

IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT,  
IN AND FOR MONROE COUNTY, FLORIDA

IN RE: The Marriage of

Case No.: 44-2009-DR-708-

BERNADETTE R. NOE,  
Petitioner/Wife,

Judge

vs.

THOMAS W. NOE,  
Respondent/Husband.

FINAL JUDGMENT OF SIMPLIFIED DISSOLUTION OF MARRIAGE

This cause came before this Court for a hearing on the parties' Petition for Simplified Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Simplified Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. Marital Settlement Agreement.

[ ☒ one only ]

- a. The parties have voluntarily entered into a Marital Settlement Agreement, and each has filed the required Financial Affidavit. Therefore, the Marital Settlement Agreement is filed as "Exhibit A" in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions.
  - b. There is no marital property or marital debts to divide, as the parties previously have divided all of their personal property. Therefore, each is awarded the personal property he or she presently has in his or her possession. Each party shall be responsible for any debts in his or her own name.
6. ( ) yes ( ☒ ) no The wife's former name of {full legal name} \_\_\_\_\_ is restored.
  7. The Court reserves jurisdiction to enforce the marital settlement agreement.

ORDERED on July 22 2009.

CIRCUIT JUDGE

COPIES TO:

IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT,  
IN AND FOR MONROE COUNTY, FLORIDA

Case No.: 44-2009-DR-708-P

IN RE: The Marriage of

BERNADETTE R. NOE,

Petitioner/Wife,

Judge

vs.

THOMAS W. NOE,

Respondent/Husband.

**FAMILY LAW FINANCIAL AFFIDAVIT (SHORT FORM)**  
(Under \$50,000 Individual Gross Annual Income)

I, (full legal name) THOMAS W. NOE, being sworn, certify that  
the following information is true:

My Occupation: N/A Employed by N/A

Business Address: Incarcerated / Ohio Dept of Corrections

Pay rate: \$ N/A every week ( ) every other week ( ) twice a month ( ) monthly ( ) other:

☒ Check here if unemployed and explain on a separate sheet your efforts to find employment.  
incarcerated

**SECTION 1. PRESENT MONTHLY GROSS INCOME:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

1. Monthly gross salary or wages 1. \$ N/A
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. \_\_\_\_\_
3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ( ☐ Attach sheet itemizing such income and expenses.) 3. \_\_\_\_\_
4. Monthly disability benefits/SSI 4. \_\_\_\_\_
5. \_\_\_\_\_

5. Monthly Workers' Compensation 6. \_\_\_\_\_
6. Monthly Unemployment Compensation 7. \_\_\_\_\_
7. Monthly pension, retirement, or annuity payments 8. \_\_\_\_\_
8. Monthly Social Security benefits 9. Monthly alimony actually received 9. \_\_\_\_\_
- 9a. From this case: \$ \_\_\_\_\_
- 9b. From other case(s): \_\_\_\_\_ Add 9a and 9b 10. \_\_\_\_\_
10. Monthly interest and dividends
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (☐ Attach sheet itemizing such income and expense items.) 11. \_\_\_\_\_
12. Monthly income from royalties, trusts, or estates 12. \_\_\_\_\_
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses 13. \_\_\_\_\_
14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. \_\_\_\_\_
- Any other income of a recurring nature (list source) 15. \_\_\_\_\_
15. \_\_\_\_\_ 16. \_\_\_\_\_
16. \_\_\_\_\_

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16)

TOTAL:

17. \$ N/A

PRESENT MONTHLY DEDUCTIONS:

N/A

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
- a. Filing Status \_\_\_\_\_
- b. Number of dependents claimed \_\_\_\_\_
- 18 \$ \_\_\_\_\_
19. Monthly FICA or self-employment taxes 19. \_\_\_\_\_
20. Monthly Medicare payments 20. \_\_\_\_\_
21. Monthly mandatory union dues 21. \_\_\_\_\_
22. Monthly mandatory retirement payments 22. \_\_\_\_\_
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 23. \_\_\_\_\_
24. Monthly court-ordered child support actually paid for children from another relationship 24. \_\_\_\_\_
25. Monthly court-ordered alimony actually paid

