

IN THE SUPREME COURT OF THE STATE OF DELAWARE

DEUTSCHE BANK NATIONAL §
TRUST COMPANY, AS §
TRUSTEE FOR MORGAN §
STANLEY ABS CAPITAL I §
INC. TRUST 2005-HE2 §
§
Plaintiff-Below §
Appellant §
v. §
§
NANCY GOLDFEDER c/o §
EMIL MIKHAIL, Guardian §
§
Defendant-Below §
Appellee §

No. 506, 2012

APPELLANT'S REPLY MEMORANDUM

Appeal from the Superior Court for New Castle County
(Honorable Mary M. Johnston, Judge)
Remanded for additional information and hearing held by
Honorable Charles E. Butler

Lisa R. Hatfield, Esq.
Bar ID # 4967
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Attorney for Deutsche Bank National Trust Company, as
trustee for Morgan Stanley ABS Capital I Inc. Trust
2005-HE2, Appellant

Filed January 7, 2014

RULE 69(G) REQUIRES ADEQUATE NOTICE, NOT ACTUAL

Attorney for the Appellee, in the answering memorandum, states that it is Appellee's position that actual notice of the sheriff sale should control in this situation. However, Appellee provides no supporting law for her position. This is because Rule 69(g) does not require actual notice. It simply requires a mailing of the notice to the last known, or reasonably attainable address and posting the same notice on the property. In the instant matter, both Judge Johnston and Judge Butler in separate and distinct hearings have determined that the Appellee was given adequate notice of the sale under Rule 69(g). As such, the legal requirements were met and notice was properly given.

THE DELAY IN SEEKING RELIEF CANNOT, ON THIS RECORD, BE FOUND TO BE DUE TO THE ALLEGED INCOMPETENCE OF THE APPELLEE

One of the primary reasons this matter was remanded to the Superior Court was because the Supreme Court lacked sufficient factual findings regarding the competency of the Appellee Nancy Goldfeder to make a decision. In fact, the lower Court never heard any testimony on this matter, until medical testimony was heard on September 13, 2013 after this matter was sent back on remand. However, by the Court's own admission the medical evidence collected at that hearing was done so without any regard to the rules of evidence. As such, this information

should not be considered, and a ruling that the Appellee is incompetent in a legal sense cannot be supported.

Attached hereto as Exhibit A to the Appellant's Reply Memorandum are six (6) pieces of "medical evidence" which were admitted over objection during the September 13, 2013 hearing. Appellee focuses on a document reported to be from the Social Security Administration's Office of Disability Adjudication and Review, which again was provided by Dr. Mikhail absent any authenticating testimony, and Appellee relies upon this to prove incompetence. However, this board only determines an individual's ability to be gainfully employed; they do not review an individual to determine their ability to comprehend court proceedings or documents. Despite Appellee's employment in 2006 (See Appellee's proof of employment provided to Appellant to secure the loan attached as Exhibit B), the Board found Appellee had a medical condition that is anticipated to last one year or more, which left her unable to work. Even if the Court were to accept the statements found within this document as true, the document was produced for the limited purpose of determining if the Appellee had the ability to work *during the time in question (2004-2008)*, and cannot be construed to extend to any other purpose.

Much like the Social Security Document discussed, each of the remaining five (5) documents attached hereto and admitted by

the Superior Court on remand are hearsay; authored by individuals not appearing in court and being offered to prove the truth of the matter asserted therein. Despite Appellant's repeated objections, Judge Butler relied upon these documents in issuing his Opinion to this Honorable Court. First there is a document from Johns Hopkins which provides no information as to what test was performed, how the result was obtained or any signature by any medical professional. Next, there is June 2012 a letter from Dr. Pereira-Ogan, clearly prepared solely for this litigation, which specifically addresses her ability to understand legal proceedings at a time seven (7) months after the actual sale. There is also a 2008 letter from Christiana Care which fails to indicate why or for whom it was prepared, only stating that she is unable to work and apparently prepared to address that narrow issue. Finally, there are two (2) hospital discharge summaries from 2006 and 2011 consisting of computer print-out diagnoses without further explanation of future or present effect.

