, Birth Dates of all children in family:

Name	Date of Birth
Berman	2019

The children reside at this address with: Parents Other - please specify: _____
Is he/she a foster child? Yes No (if yes, caseworker's name/phone: _____)

Please check the Proof of Residency that you are attaching to this form:

- Property Tax Bill (if you are a home owner)
- Utility Bill or Lease Agreement (if you are renting)
- Proof of lot/land purchased in Raymond School District #14 and a signed schedule from the builder.
Please indicate projected date of occupancy: _____

I hereby attest that all of the above is true.

Jillian Berman
Signature

2/14/2022
Date



Raymond School District #14
 8630 S. 76th St.
 Frankville, WI 53126
 (262)835-2929 Fax: (262)835-2087
 raymond.k12.wi.us

Office Use:
 Entry Date: ___/___/___
 Birth Certificate
 Proof of Residency

PLEASE LIST ALL CHILDREN LIVING IN THE SAME HOUSEHOLD

1st Child LEGAL Name (include Complete Middle Name)
Berman
 Last Name First Name Complete Middle Name
 / / 4K 4 Male Female Racine Racine WI
 Date of Birth Grade Age Birth County City State

Ethnicity: White Hispanic African American Native American Asian
 Native Hawaiian/Pacific Islander Other (Please Specify _____)

2nd Child LEGAL Name (include Complete Middle Name)
 Last Name First Name Complete Middle Name
 / / 19 0 2 Male Female Racine Racine WI
 Date of Birth Grade Age Birth County City State

Ethnicity: White Hispanic African American Native American Asian
 Native Hawaiian/Pacific Islander Other (Please Specify _____)

3rd Child LEGAL Name (include Complete Middle Name)
 Last Name First Name Complete Middle Name
 / / Male Female
 Date of Birth Grade Age Birth County City State

Ethnicity: White Hispanic African American Native American Asian
 Native Hawaiian/Pacific Islander Other (Please Specify _____)

* Please use another sheet if you have additional children to register.

Census and Projected Enrollment (Please provide sibling information to help us plan for future enrollment.)

Sibling	Birthdate	19	Sibling	Birthdate
Sibling	Birthdate		Sibling	Birthdate

Custody Information: Joint Mother Father Guardian Other _____
 Court Ordered Custody: Yes No (if yes, court order must be on file in the school office to be implemented.)

PRIMARY HOUSEHOLD -- (Address where children) reside 50% or more of the time.)

Primary language spoken in primary household is English.

1st Adult - Primary Contact - Mother Father Step-Parent Foster-Parent Aunt/Uncle Grandparent Other

Berman Jillian
Last Name First Name

3905 County Line Rd Caledonia 53108
Street Address City Zip

Phone: 262 994-8638 same same
Home Cell Work

jillian.berman.rs@gmail.com N/A
Primary Email Work Email Employer

2nd Adult - with same address as Primary Contact

Mother Father Step-Parent Foster-Parent Aunt/Uncle Grandparent Other

Berman Mitchell
Last Name First Name

Phone: 715 923-8611 same (224) 610-5505
Home Cell Work

mitchell_berman_rn@yahoo.com Veteran's Affairs
Primary Email Work Email Employer

SECONDARY HOUSEHOLD -- (Not child's primary residence.) Primary language spoken is English.

1st Adult - Mother Father Step-Parent Foster-Parent Aunt/Uncle Grandparent Other

Last Name First Name

Street Address City Zip

Phone: () () ()
Home Cell Work

Primary Email Work Email Employer

2nd Adult - Mother Father Step-Parent Foster-Parent Aunt/Uncle Grandparent Other

Last Name First Name

Phone: () () ()
Home Cell Work

Primary Email Work Email Employer

Emergency Contacts – If primary contacts cannot be reached in an emergency or when a child is ill, please notify; this also serves as permission for emergency contacts to pick up your child from school, if necessary.

1st Contact
 Relation to Student: Grandparent Aunt/Uncle Child Care Provider Neighbor Sibling Other _____

 Last Name First Name Home Phone 2 () Same Cell Phone

2nd Contact
 Relation to Student: Grandparent Aunt/Uncle Child Care Provider Neighbor Sibling Other _____

 Last Name First Name Home Phone same Cell Phone

Physician: _____
 Name Phone

Directory Data Authorization
 The Raymond School Board of Education recognizes personally identifiable information contained in students' records as directory information. Directory information may be released for any purpose at the discretion of Raymond School Board per Wisconsin Statute 118.125 (1)(b) and (2)(j). Under the provisions of the Family Education Rights and Privacy Act (FERPA) of 1974, as amended, you have the right to withhold the release of any or all information. Failure to complete and return this form will result in the district NOT WITHHOLDING directory data regarding your child(ren).

YES, I approve my child's information (name/image) to be released.
 NO, I do not approve my child's information (name/image) to be released.

Additional Authorizations (checking the box indicates approval)

Authorize disclosure of student's medical condition(s) to appropriate personnel (principal, teachers, office staff, school nurse).

Authorize school personnel to call emergency contacts and/or physician named, in event that I cannot be reached in an emergency.

Authorize emergency first aid treatment.

Jillian Berman
 Parent Signature*

2/14/2022
 Date

*Signature indicates parent/guardian authorization indicated above.

24-Hour Customer Service 800-242-9137
 24-Hour Gas Emergencies 800-261-5325
 24-Hour Electric Emergencies 800-662-4797

Bill Date	Account Number	Next Meter Read Date	Amount Due	Payment Due Date
02/02/2022		03/02/2022	\$25.12	02/24/2022

Customer Name MITCHELL A BERMAN
Service Address 3905 8 MILE RD
 CALEDONIA WI 53108-9760

Activity Since Last Bill
 01/04/2022 Previous Balance \$24.06
 01/06/2022 Payment -\$24.06
 Balance \$.00
 Total Current Charges \$25.12
 Total Current Balance \$25.12

Electric Service
 Residential Electric Service Rg1
 Meter NZT1101599

Energy Charges/Credits

Facilities	29 Days at \$0.52602	\$1.25
Energy Charge	184 KWH at \$0.13724	\$2.25
Fuel Cost Adjustment	184 KWH at \$0.00764	\$.41
Other Service Charges/Credits	184 KWH at \$0.00064	\$.12
Environmental Control Charge	3% of \$42.03	\$.26
State Low Income Assistance Fee		\$4.29
Subtotal:		\$4.29
Electric Service Total:		\$4.29

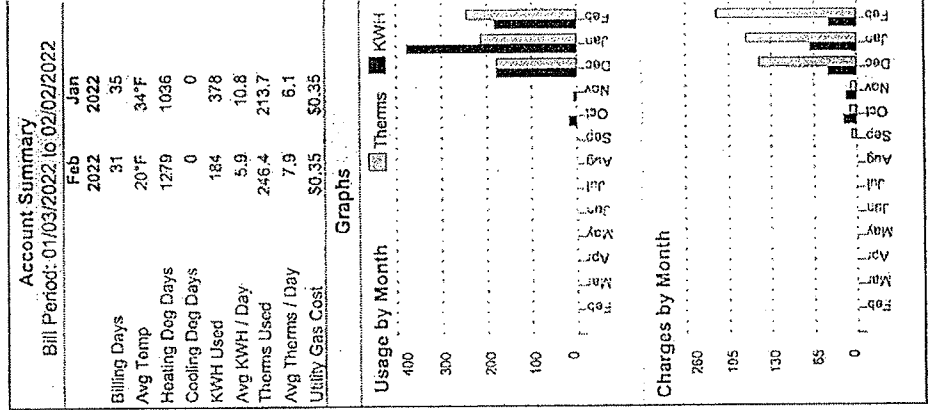
Actual Reading 02/02/2022 766
 Actual Reading 01/04/2022 -582
 Total Electric Use 184 KWH

Gas Service
 Residential Gas Service (WEGO) Rg-1
 Meter 03431130

Local Distribution Service

Facilities	29 Days at \$0.33000	\$.57
Distribution	246.4 Therms at \$0.19080	\$4.01
Gas Supply Service	246.4 Therms at \$0.35150	\$8.61
Base Gas	246.4 Therms at \$0.27660	\$6.15
PGA		
Other Service Charges/Credits	246.4 Therms at \$0.01010	\$.49
2017 Tax Cut-Deferred Tax Charge		\$21.83
Subtotal:		\$21.83
Gas Service Total:		\$21.83

Actual Reading 01/31/2022 605
 Actual Reading 01/02/2022 -371
 Total Gas Use 234 CCF
 234 CCF x 1.053 BTU = 246.4 Therms



Messages:
 The Public Service Commission of Wisconsin approved a change to the Fuel Cost Adjustment (FCA) effective Jan. 1, 2022. Your bill reflects an FCA charge due to higher fuel costs in 2022. This charge will apply to electric use in 2022. See your bill for details.