Medical/dental \$ \_\_\_\_\_  
 Child(ren)'s medical/dental \$ \_\_\_\_\_  
 Life \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**E. OTHER EXPENSES NOT LISTED ABOVE**

Clothing \$ \_\_\_\_\_  
 Medical/Dental (uninsured) \$ \_\_\_\_\_  
 Grooming \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Gifts \$ \_\_\_\_\_  
 Church/Charities \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**F. PAYMENTS TO CREDITORS** MONTHLY  
 CREDITOR: PAYMENT

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**28. TOTAL MONTHLY EXPENSES** (add ALL monthly amounts in A through F above) \$ N/A

## SUMMARY

## 29. TOTAL PRESENT MONTHLY NET INCOME

(From line 27 of SECTION I. INCOME)

29. \$ - 0 -

## 30. TOTAL MONTHLY EXPENSES (From line 28 above)

30. \$ - 0 -

## 31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29.)

This is the amount of your surplus. Enter that amount here.)

31. \$ - 0 -

## 32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30.)

This is the amount of your deficit. Enter that amount here.)

32. (\$ - 0 -)

## SECTION III: ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage. See the instructions with this form and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

## A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). ✓ the box next to any asset(s) which you are requesting the Judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$		
<input type="checkbox"/> Cash (in banks or credit unions)			
<input type="checkbox"/> Stocks, Bonds, Notes			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input checked="" type="checkbox"/> Other: <b>SCHWAB + Huntington</b>	<b>4000.00</b>	✓	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). ✓ the box next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Personal Property of both Husband and wife was previously, equitably distributed by agreement of the parties			
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Assets (add column B)	\$ _____		

## B. LIABILITIES:

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). ✓ the box next to any debt(s) for which you believe you should be responsible.	Current Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate	\$600,000	X	X
<input type="checkbox"/> Auto loans	line of credit 135,000	X	X
<input type="checkbox"/> Charge/credit card accounts			
<input checked="" type="checkbox"/> Nat'l City Bank	190,000.00	X	
<input checked="" type="checkbox"/> Other Judgement obtained against Him from \$13,000,000.00			X
<input type="checkbox"/> State of Ohio U.S. Gov't			
<input checked="" type="checkbox"/> Court and Prosecutorial Costs	\$2,900,000	X	
<input checked="" type="checkbox"/> Money Owed to Attorneys Richardson & Walinski	\$250,000	X	
<input checked="" type="checkbox"/> Repayment to M.T.B.	\$150,000.00	X	X
<input checked="" type="checkbox"/> Repayment to R.L.	\$60,000.00	X	X
<input type="checkbox"/> ✓ here if additional pages are attached.			
Total Debts (add column B)	\$ _____		



### C. CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS: If you have any **POSSIBLE** assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE** liabilities (possible lawsuits, future unpaid taxes, debts assumed by another), you must list them here.

Contingent Assets	Possible Value	Nonmarital (✓ correct column)	
		husband	wife
✓ the box next to any contingent asset(s) which you are requesting the judge award to you.			
<input type="checkbox"/> See MSA Section III other	\$	X	X
<input type="checkbox"/>			
Total Contingent Assets	\$		

Contingent Liabilities	Possible Amount Owed	Nonmarital (✓ correct column)	
		husband	wife
✓ the box next to any contingent debt(s) for which you believe you should be responsible			
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
Total Contingent Liabilities	\$		

### SECTION IV: CHILD SUPPORT GUIDELINES WORKSHEET

(☐ Florida Family Law Form 12.901(g), Child Support Guidelines Worksheet. MUST be filed in all cases in which the parties have a minor child in common, INCLUDING modifications of child support.)

[✓ one only]

☐ A Child Support Guidelines Worksheet IS being filed in this case. The parties have one or more minor children in common or one of the parties is requesting a modification of a previous court order regarding child support.