These six (6) hearsay documents and the testimony of Dr. Mikhail, a general practitioner who is not a neurologist, not an HIV specialist and could not produce any of his own medical documentation, is the only information before this Court on the issue of whether or not Ms. Goldfeder is competent. As this information lacks any indicia of reliability, and said

documentation was clearly inadmissible, it should not be considered by this Court. Furthermore, as none of this information was presented or available to the Court below in making its July 2012 decision, which decision was founded on alleged incompetency that had never been adjudicated, it cannot properly provide a foundation upon which to set aside a sale, and the lower Court's decision should be reversed.

THE DELAY WAS NOT EXCUSABLE IN LIGHT OF THE FACT THAT A MEDICAL PROFESSIONAL WAS HELPING HER AS THE MEDICAL PROFESSIONAL WAS EXTRINSICALLY INTERTWINED WITH THE APPELLEE

While Dr. Mikhail may have lacked a "legally cognizable relationship to Ms. Goldfeder or the property" in that a Court could not have forced him to act on her behalf, he certainly did not lack in both a professional and personal relationship with Ms. Goldfeder and her property, and as such Dr. Mikhail had duty to act without unreasonable delay. Appellant asserts that if Dr. Mikhail, or another party, had stepped forward as guardian in July of 2012, having recently learned of the sale, there might not be a finding of unreasonable delay. But that is a far different scenario than the one before this court.

Dr. Mikhail has been intrinsically involved with Ms. Goldfeder and this property since at least 2006. Dr. Mikhail testified that he paid the mortgage on this property and handwrote checks to "Countrywide Home Loans, Inc." Dr. Mikhail testified that he took in Ms. Goldfeder to live in his home from

February 2007 through June of 2011, and that she is again living with him now. Dr. Mikhail testified that he stores his own personal property in Ms. Goldfeder's house, has a key and stops by to check on it from time to time. And Dr. Mikhail testified that he accompanied Ms. Goldfeder to the Department of Justice to file a complaint upon learning of the sale in January 2012. Under this set of circumstances, it would be an absurd result to say that this gentleman could then sit on this knowledge and wait six (6) additional months before taking any action with the court. Once he choose to step forward and take action here, Dr. Mikhail had a duty to do so without unreasonable delay.

APPELLANT HAS SUFFERED A TREMENDOUS PREJUDICE AND SHOULD NOT BE FURTHER PENALIZED FOR TAKING STEPS TO MITGATE ITS LOSSES

In response to this section, Appellee's attorney turns to argument regarding the validity of the assignment to the Appellant in this matter. Appellee attempted to do this in the Superior Court as well and was specifically told that the issue was not properly before the Court and the Court would not hear any argument in that regard. As such, this issue remains not properly before the lower Court nor this Honorable Court and this section of Appellee's argument should be disregarded.

Respectfully Submitted,

/s/ Lisa R. Hatfield

Lisa R. Hatfield, Esq., Bar ID 4967
100 Commerce Drive, Suite 100
Newark, Delaware 19713
302-444-4602

EXHIBIT A

Neurologic Complications of HIV: Dementia Scale

Patient: NANCY GOLDFEDER Page 1 of 2
 Address: 1610 N UNION ST
 WILMINGTON, DE 19806
 Birth Date: 09/26/1955
 Date: 10/08/2004

HIV DEMENTIA SCALE

Johns Hopkins University Neurology Program

Justin C. McArthur, M.B.B.S.

Score	Max	
		MEMORY - REGISTRATION Give four words to recall (dog, hat, green, peach) - 1 second to say each. Then ask the patient all 4 after you have said them.
(1)	4	ATTENTION Anti-saccadic eye movements: 20 (twenty) trials. Record errors. _____ errors of 20 trials. ≤3 errors= 4; 4 errors= 3; 5 errors= 2; 6 errors= 1; >6 errors= 0
(1)	6	PSYCHOMOTOR SPEED Ask patient to write the alphabet in upper case letters horizontally across and record time in seconds. ≤21 sec = 6; 21.1 - 24 sec= 5; 24.1 - 27 sec= 4; 27.1 - 30 sec= 3; 30.1 - 33 sec= 2; 33.1 - 36 sec= 1; >36 sec= 0
(2)	4	MEMORY - RECALL Ask for 4 words from Registration above. Give 1 point for each correct. For words not recalled, prompt with a cue (see instructions).
(0)	2	CONSTRUCTIONAL Copy 3D cube below - record time in seconds. ≤25 SEC = 2; 25 - 35 SEC= 1; >35 sec = 0

© C. Power/Selnes, 1994

HIV Dementia Scale Instructions

Memory-Registration: Give the patient the four words (dog, hat, green, peach), and ask for immediate recall. Repeat words if patient does not recall them all immediately. Tell patient you will ask for recall of the words again a bit later.

