

EXHIBIT 7

MCCOY INCOME AND EXPENSE DECLARATIONS

FAMILY LAW FORM FI-150 (“IED”)

Dated, signed, or filed on

10/5/2018

5/9/2019

7/2/2019

12/11/2019

8/25/2020

2/16/2021

11/10/2021

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Daniel Grunbaum 183895 Law Offices of Daniel Grunbaum 5464 Grossmont Center Dr., Suite 300 La Mesa, CA 91942 TELEPHONE NO.: (619) 469-9477 E-MAIL ADDRESS (Optional): dan@alpinelaw.net ATTORNEY FOR (Name): Chante McCoy	FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">F I L E D</div> OCT 18 2018 Clerk of the Superior Court By: A. Zaroso
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER/PLAINTIFF: Chante McCoy RESPONDENT/DEFENDANT: Peyton Robinson OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18FL011805 S

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).	a. Employer: Unemployed b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 52
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA
- d. Number of years of graduate school completed (specify): 3 Degree(s) obtained (specify): MA
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2017
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Peyton Robinson for 2017
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Historic income

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: October 5, 2018

Chante McCoy _____
 (TYPE OR PRINT NAME)

▶ **Electronic Signature**

 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: Chante McCoy RESPONDENT/DEFENDANT: Peyton Robinson OTHER PARENT/CLAIMANT:	CASE NUMBER: 18FL011805 S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0	0
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$	

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify) :	\$	

7. **Income from self-employment, after business expenses for all businesses**

I am the owner/sole proprietor business partner other (specify) :

Number of years in this business (specify) :

Name of business (specify) :

Type of business (specify) :

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) :

9. **Change in Income.** My financial situation has changed significantly over the last 12 months because (specify) :

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$Minimal
b. Stocks, bonds, and other assets I could easily sell	\$TBD
c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$TBD

PETITIONER/PLAINTIFF: Chante McCoy RESPONDENT/DEFENDANT: Peyton Robinson OTHER PARENT/CLAIMANT:	CASE NUMBER: 18FL00805
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage\$ 2,000

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes\$ _____

(3) Homeowner's or renter's insurance (if not included above)\$ _____

(4) Maintenance and repair\$ _____

b. Health-care costs not paid by insurance\$ 650

c. Child care\$ _____

d. Groceries and household supplies\$ 400

e. Eating out\$ 150

f. Utilities (gas, electric, water, trash)\$ 150

g. Telephone, cell phone, and e-mail\$ 100

h. Laundry and cleaning\$ 20

i. Clothes\$ 100

j. Education\$ _____

k. Entertainment, gifts, and vacation\$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 350

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 500

n. Savings and investments\$ _____

o. Charitable contributions\$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 0

q. Other (specify): Misc.....\$ 100

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 4,520

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

15. Attorney fees (This is required if either party is requesting attorney fees.): 10,000

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 5,000

b. The source of this money was (specify): A loan from my mother

c. I still owe the following fees and costs to my attorney (specify total owed): \$ New Client

d. My attorney's hourly rate is (specify): \$ 350

I confirm this fee arrangement.

Date: October 5, 2018

Daniel Grunbaum
(TYPE OR PRINT NAME OF ATTORNEY)


(SIGNATURE OF ATTORNEY)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Daniel Grunbaum 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 300 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY FILED San Diego Superior Court MAY 10 2019 Clerk of the Superior Court By: M. Whitney
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18FL011805S

VIA FAX

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Self-Employed b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): **52**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): **4** Degree(s) obtained (specify): **BA English**
- d. Number of years of graduate school completed (specify): **2** Degree(s) obtained (specify): **MA American Studies**
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): **2017**
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): **Peyton Robinson**
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): **2**

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): **Respondent's Income and Expense filed 12/4/18**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

Chante McCoy
 (TYPE OR PRINT NAME)

Electronic Signature

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 300 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy		FOR COURT USE ONLY CASE NUMBER: 18FL011805S
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division		
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Self-Employed
	b. Employer's address:
	c. Employer's phone number:
	d. Occupation:
	e. Date job started:
	f. If unemployed, date job ended:
	g. I work about _____ hours per week.
	h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): **52**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): **4** Degree(s) obtained (specify): **BA English**
- d. Number of years of graduate school completed (specify): **2** Degree(s) obtained (specify): **MA American Studies**
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. **Tax Information**