X A Child Support Guidelines Worksheet IS NOT being filed in this case. There are no minor children common to the parties in this case or, if this case involves a modification of a previous court order, child support is not an issue.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 7/4/09Signature Thomas W. NoePrinted Name: THOMAS W. NOEAddress: 16759 JINAKA HOLLOW RD (CURRENTLY)City, State, Zip: NEILSONVILLE, OH 45764Telephone Number: (740) 753-1917

Fax Number: \_\_\_\_\_

STATE OF OHIO  
COUNTY OF HOCKING

Sworn to or affirmed and signed before me on 7-4-09 by Cary Coops

Cary Coops  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or  
clerk]

clerk]

☒  
☒

Personally known

Produced identification

Type of identification produced \_\_\_\_\_

My Comm. Expires: 12-10-10  
Notary Seal: 12-10-10

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE  
BLANKS BELOW: [do fill in all blanks]

1. [full legal name and trade name of nonlawyer] \_\_\_\_\_  
a nonlawyer, located at [street] \_\_\_\_\_, [city] \_\_\_\_\_  
[state] \_\_\_\_\_, [phone] \_\_\_\_\_, helped [name] \_\_\_\_\_  
who is the [ ☒ one only ] \_\_\_\_\_ petitioner or \_\_\_\_\_ respondent, fill out this form.



IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT,  
IN AND FOR MONROE COUNTY, FLORIDA

IN RE: The Marriage of

Case No.:

44-2009-DR-708-P

BERNADETTE R. NOE,  
Petitioner/Wife,

Judge

vs.

THOMAS W. NOE,  
Respondent/Husband.

FILED  
JUL 17 PM 1:48  
CLERK OF COURT

**FAMILY LAW FINANCIAL AFFIDAVIT**  
(\$50,000 or more Individual Gross Annual Income)

I, BERNADETTE R. NOE, being sworn, certify that the following information is true:

**SECTION I. INCOME**

1. Date of Birth: July 13, 1960

2. My occupation is: Attorney

3. I am currently

[☒ all that apply]

☐ a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: \_\_\_\_\_

☒ b. Employed by: Russell Cullen, P.A.

Address: 99228 Overseas Highway

City, State, Zip code: Key Largo, FL 33037

Telephone Number: 305-451-5737

Pay rate: \$ 1253 ( ☒ ) every week ( ☐ ) every other week ( ☐ ) twice a month

( ☐ ) monthly ( ☐ ) other: \_\_\_\_\_

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: \_\_\_\_\_

☐ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

☐ c. Retired. Date of retirement: \_\_\_\_\_

Employer from whom retired: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

LAST YEAR'S GROSS INCOME: Your Income  
YEAR 2008 \$ 67,000.00

Other Party's Income (if known)  
\$ -0-

**PRESENT MONTHLY GROSS INCOME:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- |  |               |
|--|---------------|
| 1. Monthly gross salary or wages   | 1. \$5015.00  |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments  | 2. _____      |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.)<br>( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. _____      |
| 4. Monthly disability benefits/SSI   | 4. _____      |
| 5. Monthly Workers' Compensation   | 5. _____      |
| 6. Monthly Unemployment Compensation   | 6. _____      |
| 7. Monthly pension, retirement, or annuity payments  | 7. _____      |
| 8. Monthly Social Security benefits  | 8. _____      |
| 9. Monthly alimony actually received   |               |
| 9a. From this case: \$ _____   |               |
| 9b. From other case(s): _____  | Add 9a and 9b |
| 10. Monthly interest and dividends   | 9. _____      |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expense items.)  | 10. _____     |
| 12. Monthly income from royalties, trusts, or estates  | 11. _____     |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses ( <input type="checkbox"/> Attach sheet itemizing each item and amount.)  | 12. _____     |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains)  | 13. _____     |
| Any other income of a recurring nature (identify source)   | 14. _____     |
| 15. _____  | 15. _____     |
| 16. _____  | 16. _____     |

**17. PRESENT MONTHLY GROSS INCOME (Add lines 1B16) TOTAL: 17. \$ 5015.00**

**PRESENT MONTHLY DEDUCTIONS:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
- a. Filing Status \_\_\_\_\_
- b. Number of dependents claimed 2
19. Monthly FICA or self-employment taxes 18. \$ \_\_\_\_\_
20. Monthly Medicare payments 19. 808.00
21. Monthly mandatory union dues 20. 72.72
22. Monthly mandatory retirement payments 21. \_\_\_\_\_
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 22. 310.96
24. Monthly court-ordered child support actually paid for children from another relationship 23. \_\_\_\_\_
25. Monthly court-ordered alimony actually paid 24. \_\_\_\_\_
- 25a. from this case: \$ \_\_\_\_\_
- 25b. from other case(s): \_\_\_\_\_ Add 25a and 25b 25. \_\_\_\_\_