ACCOUNT NUMBER: INVOICE: 4018013524 Page 1 of 2 WE : PDF Out 47602 (4)

24-Hour Customer Service 800-242-9137
 24-Hour Gas Emergencies 800-261-5325
 24-Hour Electric Emergencies 800-662-4797

Bill Date	Account Number	Next Meter Read Date	Amount Due	Payment Due Date
10/08/2021		10/28/2021	\$31.19	11/01/2021

Customer Name: MITCHELL A BERMAN
 Service Address: 3905 8 MILE RD
 CALEDONIA WI 53108-9760

Activity Since Last Bill
 09/07/2021 Previous Balance 7.97
 09/16/2021 Payment -7.97
 Balance 0.00
 Total Current Charges \$ 3.19
 Total Current Balance \$ 3.19

Electric Service
 Residential Electric Service Rg1
 Meter NZT1101599

Actual Reading 09/29/2021 17
 Start Reading 08/25/2021 -0
 Total Electric Use 17 KWH

Energy Charges/Credits
 Facilities 7.89
 Energy Charge 2.33
 Fuel Cost Adjustment 0.04
 Fuel Cost Adjustment - Prior Year - 0.03
 Other Service Charges/Credits - 0.08
 2017 Tax Cul-Deferred Tax Credit 0.01
 Environmental Control Charge 0.60
 State Low Income Assistance Fee
 Taxes
 WI State Tax 1.01
 5% of \$20.15 1.76
 Subtotal: \$ 1.76
 Electric Service Total: \$21.76

Gas Service
 Residential Gas Service (WEGO) Rg-1
 Meter 03431130

Estimate Reading 09/29/2021 0
 Estimate Reading 08/27/2021 -0
 Total Gas Use 0 CCF
 0 CCF x 1.056 Btu = 0 Therms

Local Distribution Service
 Facilities 0.89
 Taxes 0.54
 WI State Tax 5% of \$10.89 0.54
 Subtotal: \$ 1.43
 Gas Service Total: \$11.43

Account Summary
 Bill Period: 08/25/2021 to 09/28/2021

Billing Days	34	23
Avg Temp	73°F	78°F
Heating Deg Days	16	0
Cooling Deg Days	218	241
KWH Used	17	
Avg KWH / Day	0.5	
Therms Used	0	0
Avg Therms / Day	0	0
Utility Gas Cost	\$0.35	\$0.35

Usage by Month

Charges by Month

Messages
 View your bill online anytime in My Account. Visit our website to sign up.

24-Hour Customer Service 800-242-9137
 24-Hour Gas Emergencies 800-261-5325
 24-Hour Electric Emergencies 800-662-4797

Bill Date	Account Number	Next Meter Read Date	Amount Due	Payment Due Date
11/08/2021		12/01/2021	\$21.98	11/30/2021

Customer Name
 Service Address
 MITCHELL A BERMAN
 3905 8 MILE RD
 CALEDONIA WI 53108-9760

Activity Since Last Bill
 10/08/2021 Previous Balance
 10/11/2021 Payment
 Balance
 Total Current Charges
 Total Current Balance

\$: 3.19
 -: 3.19
 +: 0.00
 \$: 5.98
 \$: 5.98

Electric Service

Residential Electric Service, Rg1
 Meter NZT1101599

Actual Reading 10/27/2021 24
 Actual Reading 09/29/2021 -17
 Total Electric Use 7 KWH

Energy Charges/Credits

Facilities \$ 4.73
 Energy Charge : 0.96
 Fuel Cost Adjustment : 0.02
 Other Service Charges/Credits - 0.03
 2017 Tax Cut-Deferred Tax Credit 0.47
 State Low Income Assistance Fee
 Taxes
 WI State Tax 0.78
 Subtotal: \$ 6.93
 Electric Service Total: \$13.93

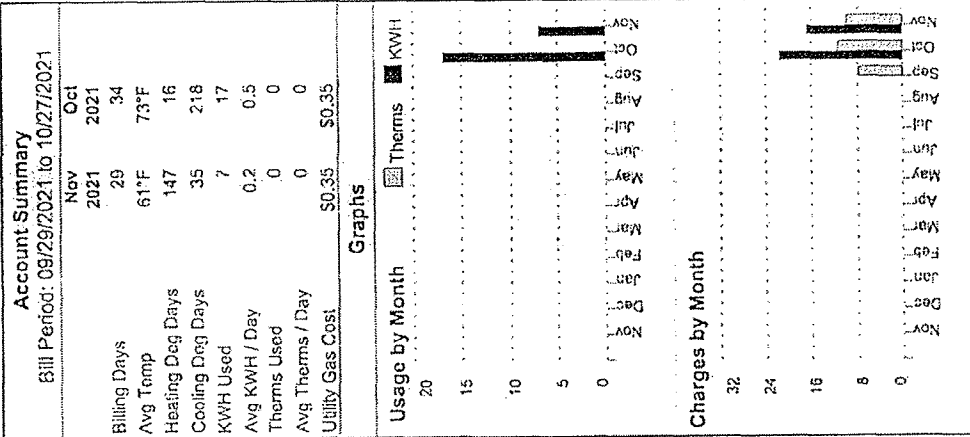
Gas Service

Residential Gas Service (WEGO) Rg-1
 Meter 03431130

Estimate Reading 10/28/2021 0
 Estimate Reading 09/29/2021 -0
 Total Gas Use 0 CCF
 0 CCF x 1.059 BTU = 0 Therms

Local Distribution Service

Facilities 19.57
 Taxes
 WI State Tax 10.48
 5% of \$9.57
 Subtotal: \$ 10.05
 Gas Service Total: \$ 0.05



Messages

Struggling to pay your bill? There are several energy assistance programs available to eligible customers. To learn if you qualify, visit our website or call. Your Account Summary information is based on an estimated meter reading. Your actual use may be different. View your bill online anytime in My Account. Visit our website to sign up.

24-Hour Customer Service 800-242-9137
 24-Hour Gas Emergencies 800-261-5325
 24-Hour Electric Emergencies 800-662-4797

Bill Date 12/07/2021	Account Number 3905 8 MILE RD MITCHELL A BERMAN 3905 8 MILE RD CALEDONIA WI 53108-9760	Next Meter Read Date 01/04/2022	Amount Due \$1,445	Payment Due Date 12/29/2021
-------------------------	--	------------------------------------	-----------------------	--------------------------------

Customer Name
 MITCHELL A BERMAN
 3905 8 MILE RD
 CALEDONIA WI 53108-9760

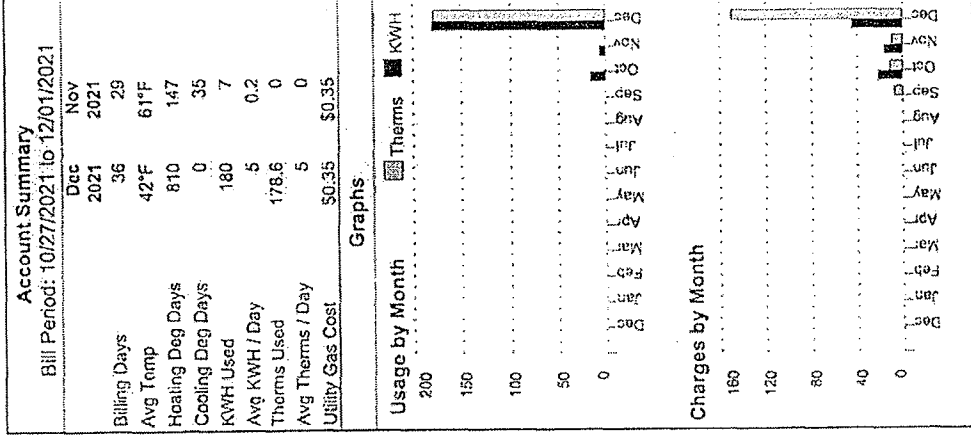
Activity Since Last Bill
 11/08/2021 Previous Balance \$: 6.98
 11/09/2021 Payment Balance \$: 6.98
 Total Current Charges : 0.00
 Total Current Balance \$1,445