- a. I last filed taxes for tax year (specify year): **2017**
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): **Peyton Robinson**
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): **2**

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): **Respondent's Income and Expense filed 12/4/18**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: **5/9/2019**

Chante McCoy

(TYPE OR PRINT NAME)

DocuSigned by:

Chante McCoy

0DD003BFF498431

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

		11/2018-4/2019
5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ 1,000.00	783.33
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)		
a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

		10/2018-4/2019
7. Income from self-employment, after business expenses for all businesses	\$ 146.00	148.92

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify): 10
 Name of business (specify): Chante McCoy
 Type of business (specify): Writing and dog walking

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):
9. Change in income. My financial situation has changed significantly over the last 12 months because (specify):

		Last month
10. Deductions		
a. Required union dues	\$	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$	
d. Child support that I pay for children from other relationships	\$	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$	
f. Partner support that I pay by court order from a different domestic partnership	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$	

		Total
11. Assets		
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	0.00
b. Stocks, bonds, and other assets I could easily sell	\$	0.00
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe) *	\$	130,351.00

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 300 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy		FOR COURT USE ONLY FILED JUL 03 2019 Clerk of the Superior Court By: A. Zarzoso
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division		
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:		CASE NUMBER: 18FL011805S
INCOME AND EXPENSE DECLARATION		

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Lendio
	b. Employer's address: 4100 N. Chapel Ridge Road, Ste. 500, Lehi, UT 84046
	c. Employer's phone number: 855.853.6346
	d. Occupation: Content Manager
	e. Date job started: 5/20/19
	f. If unemployed, date job ended:
	g. I work about 40 hours per week.
h. I get paid \$ 4,583.00 gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 52
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2017
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Peyton Robinson
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 2

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ This estimate is based on (explain): Respondent's Income and Expense filed 12/4/18

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____ **Electronic Signature**

Chante McCoy _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 300 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18FL011805S

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer: Lendio
- b. Employer's address: 4100 N. Chapel Ridge Road, Ste. 500, Lehi, UT 84046
- c. Employer's phone number: 855.853.6346
- d. Occupation: Content Manager
- e. Date job started: 5/20/19
- f. If unemployed, date job ended:
- g. I work about 40 hours per week.
- h. I get paid \$ 4,583.00 gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 52
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2017
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Peyton Robinson
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 2

- 4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Respondent's Income and Expense filed 12/4/18

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 7/2/2019

Chante McCoy _____
 (TYPE OR PRINT NAME)

DocuSigned by:
 Chante McCoy
 00DD93BFEE498431

 (SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5/20/19-6/30/19

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
Started employment 5/20/19		
a. Salary or wages (gross, before taxes)	\$ 4,583.00	4,583.00
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ 1,000.00	783.00
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	11/2018-4/2019
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

10/2018-4/2019

7. **Income from self-employment, after business expenses for all businesses**

	\$ 146.00	149.00
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I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify): 10
 Name of business (specify): Chante McCoy
 Type of business (specify): Writing and dog walking

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

		Last month
a. Required union dues	\$	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$	237.68
d. Child support that I pay for children from other relationships	\$	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$	
f. Partner support that I pay by court order from a different domestic partnership	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$	

11. **Assets**

		Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	0.00
b. Stocks, bonds, and other assets I could easily sell	\$	0.00
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe) *	\$	130,351.00

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Karen Burns McCoy	73	Mother	unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Donald John Froese	70	Step-father	unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage \$ 2,000.00

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____

(4) Maintenance and repair \$ _____

b. Health-care costs not paid by insurance ... \$ 650.00

c. Child care \$ _____

d. Groceries and household supplies \$ 400.00

e. Eating out \$ 150.00

f. Utilities (gas, electric, water, trash) \$ 150.00

g. Telephone, cell phone, and e-mail \$ 100.00

h. Laundry and cleaning \$ 20.00

i. Clothes \$ 100.00

j. Education \$ 100.00

k. Entertainment, gifts, and vacation \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 350.00

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 500.00

n. Savings and investments \$ _____

o. Charitable contributions \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 0.00

q. Other (specify): misc \$ 100.00

r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$ 4,620.00

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 14,367.00

b. The source of this money was (specify): Loan from mother

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 11,653.75

d. My attorney's hourly rate is (specify): 350.00

I confirm this fee arrangement.