26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL:** 26. \$ 1191.68

27. **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) 27. \$ 3823.32

**SECTION II. AVERAGE MONTHLY EXPENSES**

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

**HOUSEHOLD:**

1. Monthly mortgage or rent payments 1. \$2300.00
2. Monthly property taxes (if not included in mortgage) 2. 2100.00
3. Monthly insurance on residence (if not included in mortgage) 3. 1000.00
4. Monthly condominium maintenance fees and homeowner's association fees 4. \_\_\_\_\_
5. Monthly electricity 5. 600.00
6. Monthly water, garbage, and sewer 6. 70.00
7. Monthly telephone 7. 400.00
8. Monthly fuel oil or natural gas 8. \_\_\_\_\_
9. Monthly repairs and maintenance 9. 200.00
10. Monthly lawn care 10. \_\_\_\_\_
11. Monthly pool maintenance 11. 150.00
12. Monthly pest control 12. 35.00
13. Monthly misc. household 13. 100.00
14. Monthly food and home supplies 14. 300.00
15. Monthly meals outside home 15. 100.00
16. Monthly cable t.v. 16. 70.00

17. Monthly alarm service contract	17. _____
18. Monthly service contracts on appliances	18. _____
19. Monthly maid service	19. _____
Other:	
20. _____	20. <u>200.00</u>
21. _____	21. _____
22. _____	22. _____
23. _____	23. _____
24. _____	24. _____

25.	<b>SUBTOTAL</b> (add lines 1 through 24)	25. <u>\$ 7625.00</u>
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**AUTOMOBILE:**

26. Monthly gasoline and oil	26. <u>\$240.00</u>
27. Monthly repairs	27. <u>75.00</u>
28. Monthly auto tags and emission testing	28. <u>10.00</u>
29. Monthly insurance	29. <u>200.00</u>
30. Monthly payments (lease or financing)	30. _____
31. Monthly rental/replacements	31. _____
32. Monthly alternative transportation (bus, rail, car pool, etc.)	32. _____
33. Monthly tolls and parking	33. <u>50.00</u>
34. Other: _____	34. _____

35.	<b>SUBTOTAL</b> (add lines 26 through 34)	35. <u>\$575.00</u>
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**MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:**

36. Monthly nursery, babysitting, or day care	36. \$ _____
37. Monthly school tuition	37. _____
38. Monthly school supplies, books, and fees	38. _____
39. Monthly after school activities	39. _____
40. Monthly lunch money	40. _____
41. Monthly private lessons or tutoring	41. _____
42. Monthly allowances	42. _____
43. Monthly clothing and uniforms	43. _____
44. Monthly entertainment (movies, parties, etc.)	44. _____
45. Monthly health insurance	45. _____
46. Monthly medical, dental, prescriptions (nonreimbursed only)	46. _____
47. Monthly psychiatric/psychological/counselor	47. _____
48. Monthly orthodontic	48. _____
49. Monthly vitamins	49. _____
50. Monthly beauty parlor/barber shop	50. _____
51. Monthly nonprescription medication	51. _____
52. Monthly cosmetics, toiletries, and sundries	52. _____
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	53. _____
54. Monthly camp or summer activities	54. _____
55. Monthly clubs (Boy/Girl Scouts, etc.)	55. _____
56. Monthly access expenses (for nonresidential parent)	56. _____
57. Monthly miscellaneous	57. _____

58. **SUBTOTAL** (add lines 36 through 57) 58. \$ \_\_\_\_\_  
**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER**  
**RELATIONSHIP:** (other than court-ordered child support)

59. \_\_\_\_\_ 59. \$ \_\_\_\_\_  
60. \_\_\_\_\_ 60. \_\_\_\_\_  
61. \_\_\_\_\_ 61. \_\_\_\_\_  
62. \_\_\_\_\_ 62. \_\_\_\_\_