Electric Service
 Residential Electric Service Rg1
 Meter NZ11101599
 Actual Reading 12/01/2021 204
 Actual Reading 10/27/2021 -24
 Total Electric Use 180 KWH

Energy Charges/Credits
 Facilities \$ 8.94
 Energy Charge \$ 4.70
 Fuel Cost Adjustment 0.40
 Other Service Charges/Credits - 0.82
 2017 Tax Cut-Deferred Tax Credit -0.11
 Environmental Control Charge 1.30
 State Low Income Assistance Fee \$ 4.63
 Subtotal: \$ 4.63
 Electric Service Total: \$ 4.63

Gas Service
 Residential Gas Service (WEGOL Rg:1)
 Meter 03431130
 Actual Reading 11/30/2021 169
 Estimate Reading 10/28/2021 -0
 Total Gas Use 169 CCF
 169 CCF x 1,057 BTU = 178.6 Therms

Local Distribution Service
 Facilities \$ 11.22
 Distribution \$ 41.08
 Gas Supply Service \$ 32.78
 Base Gas 178.6 Therms at \$0.35150
 PGA 178.6 Therms at \$0.20040 (4/34 Days) \$4.21
 PGA 178.6 Therms at \$0.22670 (30/34 Days) \$ 35.73
 Other Service Charges/Credits
 2017 Tax Cut-Deferred Tax Charge 178.6 Therms at \$0.01010 \$1.80
 Subtotal: \$ 49.82
 Gas Service Total: \$ 1,982



24-Hour Customer Service 800-242-9137
 24-Hour Gas Emergencies 800-261-5325
 24-Hour Electric Emergencies 800-662-4797

Bill Date	Account Number	Next Meter Read Date	Amount Due	Payment Due Date
01/04/2022		02/02/2022	\$243.06	01/26/2022

Customer Name
 Service Address
 MITCHELL A BERMAN
 3905 8 MILE RD
 CALEDONIA WI 53108-9760

Activity Since Last Bill
 12/07/2021 Previous Balance \$114.45
 12/08/2021 Payment -\$114.45
 Balance 0.00
 Total Current Charges \$20.06
 Total Current Balance \$20.06

Electric Service

Residential Electric Service Rg1
 Meter NZT1101599

Actual Reading 01/04/2022 582
 Actual Reading 12/01/2021 -204
 Total Electric Use 378 KWH

Energy Charges/Credits

Facilities \$ 7.88
 Energy Charge \$ 1.88
 Fuel Cost Adjustment 0.74
 Fuel Cost Adjustment 0.34
 Other Service Charges/Credits
 2017 Tax Cut-Deferred Tax Credit - 1.52
 Environmental Control Charge 0.24
 State Low Income Assistance Fee 2.09
 Subtotal: \$ 1.65
Electric Service Total: \$71.65

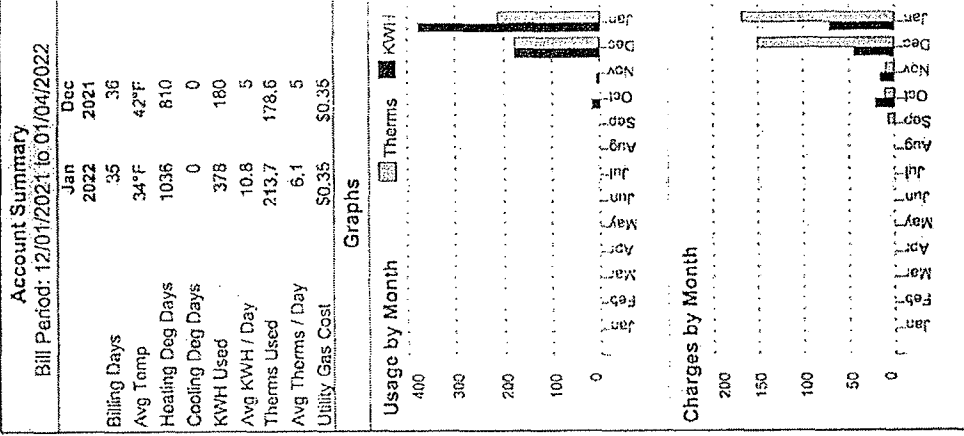
Gas Service

Residential Gas Service (WEGO) Rg:1
 Meter 03431130

Actual Reading 01/02/2022 371
 Actual Reading 11/30/2021 -169
 Total Gas Use 202 CCF
 202 CCF x 1.058 BTU = 213.7 Therms

Local Distribution Service

Facilities \$ 0.89
 Distribution \$ 10.77
 Gas Supply Service
 Base Gas \$ 5.12
 PGA \$ 35.89
 PGA \$ 35.88
 Other Service Charges/Credits
 2017 Tax Cut-Deferred Tax Charge 213.7 Therms at \$0.01010 32.16
 Subtotal: \$138.41
Gas Service Total: \$118.41



24-Hour Customer Service 800-242-9137
 24-Hour Gas Emergencies 800-261-5325
 24-Hour Electric Emergencies 800-662-4797

Bill Date	Account Number	Next Meter Read Date	Amount Due	Payment Due Date
02/02/2022		03/02/2022	\$257.12	02/24/2022

Customer Name: MITCHELL A BERMAN
 Service Address: 3905 8 MILE RD
 CALEDONIA WI 53108-9760

Activity Since Last Bill
 01/04/2022 Previous Balance
 01/06/2022 Payment
 Balance
 Total Current Charges
 Total Current Balance

\$240.06
 -\$240.06
 \$0.00
 \$257.12
 \$257.12

Electric Service
 Residential Electric Service Rg1
 Meter NZT1101599

Actual Reading 02/02/2022 766
 Actual Reading 01/04/2022 -582
 Total Electric Use 184 KWH

Energy Charges/Credits
 Facilities
 Energy Charge
 Fuel Cost Adjustment
 Other Service Charges/Credits
 Environmental Control Charge
 State Low Income Assistance Fee

\$15.25
 \$25.25
 \$1.41
 \$0.12
 \$1.26
 \$73.29

Subtotal:

Electric Service Total: \$43.29

Gas Service
 Residential Gas Service (WEGO) Rg-1
 Meter 03431130

Actual Reading 01/31/2022 605
 Actual Reading 01/02/2022 -371
 Total Gas Use 234 CCF
 234 CCF x 1.053 BTU = 246.4 Therms

Local Distribution Service
 Facilities
 Distribution
 Gas Supply Service
 Base Gas
 PGA
 Other Service Charges/Credits
 2017 Tax Cut-Deferred Tax Charge

\$9.57
 \$7.01
 \$16.61
 \$18.15
 \$2.49
 \$213.83

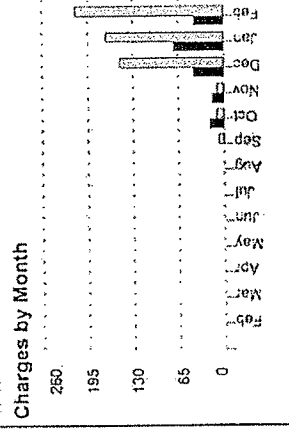
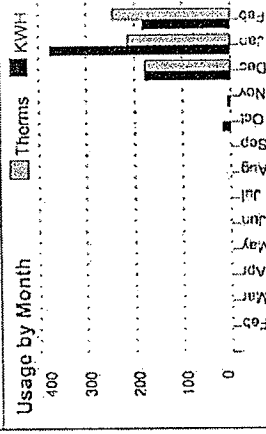
Subtotal:

Gas Service Total: \$213.83

Account Summary
 Bill Period: 01/03/2022 to 02/02/2022

Billing Days	Jan	2022	35
Avg Temp	20°F	34°F	
Heating Deg Days	1279	1036	
Cooling Deg Days	0	0	
KWH Used	184	378	
Avg KWH / Day	5.9	10.8	
Therms Used	246.4	213.7	
Avg Therms / Day	7.9	6.1	
Utility Gas Cost	\$0.35	\$0.35	

Graphs



Messages

The Public Service Commission of Wisconsin approved a change to the Fuel Cost Adjustment (FCA) effective Jan. 1, 2022. Your bill reflects an FCA charge due to higher fuel costs in 2022. This charge will apply to electric use in 2022. See your bill for details.