Date: 7/2/2019

Daniel Grunbaum

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 300 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18FL011805S

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Unemployed b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: 6/2019 g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): **53**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): **4** Degree(s) obtained (specify): **BA English**
- d. Number of years of graduate school completed (specify): **2** Degree(s) obtained (specify): **MA American Studies**
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): **2017**
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): **Peyton Robinson**
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): **2**

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): **Respondent's Income and Expense filed 12/4/18**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

Chante McCoy
 (TYPE OR PRINT NAME)

Electronic Signature

▶ _____
 (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 300 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy		FOR COURT USE ONLY CASE NUMBER: 18FL011805S
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division		
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Unemployed b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: 6/2019 g. I work about _____ hours per week. h. I got paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

a. My age is (specify): 53
 b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
 c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA English
 d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
 e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax Information

a. I last filed taxes for tax year (specify year): 2017
 b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Peyton Robinson
 c. I file state tax returns in California other (specify state):
 d. I claim the following number of exemptions (including myself) on my taxes (specify): 2

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 11,384
 This estimate is based on (explain): Respondent's Income and Expense filed 12/4/18

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 12/11/2019

Chante McCoy _____
 (TYPE OR PRINT NAME)

DocuSigned by:
 Chante McCoy
 5010931145031...
 (SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

I was only employed one month 5/20/19-6/30/19

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	4,583
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ 250	133
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

10/2018-4/2019

7. **Income from self-employment, after business expenses for all businesses**

	\$	146	149
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I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify): 10
 Name of business (specify): Chante McCoy
 Type of business (specify): Writing and dog walking

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change In income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 238
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 0
b. Stocks, bonds, and other assets I could easily sell	\$ 0
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe) *	\$ 130,351

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage\$ 2,000

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes\$ _____

(3) Homeowner's or renter's insurance (if not included above)\$ _____

(4) Maintenance and repair\$ _____

b. Health-care costs not paid by insurance\$ 650

c. Child care\$ _____

d. Groceries and household supplies\$ 400

e. Eating out\$ 150

f. Utilities (gas, electric, water, trash)\$ 150

g. Telephone, cell phone, and e-mail\$ 120

h. Laundry and cleaning\$ 20

i. Clothes\$ 100

j. Education\$ 100

k. Entertainment, gifts, and vacation\$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 350

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$ 500

n. Savings and investments\$ _____

o. Charitable contributions\$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____ 0

q. Other (specify): misc\$ 100

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ <u>4,640</u>
--	-----------------

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Karen Burns McCoy	Living Expenses/Atty fees	\$ *	\$ 20,000	Not Yet
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

***I will be repaying my mother as soon as I am able and upon dissolution settlement.**

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 24,000

b. The source of this money was (specify): Loans from mother


c. I still owe the following fees and costs to my attorney (specify total owed): \$ 23,973

d. My attorney's hourly rate is (specify): 350

I confirm this fee arrangement.

Date: 12-11-2019

Daniel Grunbaum
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum SBN 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 330 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY FILED Clerk of the Superior Court AUG 25 2020 By: T. Block, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	
CASE NUMBER: 18FL011805S	

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Pets in the City Magazine b. Employer's address: 470 E. Mill St., Bountiful, UT 84010 c. Employer's phone number: 801-702-1171 d. Occupation: Editor in Chief e. Date job started: 1/15/20 f. If unemployed, date job ended: 4/15/20 (no longer printing; coronavirus & loss of advertisers) g. I work about 20 hours per week. h. I get paid \$ 500 gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): 53
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA, English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): American Studies
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. **Tax information**

- a. I last filed taxes for tax year (specify year): 2019
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state): Utah
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Respondent's Income and Expense Declaration filed 12/4/18