63. **SUBTOTAL** (add lines 59 through 62) 63. \$ \_\_\_\_\_

**MONTHLY INSURANCE:**

64. Health insurance, excluding portion paid for any minor child(ren) of this  
relationship 64. \$ \_\_\_\_\_  
65. Life insurance 65. \_\_\_\_\_  
66. Dental insurance 66. 25.00 \_\_\_\_\_  
Other:  
67. \_\_\_\_\_ 67. \_\_\_\_\_  
68. \_\_\_\_\_ 68. \_\_\_\_\_

69. **SUBTOTAL** (add lines 64 through 68) 69. \$25.00

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70. Monthly dry cleaning and laundry 70. \$ \_\_\_\_\_  
71. Monthly clothing 71. \_\_\_\_\_  
72. Monthly medical, dental, and prescription (unreimbursed only) 72. 50.00 \_\_\_\_\_  
73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. 100.00 \_\_\_\_\_  
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. 50.00 \_\_\_\_\_  
75. Monthly grooming 75. \_\_\_\_\_  
76. Monthly gifts 76. \_\_\_\_\_  
77. Monthly pet expenses 77. 50.00 \_\_\_\_\_  
78. Monthly club dues and membership 78. \_\_\_\_\_  
79. Monthly sports and hobbies 79. \_\_\_\_\_  
80. Monthly entertainment 80. \_\_\_\_\_  
81. Monthly periodicals/books/tapes/CDs 81. \_\_\_\_\_  
82. Monthly vacations 82. \_\_\_\_\_  
83. Monthly religious organizations 83. 50.00 \_\_\_\_\_  
84. Monthly bank charges/credit card fees 84. \_\_\_\_\_  
85. Monthly education expenses 85. \_\_\_\_\_  
Other: (include any usual and customary expenses not otherwise mentioned in  
the items listed above)  
86. \_\_\_\_\_ 86. \_\_\_\_\_  
87. \_\_\_\_\_ 87. \_\_\_\_\_  
88. \_\_\_\_\_ 88. \_\_\_\_\_  
89. \_\_\_\_\_ 89. \_\_\_\_\_

90. **SUBTOTAL** (add lines 70 through 89) 90. \$300.00

**MONTHLY PAYMENTS TO CREDITORS:** (only when payments are currently made by you on



outstanding balances)

NAME OF CREDITOR(s):

91.	_____	91.	\$ _____
92.	_____	92.	_____
93.	_____	93.	_____
94.	_____	94.	_____
95.	_____	95.	_____
96.	_____	96.	_____
97.	_____	97.	_____
98.	_____	98.	_____
99.	_____	99.	_____
100.	_____	100.	_____
101.	_____	101.	_____
102.	_____	102.	_____
103.	_____	103.	_____

104. **SUBTOTAL** (add lines 91 through 103) 104. \$ \_\_\_\_\_

105. **TOTAL MONTHLY EXPENSES:**  
(add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) 105. \$ \_\_\_\_\_

**SUMMARY**

106. **TOTAL PRESENT MONTHLY NET INCOME**  
(from line 27 of SECTION I. INCOME) 106. \$ 3823.32

107. **TOTAL MONTHLY EXPENSES** (from line 105 above) 107. \$ 8525.00

108. **SURPLUS** (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) 108. \$ \_\_\_\_\_

109. **(DEFICIT)** (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) 109. (\$ 4701.68)

**SECTION III. ASSETS AND LIABILITIES**

**A. ASSETS** (This is where you list what you OWN.)

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)



A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ (the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$1000.00		
<input type="checkbox"/> Cash (in banks or credit unions)	\$12,000.00		
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)	\$2,600,000.00		
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/> Honda Odyssey	\$8000.00		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) IRA			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. ✓ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home	\$50,000.00		
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles See MSA, I.C.			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry See MSA, I.C.			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/> Any notes made payable to Husband and/or Wife, upon repayment,	\$200,000.00		
<input type="checkbox"/> if repaid, shall be distributed equally to H& W			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Assets (add column B)</b>	<b>\$</b>		

## B. LIABILITIES/DEBTS (This is where you list what you OWE.)

### INSTRUCTIONS:

**STEP 1:** In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any debt(s) for which you believe you should be responsible.