JILLIAN BERMAN
3905 COUNTY LINE RD
CALEDONIA, WI 53108-9752, USA

Enclosed is your Wisconsin Driver License or Identification Card.

If any of the information on the enclosed card is incorrect, contact our department by e-mail at dre.dmv@dot.wi.gov or via telephone at (608) 264-7447.

If any corrections are needed to the information on the enclosed card, documentation may be required to verify the corrections that need to be made.

BARCODES

Your Driver License or Identification Card contains two bar codes.

- The smaller barcode centered on the back of the card contains a unique serial number.
- The larger barcode at the top on the back of the card contains the information displayed on the card in a machine-readable format. This barcode does not contain any personal information not otherwise displayed on the card.



DID YOU KNOW?

Your new Driver License or Identification Card features:

- Highly secure, laser engraved polycarbonate material.
- High quality, high definition, black and white image and signature.
- Fraud prevention security features such as the clear window with portrait image, raised lettering and ultraviolet ink.

DMV is pleased to offer these updated security features to ensure your personal identity information is offered in the most secure format available.

ORGAN DONATION 

If you have not yet registered as potential organ/tissue donor, you may do so online at DonateLifeWisconsin.org

YOUR NEW CARD





MITCHELL BERMAN
3905 COUNTY LINE RD
CALEDONIA, WI 53108-9752, USA

Enclosed is your Wisconsin Driver License or Identification Card.

If any of the information on the enclosed card is incorrect, contact our department by e-mail at dre.dmv@dot.wi.gov or via telephone at (608) 264-7447.

If any corrections are needed to the information on the enclosed card, documentation may be required to verify the corrections that need to be made.

BARCODES

Your Driver License or Identification Card contains two bar codes.

- The smaller barcode centered on the back of the card contains a unique serial number.
- The larger barcode at the top on the back of the card contains the information displayed on the card in a machine-readable format. This barcode does not contain any personal information not otherwise displayed on the card.



DID YOU KNOW?

Your new Driver License or Identification Card features:

- Highly secure, laser engraved polycarbonate material.
- High quality, high definition, black and white image and signature.
- Fraud prevention security features such as the clear window with portrait image, raised lettering and ultraviolet ink.

DMV is pleased to offer these updated security features to ensure your personal identity information is offered in the most secure format available.

ORGAN DONATION 

If you have not yet registered as potential organ/tissue donor, you may do so online at DonateLifeWisconsin.org

YOUR NEW CARD





WISCONSIN

0000605

Certificate of Vehicle Registration

Plate Number	Registration	Class	Class Weight	Period	Color	Registration Number
RVT RVT	TRLR			A	WHITE	
Vehicle Identification Number	Year	Make	Expires Date	Amount Paid		
	2011	SUNT	04/30/2023	\$ 15.30		

PLATE(S) STAY WITH VEHICLE WHEN SOLD

YEAR

THIS IS NOT A BILL. This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at: wisconsin.dmv.gov 608-264-7417

0000605
BERMAN MITCHELL ALAN
3905 COUNTY LINE RD
CALEDONIA, WI 53108-9752



Tired of misplacing or losing your renewal notices?

Sign up to receive your driver's license/identification card and vehicle license plate renewal notices by email and text.

eNotify (electronic notification) allows you to receive an email and text message in place of your paper renewal notices.

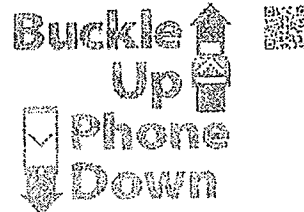


For more information, go to: wisconsin.dmv.gov/enotify

Do I need insurance?

Yes. In Wisconsin, you're required to have liability coverage for the vehicle you drive and carry proof of it when you are driving. If you don't, you can be fined up to \$500. If you are in an accident without the proper coverage, you may still be responsible for damages and lose your license.

Visit wisconsin.dmv.gov for more details.



Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower		Co-Borrower	
I. TYPE OF MORTGAGE AND TERMS OF LOAN			
Mortgage <input type="checkbox"/> VA <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Other (explain):		Agency Case Number	Lender Case Number
Applied for: <input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service			1336960051
Amount	Interest Rate	No. of Months	Amortization Type
	2.875 %	360	<input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): <input type="checkbox"/> GPM <input checked="" type="checkbox"/> ARM (type): 51CMT
II. PROPERTY INFORMATION AND PURPOSE OF LOAN			
Subject Property Address (street, city, state, & ZIP)			No. of Units
8 Mile Rd, Raymond, WI 53108 County: Racine			1
Legal Description of Subject Property (attach description if necessary)			Year Built
			2021
Purpose of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain):		Property will be:	
<input type="checkbox"/> Refinance <input checked="" type="checkbox"/> Construction-Permanent		<input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment	
<i>Complete this line if construction or construction-permanent loan.</i>			
Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot
	\$		
			(b) Cost of Improvements
			\$
<i>Complete this line if this is a refinance loan.</i>			
Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance
	\$	\$	
			Describe Improvements <input type="checkbox"/> made <input type="checkbox"/> to be made
			Cost: \$
Title will be held in what Name(s)		Manner in which Title will be held	Estate will be held in:
Mitchell A Berman, Jillian T Borman		Husband And Wife	<input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold
Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain)			(show explanation data)

Closing Information

Date Issued 2/1/2021
 Closing Date 2/1/2021
 Disbursement Date 2/1/2021
 Settlement Agent LAND TITLE SERVICES, INC
 File # 1336960051
 Property 8 Mile Rd
 Raymond, WI 53108

Appraised Prop Value \$958,000

Transaction Information

Borrower Michael A Bertram
 5906 Autumn Ln
 Racine, WI 53406
 Lender Educators Credit Union

Loan Information

Loan Term 31 years
 Purpose Refinance
 Product 1 Year Interest Only, 6/1 Adjustable Rate
 Loan Type Conventional FHA VA
 Loan ID #
 MIC #

Loan Terms

Loan Amount	\$ [REDACTED]	NO	Can this amount increase after closing?
Interest Rate	2.875 %	YES	• Adjusts every year starting in year 7 • Can go as high as 10.875% in year 14 • See AIR Table on page 4 for details
Monthly Principal & Interest <i>See Projected Payments below for your Estimated Total Monthly Payment</i>	\$ [REDACTED]	YES	• Adjusts every month starting in month 1 • Can go as high as \$6,151 in year 14 • Includes only interest and no principal until year 2 • See AP Table on page 4 for details
Prepayment Penalty		NO	Does the loan have these features?
Balloon Payment		NO	

Projected Payments

Payment Calculation	Year 1	Years 2-6	Year 7	Years 8-31
Principal & Interest	[REDACTED] <i>only Interest</i>	[REDACTED]	[REDACTED]	[REDACTED]
Mortgage Insurance	+ 0	+ 0	+ 0	+ 0
Estimated Escrow <i>Amount can increase over time</i>	+ 0	+ 0	+ 0	+ 0
Estimated Total Monthly Payment	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Estimated Taxes, Insurance & Assessments <i>Amount can increase over time See page 4 for details</i>	\$ [REDACTED] Monthly	This estimate includes <input checked="" type="checkbox"/> Property Taxes <input checked="" type="checkbox"/> Homeowner's Insurance <input type="checkbox"/> Other: <i>See Escrow Account on page 4 for details. You must pay for other property costs separately.</i>		In escrow? NO NO