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

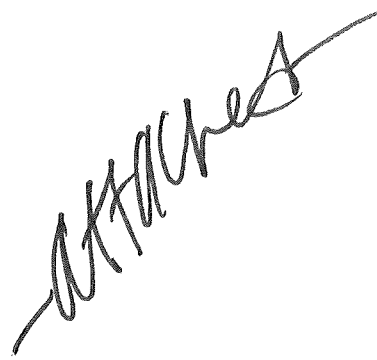
I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

Chante McCoy
 (TYPE OR PRINT NAME)

Electronic Signature

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum SBN 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 330 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY 
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Pets in the City Magazine b. Employer's address: 470 E. Mill St., Bountiful, UT 84010 c. Employer's phone number: 801-702-1171 d. Occupation: Editor in Chief e. Date job started: 1/15/20 f. If unemployed, date job ended: 4/15/20 (no longer printing; coronavirus & loss of advertisers) g. I work about 20 hours per week. h. I get paid \$ 500 gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 53
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA, English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): American Studies
- e. I have: professional/occupational license(s) (specify): vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2019
- b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state): Utah
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Respondent's Income and Expense Declaration filed 12/4/18

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 8/21/2020

Chante McCoy
 (TYPE OR PRINT NAME)

DocuSigned by:
 Chante McCoy
 0DD093BFF498431... (SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0	132
b. Overtime (gross, before taxes)	\$	_____
c. Commissions or bonuses	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	_____
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input checked="" type="checkbox"/> federally taxable*	\$ 1,500	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	_____
g. Pension/retirement fund payments	\$	_____
h. Social Security retirement (not SSI)	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	_____
j. Unemployment compensation	\$	_____
k. Workers' compensation	\$	_____
l. Other (military allowances, royalty payments) (specify):	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	_____
b. Rental property income	\$	_____
c. Trust income	\$	_____
d. Other (specify):	\$	_____

7. **Income from self-employment, after business expenses for all businesses**

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

The magazine I worked for went out of business due to the Corona Virus and COVID-19.

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input checked="" type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 1,054
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 130,351

Estimated money owed by husband

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Jeffrey Curtis DeParsia	61	Roommate	3,333	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: <ul style="list-style-type: none"> (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ 1,200 <li style="padding-left: 20px;">If mortgage: <li style="padding-left: 40px;">(a) average principal: \$ _____ <li style="padding-left: 40px;">(b) average interest: \$ _____ (2) Real property taxes\$ _____ (3) Homeowner's or renter's insurance (if not included above)\$ _____ (4) Maintenance and repair\$ _____ b. Health-care costs not paid by insurance\$ 400 c. Child care\$ _____ d. Groceries and household supplies\$ 400 e. Eating out\$ 150 f. Utilities (gas, electric, water, trash)\$ 150 g. Telephone, cell phone, and e-mail\$ 120	h. Laundry and cleaning\$ 20 i. Clothes\$ 100 j. Education\$ 100 k. Entertainment, gifts, and vacation\$ 100 l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 350 m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$ 50 n. Savings and investments\$ _____ o. Charitable contributions\$ 20 p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____ q. Other (specify): Misc.....\$ 100 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 3,260 </div> s. Amount of expenses paid by others \$ 1,800
---	--

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.): 30,000

a. To date, I have paid my attorney this amount for fees and costs (specify): 16,018

b. The source of this money was (specify): Loans from Mother, income when possible, and temporary spousal support


c. I still owe the following fees and costs to my attorney (specify total owed): 33,498

d. My attorney's hourly rate is (specify): 350

I confirm this fee arrangement.

Date:

Daniel Grunbaum
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum SBN 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 330 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY CASE NUMBER: 18FL011805S
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer: Pets in the City Magazine
- b. Employer's address: 470 E. Mill St., Bountiful, UT 84010
- c. Employer's phone number: 801-702-1171
- d. Occupation: Editor in Chief
- e. Date job started: 1/15/20
- f. If unemployed, date job ended: 4/15/20 (no longer printing; coronavirus & loss of advertisers)
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 54
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA, English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
- e. I have: professional/occupational license(s) (specify): vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2019
- b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state): Utah
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

- 4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Respondent's Income and Expense Declaration and paystubs filed on 10/15/2020

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

Chante McCoy
(TYPE OR PRINT NAME)