**STEP 3:** In column B, write what you believe to be the current amount owed for all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

<b>A</b> <b>LIABILITIES: DESCRIPTION OF ITEM(S)</b> <b>DO NOT LIST ACCOUNT NUMBERS.</b> <input type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	<b>B</b> <b>Current</b> <b>Amount Owed</b>	<b>C</b> <b>Nonmarital</b> <b>(✓ correct column)</b>	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$600,000.00		
<input type="checkbox"/> Second mortgage on home	\$135,000.00		
<input type="checkbox"/> Other mortgages/Attorney Lien	\$1,865.000		
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts	\$10,000.00		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan/lease Honda Civic	\$20,000.00		
<input type="checkbox"/> Auto loan/lease Honda Accord	\$26,000.00		
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts (add column B)</b>	<b>\$</b>		

**C. NET WORTH (excluding contingent assets and liabilities)**

**Total Assets** (enter total of Column B in Asset Table; Section A) \$ \_\_\_\_\_

**Total Liabilities** (enter total of Column B in Liabilities Table; Section B) \$ \_\_\_\_\_

**TOTAL NET WORTH (Total Assets minus Total Liabilities)**  
(excluding contingent assets and liabilities)

\$ \_\_\_\_\_

**D. CONTINGENT ASSETS AND LIABILITIES**

**INSTRUCTIONS:**

If you have any **POSSIBLE** assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE** liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets  ✓ the box next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> Any notes made payable to Husband and/or Wife, upon repayment,	\$		
<input type="checkbox"/> if repaid, shall be distributed equally to Husband and Wife			
<input type="checkbox"/>			
<input type="checkbox"/> To the extent Husband's conviction in Ohio is overturned on appeal or otherwise, and he successfully recovers assets and other tangible items once seized from him and Wife, we agree to split the proceeds of such recovery equally			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	<b>\$</b>		

A Contingent Liabilities  ✓ the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (✓ correct column)	
		husband	wife
<input type="checkbox"/> If Wife pays TH attorney lien prior to a civil recovery, Husband shall reimburse wife for such payment from his share of the proceeds, if any.	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	<b>\$</b>		

**E. CHILD SUPPORT GUIDELINES WORKSHEET.** Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

[ ☒ one only ]

☐ A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.

☒ A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this financial affidavit was: ( ☒ ) mailed, ( ) faxed and mailed, or ( ) hand delivered to the person(s) listed below on {date} July 20, 2009.

Other party or his/her attorney:

Name: Thomas W. Noe

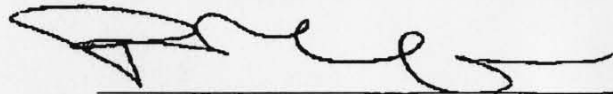
Address: Hocking Correction Ctr., PO Box 59

City, State, Zip: Nelsonville, OH 45764

Fax Number: \_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 7-16-09



Signature of Party

Printed Name: Bernadette R. Noe

Address: 139 Stinger Road

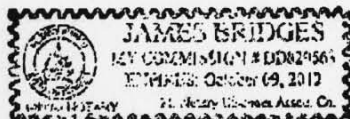
City, State, Zip: Tavernier, FL 33070

Telephone Number: 305-852-5936

Fax Number: 305-852-6492

STATE OF FLORIDA  
COUNTY OF MONROE

Sworn to or affirmed and signed before me on Bernadette Noe by 07-16-09.



NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

☐ Personally known

☐ Produced identification

☐ Type of identification produced \_\_\_\_\_



IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT,  
IN AND FOR MONROE COUNTY, FLORIDA

IN RE: The Marriage of

Case No.:

2009-DK-708-P

BERNADETTE R. NOE,

Petitioner/Wife,

Judge

vs.

THOMAS W. NOE,

Respondent/Husband.