Costs at Closing

Closing Costs	\$ [REDACTED]	Includes \$ [REDACTED] Loan Costs + \$ [REDACTED] in Other Costs - \$0 in Lender Credits. <i>See page 2 for details.</i>
Cash to Close	\$ [REDACTED]	Includes Closing Costs. <i>See Calculating Cash to Close on page 3 for details.</i> <input checked="" type="checkbox"/> From <input type="checkbox"/> To Borrower

CLOSING DISCLOSURE - TRIMMABLE
 02/01/2021 09:56 AM PST

Page 1 of 5 LOAN ID # 1336960051
 6181DCB25S (PRE)

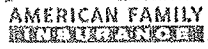
DocuSign Envelope ID: 0BDAGCBB-72C2-4FFB-AABJ-98B70EC2A632

Closing Cost Details

Loan Costs	Borrower-Paid		Paid by Others
	At Closing	Before Closing	
A. Origination Charges		\$369.73	
• % of Loan Amount, Points			
• Origination Fee		\$369.73	
B. Services Borrower Did Not Shop For		\$1,209.27	
• Appraisal Fee	to RSJ Appraisal LLC	\$325.90	
• Credit Report	to Informative Research	\$31.77	
• Document Preparation Fee	to Educators Credit Union	\$50.00	
• Flood Certification	to Informative Research	\$12.50	
• Tax Service	to Info Pro	\$18.00	
• Title - DRAWFEE (5 DRAWS)	to LAND TITLE SERVICE INC	\$179.00	

Home 2022

Policy Change Homeowners Policy



Mitchell Berman
Jillian Berman
3905 W 8 Mile Rd
Caledonia WI 53108-9752

American Family Insurance Company
6000 American Parkway
Madison WI 53783
For customer service and claims service
24 hours a day, 7 days a week
1-800-MY AMFAM (1-800-692-6326)
amfam.com

A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.

Policy Information

Policy number	Policy period	Billing account number
	2/1/2022 to 2/1/2023	

Change(s) made to your policy effective: 2/10/2022 at 12:01 a.m.

Description of change

Changed policy mailing address: 3905 W 8 Mile Rd, Caledonia, WI 53108-9752

Total premium adjustment: \$0.00

Your American Family Agent is:

Robert A Kilby Agency Inc
8805 S Howell Ave
Oak Creek WI 53154-3801
414-764-8899

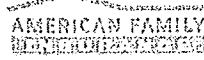
rkilb2@amfam.com

AUTHORIZED
REPRESENTATIVE

William B. Vertz
President

[Signature]
Secretary

Renewal Declarations Homeowners Policy



Please read your policy

Named Insured(s)
Mitchell Berman
Jillian Berman
5906 Autumn Trl
Racine WI 53402-1801

American Family Insurance Company
6000 American Parkway
Madison WI 53783
For customer service and claims service
24 hours a day, 7 days a week
1-800-MY AMFAM (1-800-692-6326)
amfam.com

Policy Information

Policy number

Policy period

Billing account number

2/1/2022 to 2/1/2023

Total premium with discounts applied \$

Total premium if paid in full \$

Discounts Applied to this Policy

- Age of Home Discount
- Home Purchase Discount
- Loyalty Discount
- Multi-Product Discount
- Paperless Discount

These discounts reduced your total premium by

Residence Premises Information

Location

Residence use

Residence type

8 Mile Rd Raymond WI 53108

Primary Residence

Single Family Dwelling

Previous
Limit

New
Limit

Section I - Property Coverage

Coverage A - Dwelling

Open Perils

Coverage A limit is increased using an inflation index of 5.80% for your area

Coverage B - Other Structures

Perils: Same as Coverage A - Dwelling

Unscheduled Structures

Coverage C - Personal Property

Broad Named Perils

Coverage C limit is increased using an inflation index of 5.80% for your area

Coverage D - Loss Of Use

Coverage D limit is increased using an inflation index of 5.80% for your area

Additional Coverage

Fungi Or Bacteria

Section II - Liability Coverage

Coverage E - Personal Liability

Dangerous Dog And Exotic Animal Liability

Coverage F - Medical Expense

Homeowners Policy Application - Wisconsin



Your American Family Agent is:
 Robert A Kilby Agency Inc (2499)
 8805 S HOWELL AVE
 OAK CREEK WI 53154-3801
 1-414-764-8899
 rkilb2@amfam.com

American Family Insurance Company
 6000 American Parkway
 Madison WI 53783

For customer service and claims service
 24 hours a day, 7 days a week
 1-800-MY AMFAM (1-800-692-6326)
 amfam.com

This application has been submitted on-line, fully completed and reviewed, and approved by the Company.

Policy Information	
Policy Number:	Policy Term: 12 Months
Effective Date: 2/4/2021 at 12:01 a.m.	Expiration Date: 2/4/2022 at 12:01 a.m.
Application Date and Time Taken: 1/29/2021 at 4:23	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
Other American Family Policies: Family Car	
Have you or any member of your household had any losses at any location within the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the applicant be the owner of the home?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, is the occupant of the home the parent or child of the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there solid fuel heat in any garage/structure with vehicle or flammable fuel storage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a day care on the premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, number of children at any one time:	
Do you have a commercial day care policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, does the day care have any employees or subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any of the following high risk dogs on your residence premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dogs: Akita, American pit bull terrier (also known as American Staffordshire terrier or Staffordshire terrier), Chow, Rottweiler, Wolf Hybrid (wolf mixed with any breed), mix that includes any of the previously listed breeds, active or retired police K9 or other government agency dog.	

Please list all members of your household on this application.

Insured Information	
Customer Information - Primary Named Insured:	
Name (first, middle, last, suffix): Mitchell Berman	Date of Birth: 2/7/1986
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married (Separated) <input type="checkbox"/> Not Married	
<input type="checkbox"/> Not Married (Divorced) <input type="checkbox"/> Not Married (Never Married) <input type="checkbox"/> Not Married (Widowed)	
SSN:	FEIN:
Primary Language:	Secondary Language:
Language comment:	
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
Primary Residence Address: 8 Mile Rd Raymond WI 53108	<input type="checkbox"/> Use as mailing address
Policy Mailing Address (if different than Primary Residence Address): 5906 Autumn Trl Racine WI 53402-1801	
Home Phone:	Mobile Phone: Work Phone:
E-mail:	Other E-mail:
Affiliation(s):	
Have you resided at a different address in the past 5 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, prior address: 5906 Autumn Trail Racine WI 53402	



Insured Information (continued)			
Description of Interest:	<input checked="" type="checkbox"/> Owner Occupant	<input type="checkbox"/> Owner-Residence Occupied by Family Member	
Customer Information - Secondary Named Insured			
Name (first, middle, last, suffix):	Jillian Berman		Date of Birth: 10/30/1985
Relationship to Primary Named Insured:	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Not related	<input type="checkbox"/> Related other than spouse
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status:	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Married (Separated)	<input type="checkbox"/> Not Married
	<input type="checkbox"/> Not Married (Divorced)	<input type="checkbox"/> Not Married (Never Married)	<input type="checkbox"/> Not Married (Widowed)
SSN:	FEIN:		Secondary Language:
Primary Language:	Language comment:		
Preferred Contact Method:	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail
Primary Residence Address:	8 Mile Rd Raymond WI 53108		<input type="checkbox"/> Use as mailing address
Policy Mailing Address (if different than Primary Residence Address):	5906 Autumn Trl Racine WI 53402-1801		
Home Phone:	Mobile Phone:	Work Phone:	
E-mail:	Other E-mail:		
Affiliation(s):	Have you resided at a different address in the past 5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, prior address: 5906 Autumn Trail Racine WI 53402		
Description of Interest:	<input checked="" type="checkbox"/> Owner Occupant	<input type="checkbox"/> Owner-Residence Occupied by Family Member	

Additional Owners			
Name and Address of Additional Owner:			
Relationship of Additional Owner to Named Insured:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Nonrelated Person	<input type="checkbox"/> Related other than spouse
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Married (Separated)	<input type="checkbox"/> Not Married
	<input type="checkbox"/> Not Married (Divorced)	<input type="checkbox"/> Not Married (Never Married)	<input type="checkbox"/> Not Married (Widowed)