Electronic Signature
(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Daniel Grunbaum SBN 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 330 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY CASE NUMBER: 18FL011805S
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division	
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Pets in the City Magazine b. Employer's address: 470 E. Mill St., Bountiful, UT 84010 c. Employer's phone number: 801-702-1171 d. Occupation: Editor in Chief e. Date job started: 1/15/20 f. If unemployed, date job ended: 4/15/20 (no longer printing; coronavirus & loss of advertisers) g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 54
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA, English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
- e. I have: professional/occupational license(s) (specify): vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2019
- b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state): Utah
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

- 4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Respondent's Income and Expense Declaration and paystubs filed on 10/15/2020

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 2/16/2021

Chante McCoy
(TYPE OR PRINT NAME)

DocuSigned by:

Chante McCoy

0DD093BFF498431...

(SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0	0
b. Overtime (gross, before taxes)	\$	\$
c. Commissions or bonuses	\$	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	\$
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input checked="" type="checkbox"/> federally taxable*	\$ 1,500	\$
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	\$
g. Pension/retirement fund payments	\$	\$
h. Social Security retirement (not SSI)	\$	\$
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	\$
j. Unemployment compensation	\$	\$
k. Workers' compensation	\$	\$
l. Other (military allowances, royalty payments) (specify):	\$	\$

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): Stimulus 2020: \$1,200 and One Time Family Trust: \$500

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):
 The magazine I worked for went out of business due to the Corona Virus and COVID-19. Also loss in housing due to rent increase.

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input checked="" type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

		Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	1,800
b. Stocks, bonds, and other assets I could easily sell	\$	None
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$	649,000

Separate Retirement: \$81,000 and Community Proceeds and Retirement Accounts: \$568,730

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Jeffrey Curtis DeParsia	62	Roommate	Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal:\$</p> <p style="margin-left: 40px;">(b) average interest:\$</p> <p>(2) Real property taxes\$</p> <p>(3) Homeowner's or renter's insurance (if not included above)\$</p> <p>(4) Maintenance and repair\$ 120</p> <p>b. Health-care costs not paid by insurance\$ 300</p> <p>c. Child care\$</p> <p>d. Groceries and household supplies\$ 400</p> <p>e. Eating out\$ 100</p> <p>f. Utilities (gas, electric, water, trash)\$ 400</p> <p>g. Telephone, cell phone, and e-mail\$ 300</p>	<p>h. Laundry and cleaning\$ 60</p> <p>i. Clothes\$ 50</p> <p>j. Education\$ 0</p> <p>k. Entertainment, gifts, and vacation\$ 100</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 425</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$ 50</p> <p>n. Savings and investments\$</p> <p>o. Charitable contributions\$ 10</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 0</p> <p>q. Other (specify): Misc.\$ 100</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))\$ 2,415</p> </div> <p>s. Amount of expenses paid by others\$ 1,014</p>
--	--

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Daniel Grunbaum	Attorney Fees	\$ No Set Amount	\$ 44,401	2/3/2021
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 18,617

b. The source of this money was (specify): Loans from Mother, income when possible, and temporary spousal support

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 44,401

d. My attorney's hourly rate is (specify): 350

I confirm this fee arrangement.

Date:

Chante McCoy _____
 (TYPE OR PRINT NAME)

Electronic Signature

_____ (SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Jeffrey Curtis DeParsia	62	Roommate	Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage\$ _____

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes\$ _____

(3) Homeowner's or renter's insurance (if not included above)\$ _____

(4) Maintenance and repair\$ 120

b. Health-care costs not paid by insurance ...\$ 300

c. Child care\$ _____

d. Groceries and household supplies\$ 400

e. Eating out\$ 100

f. Utilities (gas, electric, water, trash)\$ 400

g. Telephone, cell phone, and e-mail\$ 300

h. Laundry and cleaning\$ 60

i. Clothes\$ 50

j. Education\$ 0

k. Entertainment, gifts, and vacation\$ 100

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 425

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 50

n. Savings and investments\$ _____

o. Charitable contributions\$ 10

p. Monthly payments listed in Item 14 (itemize below in 14 and insert total here) \$ 0

q. Other (specify): MISC.....\$ 100

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ 2,415
--	----------

s. Amount of expenses paid by others \$ 1,014

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Daniel Grunbaum	Attorney Fees	\$ No Set Amount	\$ 44,401	2/3/2021
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 18,617

b. The source of this money was (specify): Loans from Mother, income when possible, and temporary spousal support

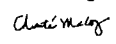
c. I still owe the following fees and costs to my attorney (specify total owed): \$ 44,401

d. My attorney's hourly rate is (specify): 350

I confirm this fee arrangement.