FILE FOR RECORD  
2009 JUL 17 PM 1:48

**MARITAL SETTLEMENT AGREEMENT FOR SIMPLIFIED  
DISSOLUTION OF MARRIAGE**

We, *THOMAS W. NOE* and *BERNADETTE R. NOE*, being sworn, certify that the following statements are true:

1. We were married to each other on *December 31, 1993*.
2. Because of irreconcilable differences in our marriage (no chance of staying together), we have made this agreement to settle once and for all what we owe to each other and what we can expect to receive from each other. Each of us states that nothing has been held back, that we have honestly included everything we could think of in listing our assets (everything we own and that is owed to us) and our debts (everything we owe), and that we believe the other has been open and honest in writing this agreement.
3. We have both filed a Financial Affidavit, ☐ Florida Family Law Rules of Procedure Form 12.902(b) or (c). Because we have voluntarily made full and fair disclosure to each other of all our assets and debts, we waive any further disclosure under rule 12.285, Florida Family Law Rules of Procedure.
4. Each of us agrees to execute and exchange any papers that might be needed to complete this agreement, including deeds, title certificates, etc.

**SECTION I. MARITAL ASSETS AND LIABILITIES**

**A. Division of Assets.** We divide our assets (everything we own and that is owed to us) as follows: Any personal item(s) not listed below is the property of the party currently in possession of the item(s).

1. Wife shall receive as her own and Husband shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's.)	Current Fair Market Value
X Cash (on hand)	\$ 1,000.00
X Cash (in banks/credit unions)	\$ 12,000.00
<input type="checkbox"/>	
<input type="checkbox"/> Stocks/Bonds	

*THOMAS W. NOE*



ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as closely as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's.)	Current Fair Market Value
<input type="checkbox"/>	
<input type="checkbox"/> Notes (money owed to you in writing) <u>See below</u>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Real estate: (Home)	<u>\$2,100,000</u>
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input type="checkbox"/> Business interests	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Automobiles <u>Honda Odyssey</u>	<u>\$8,000.00</u>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) <u>SCHWAB</u>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Furniture & furnishings in home	<u>\$50,000.00</u>
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Collectibles <u>See I.C.</u>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Jewelry <u>See I.C.</u>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Life insurance (cash surrender value)	
<input type="checkbox"/>	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Other assets <u>Any notes made payable to Husband</u>	<u>\$200,000.00</u>
<input type="checkbox"/> <u>and/or wife, upon repayment, if repaid,</u>	
<input type="checkbox"/> <u>shall be distributed equally to H &amp; W.</u>	

ASSETS: DESCRIPTION OF ITEM(S) WIFE SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's,	Current Fair Market Value
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Total Assets to Wife</b>	<b>\$</b>

2. Husband shall receive as his own and Wife shall have no further rights or responsibilities regarding these assets:

ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.)	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	\$
<input type="checkbox"/> Cash (in banks/credit unions)	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Stocks/Bonds	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Notes (money owed to you in writing) <i>See below</i>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Money owed to you (not evidenced by a note)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Real estate (Home)	
<input type="checkbox"/> (Other)	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Business interests <b>RONTO PARTNERSHIP</b>	<b>\$50,000.00</b>
<input type="checkbox"/>	
<input type="checkbox"/> Automobiles	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Boats	
<input type="checkbox"/> Other vehicles	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) <b>Schwab</b>	<b>4,000.00</b>
<input type="checkbox"/> <b>Huntington</b>	
<input type="checkbox"/>	
<input type="checkbox"/> Furniture & furnishings in home	
<input type="checkbox"/>	

Florida Family Law Rules of Procedure Form 12.902(1)(3), Marital Settlement Agreement for Simplified Dissolution of Marriage (9/00)

*Handwritten signature*

ASSETS: DESCRIPTION OF ITEM(S) HUSBAND SHALL RECEIVE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any title/deed/account described below is wife's, husband's or both.)	Current Fair Market Value
<input type="checkbox"/> Furniture & furnishings elsewhere	
<input type="checkbox"/>	
X Collectibles <i>See I. C.</i>	
<input type="checkbox"/>	
X Jewelry <i>See I. C.</i>	
<input type="checkbox"/>	
X Life insurance (cash surrender value) <i>Savage + Associates (lien)</i>	<i>\$ 50,000.00</i>
<input type="checkbox"/>	
X Sporting and entertainment (T.V., stereo, etc.) equipment	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
X Other assets <i>Any notes made payable to Husband and/or wife, upon repayment, if repaid, shall be distributed equally to H+W.</i>	<i>\$ 200,000.00</i>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Total Assets to Husband</b>	<b>\$</b>