Other Occupants	
Number of Occupants (including Named Insureds):	4
Name of Occupant(s) other than Named Insured(s):	

Prior Losses			
Prior Losses - Describe any losses in the household in the last 5 years:			
Name/Location	Occurrence Date	Type of Loss	Total Claim Amount
Comments:			



Homeowners Policy Dwelling			
Dwelling Information			
Valuation ID with Version Number:	Calculated Replacement Cost Value or Adjusted Value - Cov A (Dwelling): \$	Calculated Value - Cov B (Scheduled Structures):	
Risk Location: (street address, city, state, zip code)	8 Mile Rd Raymond WI 53108	County: Racine	
If no street, what is the legal location (Section, town, range, county, state)?			
Residence Use:	<input checked="" type="checkbox"/> Primary Residence	<input type="checkbox"/> Secondary Residence	<input type="checkbox"/> Seasonal Residence
If Primary Residence, does the named insured occupy more than one residence?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residence Type:	<input checked="" type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Duplex	<input type="checkbox"/> Single Family Unit within a Townhouse/Rowhouse
<input type="checkbox"/> 3 or More Family Dwelling			
Year Purchased: 2021			
Have the plumbing, electrical and heating systems of the dwelling been renovated within the last 15 years?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Year of completion:			
Is the New Dwelling Under Construction?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Above-Ground Construction Start Date:	Estimated Completion Date:	Estimated Cost:	
2/5/2021	7/5/2021	\$580,000	
Is your residence ever rented to others?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what are the number of days rented per year:			
Do you own a pool?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what is the pool type?	<input type="checkbox"/> Above-ground	<input type="checkbox"/> In-ground	<input type="checkbox"/> Indoor Pool
Where is the clothes washing machine located?	<input type="checkbox"/> Upper Level	<input checked="" type="checkbox"/> Main Level	<input type="checkbox"/> No washing machine in dwelling
<input type="checkbox"/> Basement (No levels below)			
Is the Dwelling a designated historic home?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the dwelling used for Business, Office, School or Studio?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, type of home business:	<input type="checkbox"/> Small Service:	<input type="checkbox"/> Home Demonstration	<input type="checkbox"/> Other:
	<input type="checkbox"/> Private School	<input type="checkbox"/> Merchandise Storage	
	<input type="checkbox"/> Studio	<input type="checkbox"/> Office for Business or Professional Purposes	
Do you have Commercial coverage for this home business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Business has employees, not including an insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection Details			
Is dwelling located inside city/village limits?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire Station Name: Caledonia Fire Department Station 11		Fire Station Address: 6900 Nicholson Rd, Caledonia, WI 53108	
Type of Fire Response Area:	<input checked="" type="checkbox"/> Paid	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Combination
	<input type="checkbox"/> Private-Paid	<input type="checkbox"/> Private-Unpaid	<input type="checkbox"/> Unknown
			Distance to Primary Fire Station (miles): Greater than 3, up to 4 miles

Dwelling Construction			
Construction Details			
Year Built: 2021		Total Above-Grade Sq Ft: 2600	
Foundation Type:	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Post/Pier & Grade Beam	<input type="checkbox"/> Engineered Piers	
<input type="checkbox"/> Other (describe):			
If basement, what percentage of basement is finished? 50			
Construction Type:	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Log
	<input type="checkbox"/> Steel	<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Concrete
<input type="checkbox"/> Adobe Block			



Dwelling Construction (continued)					
Exterior Wall Finish:					
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Earth Home	<input type="checkbox"/> EIFS	<input type="checkbox"/> Siding Vinyl	
<input type="checkbox"/> Siding Aluminum/Steel	<input checked="" type="checkbox"/> Siding Cement Fiber	<input type="checkbox"/> Siding Hardboard/Masonite	<input type="checkbox"/> Siding Log	<input type="checkbox"/> Siding Wood	
<input type="checkbox"/> Solid Brick	<input type="checkbox"/> Solid Logs	<input type="checkbox"/> Solid Stone	<input type="checkbox"/> Stucco	<input type="checkbox"/> Stone Veneer	
<input type="checkbox"/> Other (describe):					
Number of Stories:					
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	
<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5		
Heating Systems					
Primary Heating System:					
<input checked="" type="checkbox"/> Central Heating Systems		<input type="checkbox"/> Area Heating Units	<input type="checkbox"/> No Heating System		
If Central Heating System, what is the fuel type?					
<input type="checkbox"/> Oil	<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Geo-Thermal	
			<input type="checkbox"/> Solar		
<input type="checkbox"/> Other (describe):					
If Area Heating Unit (Space Heater/Wall Furnace/Floor Furnace) what is the fuel type?					
<input type="checkbox"/> Oil		<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	
<input type="checkbox"/> Other (describe):					
If Solid Fuel heat, complete a Solid Fuel Heating Device Questionnaire.					
Is there Secondary Heating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, what Heating system type?					
<input type="checkbox"/> Central Heating Systems		<input type="checkbox"/> Area Heating Units			
If Central Heating System, what is the fuel type?					
<input type="checkbox"/> Oil	<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Geo-Thermal	
			<input type="checkbox"/> Solar		
<input type="checkbox"/> Other (describe):					
If Area Heating Unit (Space Heater/Wall Furnace/Floor Furnace) what is the fuel type?					
<input type="checkbox"/> Oil		<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	
<input type="checkbox"/> Other (describe):					
If Solid Fuel heat, complete a Solid Fuel Heating Device Questionnaire.					
Electrical and Plumbing Type(s)					
Number of bathrooms: 2					
Do you have septic or sewer?					
<input type="checkbox"/> Septic		<input type="checkbox"/> Sewer			
Do you have a sump pump? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of back-up device:					
<input type="checkbox"/> Battery	<input type="checkbox"/> Municipal Water Power	<input type="checkbox"/> Whole House Generator	<input type="checkbox"/> None		
<input type="checkbox"/> Other (describe):					
Electrical System:					
<input type="checkbox"/> Conduit	<input checked="" type="checkbox"/> Plastic Coated (Romex)	<input type="checkbox"/> BX/Armored Cable	<input type="checkbox"/> Knob & Tube	<input type="checkbox"/> Cloth Wrapped	
<input type="checkbox"/> Aluminum	<input type="checkbox"/> None				
<input type="checkbox"/> Other (describe):					
Number of Amps:					
<input type="checkbox"/> 60 or less	<input type="checkbox"/> 100	<input type="checkbox"/> 150			
<input checked="" type="checkbox"/> 200	<input type="checkbox"/> 400				
Are there Solar Panels on the dwelling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Roof					
Roofing Surface:					
<input type="checkbox"/> Architectural shingles	<input type="checkbox"/> Built-up/Tar & Gravel	<input type="checkbox"/> Built-up/Tar w/o Gravel	<input type="checkbox"/> Clay Tile	<input checked="" type="checkbox"/> Composition Shingles	
<input type="checkbox"/> Concrete Tile	<input type="checkbox"/> Fiber Cement Tile	<input type="checkbox"/> Foam	<input type="checkbox"/> Metal		
<input type="checkbox"/> Rubber Membrane	<input type="checkbox"/> Slate	<input type="checkbox"/> Sod/Eco	<input type="checkbox"/> Solar (Photovoltaic) Shingles	<input type="checkbox"/> Rolled Composition	
<input type="checkbox"/> Wood Shakes/Shingles	<input type="checkbox"/> Other (describe):				
What year was your roof installed/replaced? 2021					
		Roof Class:		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Roof Slope:					
<input type="checkbox"/> Flat	<input type="checkbox"/> Low Moderate	<input checked="" type="checkbox"/> Steep			