Date: 2/16/2021

Chante McCoy
 (TYPE OR PRINT NAME)

DocuSigned by:

 0DD093BFF498431...
 (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:
 NAME: Daniel Grunbaum SBN 183895
 FIRM NAME: Law Offices of Daniel Grunbaum
 STREET ADDRESS: 5464 Grossmont Center Dr., Suite 330
 CITY: La Mesa STATE: CA ZIP CODE: 91942
 TELEPHONE NO.: (619) 469-9477 FAX NO.:
 E-MAIL ADDRESS: dan@alpinelaw.net
 ATTORNEY FOR (name): Chante McCoy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego
 STREET ADDRESS: 500 Third Ave.
 MAILING ADDRESS: SAME AS ABOVE
 CITY AND ZIP CODE: Chula Vista, CA 91911
 BRANCH NAME: South County - Family Law Division

PETITIONER: Chante McCoy
 RESPONDENT: Peyton Robinson
 OTHER PARTY/PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION

FOR COURT USE ONLY

FILED
 CLERK OF THE SUPERIOR COURT
 NOV 12 2021
 By: D. Martinez, Deputy

CASE NUMBER:
 18FL011805S

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer: Pets in the City Magazine
- b. Employer's address: 470 E. Mill St., Bountiful, UT 84010
- c. Employer's phone number: 801-702-1171
- d. Occupation: Editor in Chief
- e. Date job started: 1/15/20
- f. If unemployed, date job ended: 4/15/20 (no longer printing; coronavirus & loss of advertisers)
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 55
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA, English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2019 (2020 Extension Filed)
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state): Wyoming
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

- 4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain): Respondent's Income and Expense Declaration and paystubs filed on 10/15/2020

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: 2

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

Chante McCoy

(TYPE OR PRINT NAME)

Electronic Signature

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Daniel Grunbaum SBN 183895 FIRM NAME: Law Offices of Daniel Grunbaum STREET ADDRESS: 5464 Grossmont Center Dr., Suite 330 CITY: La Mesa STATE: CA ZIP CODE: 91942 TELEPHONE NO.: (619) 469-9477 FAX NO.: E-MAIL ADDRESS: dan@alpinelaw.net ATTORNEY FOR (name): Chante McCoy	FOR COURT USE ONLY 		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 500 Third Ave. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: Chula Vista, CA 91911 BRANCH NAME: South County - Family Law Division			
PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:			
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 60%;">INCOME AND EXPENSE DECLARATION</td> <td style="width: 40%;">CASE NUMBER: 18FL011805S</td> </tr> </table>		INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18FL011805S
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 18FL011805S		

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: Pets in the City Magazine b. Employer's address: 470 E. Mill St., Bountiful, UT 84010 c. Employer's phone number: 801-702-1171 d. Occupation: Editor in Chief e. Date job started: 1/15/20 f. If unemployed, date job ended: 4/15/20 (no longer printing; coronavirus & loss of advertisers) g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
---	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 55
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify): BA, English
- d. Number of years of graduate school completed (specify): 2 Degree(s) obtained (specify): MA American Studies
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2019 (2020 Extension Filed)
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state): Wyoming
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 1

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain): Respondent's Income and Expense Declaration and paystubs filed on 10/15/2020

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: 2

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 11/10/2021

Chante McCoy
(TYPE OR PRINT NAME)

 DocuSigned by:

 0DD093BFF498431... (SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) _____	\$ 0	0
b. Overtime (gross, before taxes) _____	\$	
c. Commissions or bonuses _____	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving _____	\$	
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input checked="" type="checkbox"/> federally taxable* _____	\$ 0	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership _____	\$	
g. Pension/retirement fund payments _____	\$	
h. Social Security retirement (not SSI) _____	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance _____	\$	
j. Unemployment compensation _____	\$	
k. Workers' compensation _____	\$	
l. Other (military allowances, royalty payments) (specify): _____	\$	