**B. Division of Liabilities/Debts.** We divide our liabilities (everything we owe) as follows:

1. Wife shall pay as her own the following and will not at any time ask Husband to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
X Mortgages on real estate: (Home)	\$	\$600,000.00
<input type="checkbox"/> (Other) equity line of credit		\$135,000.00
<input type="checkbox"/>		
X Charge/credit card accounts		<i>\$10,000.00</i>
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
X Auto loan/lease for 2009 Honda Accord	\$200	
X Auto loan/lease for 2009 Honda Civic	\$300	

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY WIFE (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note, or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		
<input type="checkbox"/>		
<input type="checkbox"/> Judgments		
<input type="checkbox"/>		
<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Mortgage /Atty Lien		\$1,865,000.00
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Total Debts to Be Paid by Wife</b>	\$	\$

2. Husband shall pay, as his own, the following and will not at any time ask Wife to pay these debts/bills:

LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
X -Mortgages on real estate owed to Thompson Hine, LLC	\$	\$
X (Other) Promissory Note		\$1,865,000.00
<input type="checkbox"/>		
<input type="checkbox"/> Charge/credit card accounts		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Auto loan		
<input type="checkbox"/> Bank/credit union loans		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money you owe (not evidenced by a note)		



LIABILITIES: DESCRIPTION OF DEBT(S) TO BE PAID BY HUSBAND (To avoid confusion at a later date, describe each item as clearly as possible. You do not need to list account numbers. Where applicable, include whether the name on any mortgage, note or account described below is wife's, husband's, or both.)	Monthly Payment	Current Amount Owed
<input type="checkbox"/>		
X Judgments obtained against him from the State of Ohio and the US Government		\$13,000,000.00 app
X Court and Prosecutorial Costs		\$2,900,000.00
X Other		
X Repayment to <del>Monterey</del> MTB		\$150,000.00
X Repayment to <del>Monterey</del> R.L.		\$60,000.00
X Money owed to attorney Jon Richardson		unk \$10,000.00
X Money owed to attorney Richard Walinski		unk \$15,000.00
<input type="checkbox"/>		
<input type="checkbox"/>		
Total Debts to Be Paid by Husband	\$	\$

C. Contingent Assets and Liabilities (listed in Section III of our Financial Affidavits) will be divided as follows: Personal Property of both Husband and

Wife was previously equitably distributed by  
agreement of the parties.

SECTION II. SPOUSAL SUPPORT (ALIMONY). Each of us forever gives up any right to spousal support (alimony) that we may have.

### SECTION III. OTHER

To the extent that Thomas W. Noe's conviction in the State of Ohio is overturned on appeal or otherwise, and he successfully recovers assets and other tangible items once seized from him and Bernadette Noe by the State of Ohio, we agree to split the proceeds of such recovery equally.

If wife pays TH lien prior to a civil recovery, Husband shall reimburse wife for such payment from his half of the proceeds, if

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated: 7/4/09

Signature of Husband

Printed Name: THOMAS W. NOE

Address: 16759 SNAKE HOLLOW RD. (CURRENTLY

City, State, Zip: NELSONVILLE, OH 45764

Telephone Number: (740) 753-1917

Fax Number: \_\_\_\_\_

STATE OF OHIO  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on

7-4-09 by Crys Cooper

Crys Cooper  
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

Notary Public, State of Ohio  
Commission Expires 12.1.10  
Commission Recorded In 1-22-08

- ☒ Personally known  
☒ Produced identification  
 Type of identification produced

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied with this agreement and intend to be bound by it.

Dated:

7-14-09

Signature of Wife

Printed Name:

Bernadette Noe

Address:

139 Shinger

City, State, Zip:

Lavernier, FL 33070

Telephone Number:

305-852-5936

Fax Number:

305-852-6492

STATE OF FLORIDA  
 COUNTY OF MONROE

Sworn to or affirmed and signed before me on

07-14-09 by Bernadette Noe



NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

- ☐ Personally known  
☐ Produced identification  
 Type of identification produced