Dwelling Construction (continued)			
Roof Shape: <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard <input type="checkbox"/> Flat <input type="checkbox"/> Shed <input type="checkbox"/> Complex/Custom			
Garage/Carport			
Attached Garage(s)/Carport(s): <input type="checkbox"/> Carport-Attached <input checked="" type="checkbox"/> Garage-Attached <input type="checkbox"/> Garage-Basement (below grade) <input type="checkbox"/> Garage-Built-in (living area above it) <input type="checkbox"/> None			
Number of car stalls: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 6 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8 <input type="checkbox"/> 8.5+			
Other Structures			
Total number of All Structures: 0			
Number of Unscheduled Structures : 0		Total Estimated Unscheduled Structures value:	
Types of Unscheduled Structures : <input type="checkbox"/> Carport-Detached <input type="checkbox"/> Deck-Detached <input type="checkbox"/> Fencing <input type="checkbox"/> Gazebo <input type="checkbox"/> Outdoor Kitchen/Barbeque Fixed <input type="checkbox"/> Permanent Boat Docks <input type="checkbox"/> Screen Enclosure-Detached <input type="checkbox"/> Storage Shed less than or equal to 300 sq ft <input type="checkbox"/> Other (describe): <input type="checkbox"/> Additional selections (Driveway, Walkway, Hoop Building, Landscaping/retaining Wall, Basketball Court, Tennis Court, Satellite Dish, Landscape Fountain, Detached Patio, Sign, Pergola)			
Number of Scheduled Structures : 0			
Description of Scheduled Structure(s) :		Replacement Cost (RCV) or Actual Cash Value (ACV):	Estimated Value: Limit:
Number of car stalls for detached garage/carport:			
Number of Stories:	Construction Type:	Square Footage (Sq Ft):	Height (feet):
Use:			
Roofing Surface:			
If Metal, do you want Cosmetic Hail Damage Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Exterior Wall Finish:			
If Aluminum/Steel, do you want Cosmetic Hail Damage Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Aluminum/Steel/Vinyl, do you want Matching Undamaged Siding Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dwelling Coverage			
Offering Selection: <input type="checkbox"/> Economy Protection <input checked="" type="checkbox"/> Traditional Protection <input type="checkbox"/> Premier Protection			
Coverage A - Dwelling			
Limit: ██████████		% of Calculated/Adjusted Value: 115	
Perils: <input type="checkbox"/> Basic Named Perils <input type="checkbox"/> Broad Named Perils <input checked="" type="checkbox"/> Open Perils			
Valuation Method: <input checked="" type="checkbox"/> Replacement Cost Value - Current Construction <input type="checkbox"/> Replacement Cost Value - Original Construction <input type="checkbox"/> Actual Cash Value			
Coverage B - Other Structures			
Other Structures Blanket - Total Limit:			
Perils: Same as Coverage A - Dwelling			
Valuation Method: <input type="checkbox"/> Replacement Cost Value <input type="checkbox"/> Actual Cash Value			
Other Structures Unscheduled Structures - Total Limit: \$5,000			
Perils: Same as Coverage A - Dwelling			
Valuation Method: <input checked="" type="checkbox"/> Replacement Cost Value <input type="checkbox"/> Actual Cash Value			
Other Structures Scheduled Structures - Total Limit:			
Perils: Same as Coverage A - Dwelling			
Coverage C - Personal Property			

Policy Number: 41064-07303-54



Dwelling Coverage (continued)	
Limit: ██████████	% of Dwelling Coverage A: 60
Perils:	<input type="checkbox"/> Basic Named Perils <input checked="" type="checkbox"/> Broad Named Perils
Valuation Method:	<input checked="" type="checkbox"/> Replacement Cost Value <input type="checkbox"/> Actual Cash Value
Coverage D - Loss of Use	
Limit: \$ ██████████	% of Dwelling Coverage A: 20
Additional Coverage	
Fungi Or Bacteria	Limit: \$10,000
Section II - Coverage	
Coverage E - Personal Liability	Liability Limit: \$300,000
Coverage F - Medical Expense	Limit: \$10,000
Deductible(s)	
Property Deductible	Amount: \$1,000
Windstorm Or Hail Deductible	Amount: \$1,000

Third Party Interest (TPI)	
Number of Mortgagees: 1	
Interest #1	
Name of Individual, Company or Trust: EDUCATORS CREDIT UNION ITS SUCCESSORS AND/OR ASSIGNS	Address: PO BOX 81040 RACINE WI 53408-1040
Interest Type:	<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Trust <input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest <input type="checkbox"/> Additional Insured - Limited Liability Company
Description of Interest:	TPI Number: 406663
If Trust: Name of Trustee:	Address of Trustee:
Name(s) of Grantor/Settlor:	
Loan Number: 1336960051	
Send bill to TPI?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Send Renewal Dec to TPI?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Premium Information	
	Premium
Basic Coverage Premium	\$871.41
Endorsement(s)	\$238.40
Discount(s)	\$763.61
Total Annual Premium	\$1,109.81
Monthly Premium	\$92.48
Total Annual Premium with Full Pay Savings	\$1,054.31

Certification Statements
THESE STATEMENTS are accurate to the best of my knowledge. The company may rely upon them in issuance of this policy. I understand that this policy may be subject to a minimum premium retention if I cancel this policy.

Policy Number:



Certification	
You agree to all statements on this application on behalf of all insureds. All insureds must comply with all policy terms. Any failure to comply with policy terms by any insured will affect policy coverage for all insureds. <input checked="" type="checkbox"/> I agree	
Applicant Signature(s): Mitchell Berman	Date and Time Signed: 1/29/2021 4:23 PM CST
Applicant Signature(s):	Date and Time Signed:
Agent's Signature: Robert Kilby	Date and Time Signed: 01/29/2021 04:23 PM



Department of Natural Resources
2021 Licenses/Approvals

MITCHELL BERMAN

3905 County Line Rd
Caledonia, WI 53108-9752

Customer #

DOB 2/7/1986

S: M H: 5' 10" W: 200 L: BRO E: GRN

Safety Certifications
ARCHERY 189544858

21



Conservation Patron Combination License
(Resident)

Valid 3/9/2021 - 3/31/2022

HIP Survey

Valid 3/9/2021 - 3/31/2022

You ARE eligible to use your Wisconsin Driver's License for display of some recreational approvals. Please visit dnr.wi.gov for more information on where this use is permitted.

Anglers MUST carry a paper copy of their license/stamps while fishing on the waters of Lake Michigan, Lake Superior, and the WJIM, WJMN and WJIA boundary waters.

For season dates, weapon restrictions, and regulations, view the applicable regulation pamphlet- available online at GoWild.WI.Gov.



Department of Natural Resources
2021 Licenses/Approvals

JILLIAN T BERMAN

3905 County Line Rd
Caledonia, WI 53108-9752

Customer #

DOB 10/30/1985

S: F H: 5' 5" W: 175 H: 080 E: GRN

Safety Certifications
HUNTER 817807373



HIP Survey

Valid 2/17/2022 - 3/31/2022

You ARE eligible to use your Wisconsin Driver's License for display of some recreational approvals. Please visit dnr.wi.gov for more information on where this use is permitted.

Anglers MUST carry a paper copy of their license/stamps while fishing on the waters of Lake Michigan, Lake Superior, and the W/MI, W/WMN and W/IA boundary waters.

For season dates, weapon restrictions, and regulations, view the applicable regulation pamphlet- available online at GoWild.WI.Gov.