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest _____	\$	
b. Rental property income _____	\$	
c. Trust income (inconsistent and pending litigation) _____	\$ 1000	310
d. Other (specify): _____	\$	

7. Income from self-employment, after business expenses for all businesses _____ \$

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): Family Trust: \$3,415.00; Camping Rentals/AirBnB \$1,600.00 and Book Sales \$83.00

9. Change in income. My financial situation has changed significantly over the last 12 months because (specify): I am no longer receiving spousal support of \$1,500 per month, as it terminated effective June 3, 2021.

10. Deductions

	Last month
a. Required union dues _____	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA) _____	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) <u>Gap Insurance</u> _____	\$ 179
d. Child support that I pay for children from other relationships _____	\$
e. Spousal support that I pay by court order from a different marriage <input checked="" type="checkbox"/> federally tax deductible* _____	\$
f. Partner support that I pay by court order from a different domestic partnership _____	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") _____	\$

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts _____	\$ 432
b. Stocks, bonds, and other assets I could easily sell _____	\$None
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe) _____	\$

Pursuant to the judgment entered on August 4, 2021.

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Jeff DeParsia	62	Room Mate	Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ If mortgage: (a) average principal: \$ (b) average interest: \$ (2) Real property taxes\$ (3) Homeowner's or renter's insurance (if not included above)\$ (4) Maintenance and repair\$ 80	h. Laundry and cleaning\$ 20 i. Clothes\$ 20 j. Education\$ 0 k. Entertainment, gifts, and vacation\$ 40 l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 425 m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$ 250 n. Savings and investments\$ o. Charitable contributions\$ 0 p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 0 q. Other (specify): Misc.....\$ 50
---	--

b. Health-care costs not paid by insurance\$ 50

c. Child care\$

d. Groceries and household supplies\$ 250

e. Eating out\$ 60

f. Utilities (gas, electric, water, trash)\$ 250

g. Telephone, cell phone, and e-mail\$ 200

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 1695

s. Amount of expenses paid by others \$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Daniel Grunbaum	Attorney Fees	\$ No Set	\$ 62985	11/7/2021
		\$ Amount	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 26017 (as of 11/7/2021)

b. The source of this money was (specify): Loans from Mother, income when possible, and temporary spousal support

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 62985

d. My attorney's hourly rate is (specify): 350 (as of 11/7/2021)

I confirm this fee arrangement.

Date:

Chante McCoy
 (TYPE OR PRINT NAME)

Electronic Signature

(SIGNATURE OF DECLARANT)

PETITIONER: Chante McCoy RESPONDENT: Peyton Robinson OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 18FL011805S
---	-----------------------------

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Jeff DeParsia	62	Room Mate	Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage\$

If mortgage:

(a) average principal: \$

(b) average interest: \$

(2) Real property taxes\$

(3) Homeowner's or renter's insurance (if not included above)\$

(4) Maintenance and repair\$ 80

b. Health-care costs not paid by insurance\$ 50

c. Child care\$

d. Groceries and household supplies\$ 250

e. Eating out\$ 60

f. Utilities (gas, electric, water, trash)\$ 250

g. Telephone, cell phone, and e-mail\$ 200

h. Laundry and cleaning\$ 20

i. Clothes\$ 20

j. Education\$ 0

k. Entertainment, gifts, and vacation\$ 40

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 425

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$ 250

n. Savings and investments\$

o. Charitable contributions\$ 0

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 0

q. Other (specify): Misc.....\$ 50

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))\$ 1695

s. Amount of expenses paid by others\$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Daniel Grunbaum	Attorney Fees	\$ No Set	\$ 62985	11/7/2021
		\$ Amount	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 26017 (as of 11/7/2021)

b. The source of this money was (specify): Loans from Mother, income when possible, and temporary spousal support

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 62985

d. My attorney's hourly rate is (specify): 350 (as of 11/7/2021)

I confirm this fee arrangement.

Date: 11/10/2021

Chante McCoy
(TYPE OR PRINT NAME)

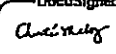
DocuSigned by:

000093BFF408431...
(SIGNATURE OF DECLARANT)

EXHIBIT 8

File No.: 8708-3633384 (SU)

WARRANTY DEED

David Don Andreason and Linda Kae Andreason, as Trustees of the David Don and Linda Kae Andreason Amended and Restated Family Living Trust dated March 19, 2004, grantor(s) of Morgan County, State of UT, for and in consideration of Ten Dollars and Other Good and Valuable Consideration, in hand paid, receipt whereof is hereby acknowledged, Convey and Warrant To

Chante T. McCoy, grantee(s),

whose address is: PO Box 2483 Evanston WY 82931, of Uinta County and State of WY, the following described real estate, situate in Uinta County and State of Wyoming, to wit:

Tract 97 as shown on the Record of Survey of High Point Ranch Phase III, being located in Uinta County, Wyoming, according to the plat recorded April 11, 2007 as Instrument No. R136329 in the office of the Uinta County Clerk and being more particularly described as follows:

A tract of land located in the N1/2 NE1/4 of Section 9 and the S1/2 SE1/4 of Section 4, Township 14 North, Range 118 West, 6th P.M., Uinta County, Wyoming, as said tract is laid out on that Record of Survey Map titled "High Point Ranch Phase III" and record as Entry No. R136329 in the Office of the Uinta County Clerk, said tract being more particularly described as follows:

Commencing at the Northeast corner of said Section 9 running thence S 88°25'40" W, 2670.08 feet along the North line thereof to the North one-quarter corner of said Section 9; thence S 44°25'59" E, 397.61 feet to the POINT OF BEGINNING; thence N 69°44'36" E, 1301.64 feet; thence S 69°57'43" E, 742.00 feet; thence S 39°02'49" E, 816.85 feet; thence S 40°42'07" W, 476.38 feet; thence N 70°28'37" W, 2177.16 feet; thence N 44°25'59" W, 100.19 feet to the POINT OF BEGINNING.

Subject to all covenants, restrictions, reservations, easements, conditions and rights appearing of record.

Hereby releasing and waiving all rights under and by virtue of the homestead exemption laws of the State of Wyoming.

Witness my/our hand(s) this 17th day of December, 2020.

David Don and Linda Kae Andreason Trust



David Don Andreason, Trustee



Linda Kae Andreason, Trustee

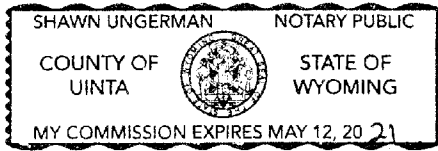
Doc: 1097501 Book: 2008 Page 358-359
Filed At 16:38 ON 12/17/20 Fees: 15.00
Amanda Hutchinson Uinta County Clerk By JS




State of **Wyoming**

County of **Uinta**

This instrument was acknowledged before me on this 17th day of December, 2020, by **David Don
Andreason, Trustee, Linda Kae Andreason, Trustee.**





Notary Public

My commission expires: **5/12/21**



WINTA COUNTY WYOMING

[Return To Search Screen](#)

Recorder Information											
Reception #:	1097501				Instrument:	(D-W) - WARRANTY DEED					
Grantor(s):	AMENDED & RESTATED FAMILY TRUST DATED 3/19/2004 ANDERSON, DAVID DON(TRUSTEE) ANDERSON, LINDA KAE(TRUSTEE) DAVID DON & LINDA KAE ANDEASON				Grantee(s):	MCCOY, CHANTE T					
Date of Instrument:	12/17/2020				Date/Time of Filing:	12/17/2020 04:38 PM					
Book:	2008				Page(s):	358 - 359					
Consideration:	10.00				Date Sent:	12/21/2020					
Received From:	FIRST AMERICAN TITLE INS COMP				How:						
Sent To:	SIMPLIFILE				How:						
Address:											
City, St. Zip	,										
Recording Fee:	15.00	Filing Fees:	0.00	Misc. Fees:	0.00	View Documents					
Legal/Comment:											
Tnshp	Rng	Sec	QQrt	Qrt	Lt	HmS	Prtl	Subdivision	Blk	Lot	Unit
14	118	4	1005	1002			P				
14	118	9	1004	1000			P				