21

2022 Single Dog License

Subject to Wisconsin Statute, Chapter 174

TOWN OF RAYMOND, RACINE COUNTY

Mitchell Berman

3905 W. 8 Mile Rd

Caledonia, WI 53108-

Pet Name:	Rusty	Date Paid:	12/22/2021
Breed:	Labrador Mix	Payment Type:	Check
Sex:	Male	Check Number:	1709
Spayed/Neutered:	Yes	License Fee:	10.00
Color:	Fox Red	Late Fee:	0.00
Tag Number:	8949	Total Paid:	10.00
Replacement Tag:	No	Veterinarian:	For Pets' Sake
Effective Date:	01/01/2022	Vaccination Expiration:	08/19/2023
Expiration Date:	12/31/2022	Vaccination Mfr:	ImRab
		Vaccination Serial #:	051901

2022 Single Dog License

Subject to Wisconsin Statute, Chapter 174

TOWN OF RAYMOND, RACINE COUNTY

Mitchell Berman

3905 W 8 Mile Rd

Caledonia, WI 53108-

Pet Name:	Mason	Date Paid:	12/22/2021
Breed:	Labrador Mix	Payment Type:	Check
Sex:	Male	Check Number:	1709
Spayed/Neutered:	Yes	License Fee:	10.00
Color:	Chocolate	Late Fee:	0.00
Tag Number:	8950	Total Paid:	10.00
Replacement Tag:	No	Veterinarian:	For Pets' Sake
Effective Date:	01/01/2022	Vaccination Expiration:	08/19/2023
Expiration Date:	12/31/2022	Vaccination Mfr:	ImRab
		Vaccination Serial #:	051901

DRIVER LICENSE
REGULAR

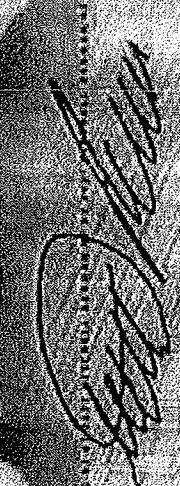
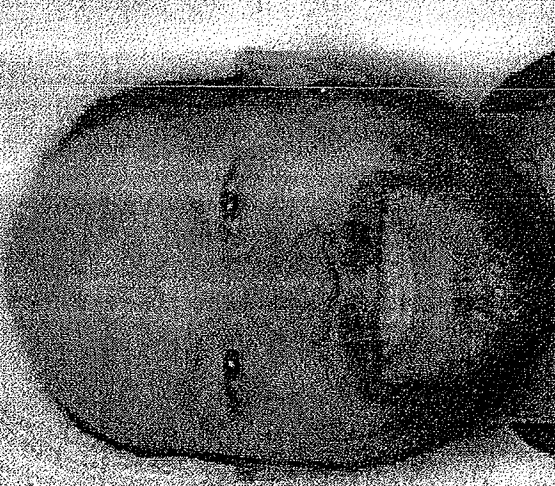
USA
WISCONSIN



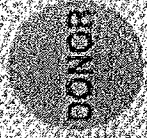
CLASS D

1 BERMAN
2 MITCHELL ALAN

8 3905 COUNTY LINE RD
CALEDONIA, WI 53108



15 SEX M 16 HGT 5'-10"
17 WGT 200 lb 18 EYES GRN
19 HAIR BRO 9a SS 02/11/2022 DUP
3 DOB 02/07/1986 4b EXP 02/07/2027
9a END NONE 5 DB OTMIRG2022021H1272071



FEB 06

**DRIVER LICENSE
REGULAR**

**USA
WISCONSIN**



1 **BERMAN**

2 **JILLIAN THERESE**

3 **3905 COUNTY LINE RD
CALEDONIA, WI 53108**

4 **SEX F**

5 **HGT 5' 04"**

6 **WGT 170 lb**

7 **EYES HAZ**

8 **HAIR BRO**

9 **DOB 10/30/1985**

10 **EXP 10/30/2028**

11 **END NONE**

12 **DD 5 DD OTM6F2022021M1284588**



Jillian Therese Berman

ISS 02/11/2022 DUP

DONOR

CLASS D

BERMAN

10/30/1985

17. CONSTRUCTION TIME & CONSTRUCTION DELAYS.

A. **Construction Time**

Builder agrees to commence excavation of the Building within 30 working days after acceptance of this Contract and after all contingencies beyond the control of the Builder which may prevent commencement are satisfied or waived, including, but not limited to, financing, insurance, lot ownership, Builder's receipt of down payment (if any), escrow verification, building permits, change orders, plan revisions or subcontractor agreements. The Builder shall be the authority for the proper usage, arrangements and placements of fixtures, equipment and materials in accordance with recognized standards. The Building shall be completed in a good workmanlike manner in quality equal to the standards of the industry as expressed in the Construction Industry Quality Standards published by the Metropolitan Builders Association of Greater Milwaukee, Inc. (the "MBA"). Construction shall be Substantially Complete, as defined in Section 18(b) within 240 working days of commencement ("Construction Time").

B. **Substantial Completion**

Construction of the Building shall be deemed to have reached "Substantial Completion" on the earlier of (i) the date when the Building is sufficiently complete in accordance with this Contract and related documents so that the Buyer can occupy or utilize the Building for its intended purpose, or (ii) the date the occupancy permit or other approval, if any, is issued by the appropriate government authority. Substantial Completion is dependant upon Buyer making timely selection of materials. Failure to make selections in a timely manner may result in a delay, as defined in Section 17(c) below, and an extension of the date of Substantial Completion.

C. **Construction Delay**

The Construction Time shall be extended for reasons including, without limitation, changes that cause delay and delays requested or caused by the Buyer, acts or missions of government or military authority, acts of God, material shortages, transportation delays, fires, floods, labor disturbances, riots, wars, terrorist acts, or any other causes beyond the reasonable control of the Builder, so long as the Builder use its best efforts to remedy such failure or delays (a "Construction Delay"). In the event of a Construction Delay, the date for performance of the services will be extended by the time necessitated by the delay.

Buyer is cautioned that the failure of Buyer to make selections in a timely manner will extend the Construction Time and will be treated as a Construction Delay.

D. **Cost Increases As A Result of Construction Delay**

If the Builder experiences an increase in cost as a result of a Construction Delay, the increased costs shall be paid by the Buyer. Builder shall notify Buyer of such increase at the time the increase occurs. Upon Buyer's request, the Builder shall furnish the Buyer with documentation to verify such increased costs.

12:51

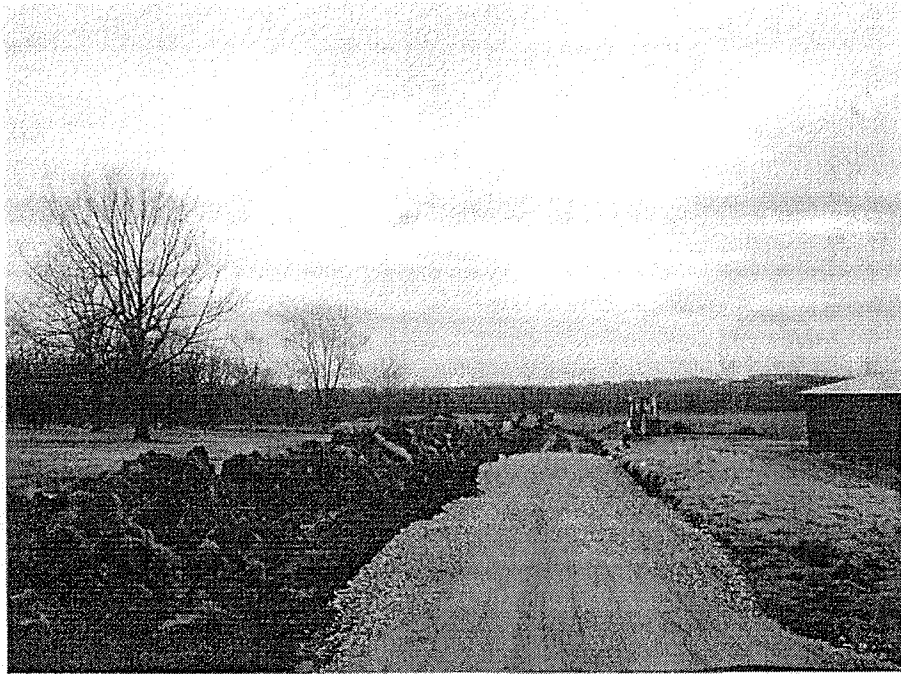


Caledonia

Edit

March 22, 2021 6:41 PM

LIVE



12:51



Caledonia

March 22, 2021 6:54 PM

Edit



LIVE





Mitchell Berman



Mitchell Berman is 🥳 feeling excited with Jillian Berman.

Mar 22, 2021

Today is the beginning of an amazingly long and tumultuous process of planning the construction of our family's forever home. Today ground was broke for what I can only imagine will be a place where many amazing memories are made. Jillian and I are blessed to have had so much love and support during this process from both our families and we can't wait to thank them over dinner in our new home. Hopefully in just a few months..



Michael Kowal and 78 others

12 Comments



Home



Watch



Marketplace



News



Notifications



Menu