Attention: Hold both hands up at patient's shoulder width and eye height, and ask patient to look at your nose. Move the index finger of one hand, and instruct patient to look at the finger that moves, then look back to your nose. Practice until patient is familiar with task. Then, instruct patient to look at the finger which is NOT moving. Practice until patient understands task. Perform 20 trials. An error is recorded when the patient looks towards the finger that is moving.

Psychomotor speed: Instruct the patient to write the letters of the alphabet (uppercase) with a ball-point pen as quickly as possible. Measure time in seconds using a stop-watch. As a pre-test, ask patient to say the letters of the alphabet out loud. If unable to do so, ask patient to count from 1 to 26 aloud. If the patient is able to count correctly, ask patient to write the numbers from 1 to 26 and time. Convert the score in seconds to a numerical value.

Neurologic Complications of HIV: Dementia Scale

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Memory Recall: After 5 minutes, ask patient to recall the four words. Give 1 point for each word spontaneously recalled. For words not recalled, prompt with a semantic cue as follows: animal (dog); piece of clothing (hat); color (green); fruit (peach). Give 0.5 points for each correct after prompting.

Construction: Ask the patient to copy a 3-D cube as precisely and quickly as possible. Time in seconds using a stop-watch. Convert the raw score to a numerical score.

Max score: 16 Score of ≤ 10 suggestive of HIV Dementia

Information about patient referral to the Johns Hopkins HIV Neurology Program:
(410) 955-3730; TRIALS: (410) 955-1852
24-hour Physician access: 1-800-765-5447

SEP-18-2013 14:08 From: 302-652-1116

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A #2

for To: 169-48-4844

Office of Disability Adjudication and Review
SSA ODAR Hearing Ofc
2nd Floor
500 W Lockerman St
Dover, DE 19904

Date: November 26, 2008

Nancy Goldfeder
205 East Ayre Street
Wilmington, DE 19804

NOTICE OF DECISION - FULLY FAVORABLE

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How to File an Appeal

To file an appeal you or your representative must request that the Appeals Council review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

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**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

DECISION

IN THE CASE OF

Nancy Goldfeder
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability and Disability Insurance
Benefits

169-48-4844

(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on a request for hearing dated November 27, 2007 (20 CFR 404.929 *et. seq.*). The evidence of record supports a fully favorable decision; therefore no hearing has been held (20 CFR 404.948(a)). The claimant is represented by Angela Pinto Ross, an attorney.

By letter dated November 5, 2008, the claimant, through her representative, amended the alleged onset date of disability to March 31, 2004.

ISSUES

The issue is whether the claimant is disabled under sections 216(i) and 223(d) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

There is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through March 31, 2004. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, the undersigned finds that the claimant has been disabled from March 31, 2004 through the date of this decision. The undersigned also finds that the insured status requirements of the Social Security Act were met as of the date disability is established.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is

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disabled (20 CFR 404.1520(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, she is not disabled regardless of how severe her physical or mental impairments are and regardless of her age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments meets or medically equals the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, and 404.1526). If the claimant's impairment or combination of impairments meets or medically equals the criteria of a listing and meets the duration requirement (20 CFR 404.1509), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e)). An individual's residual functional capacity is her ability to do physical and mental work activities on a sustained basis despite limitations from her impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e) and 404.1545; SSR 96-8p).

Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of her past relevant work (20 CFR 404.1520(f)). If the claimant has the residual functional capacity to do her past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g)), the undersigned must determine whether the claimant is able to do any other work considering her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, she is not disabled. If the claimant is not able to do other work and meets the duration requirement, she is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the

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Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g) and 404.1560(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

1. The claimant's date last insured is March 31, 2004.
2. The claimant has not engaged in substantial gainful activity since March 31, 2004, the amended alleged onset date (20 CFR 404.1520(b) and 404.1571 *et seq.*).

The Regulations at 20 CFR 404.1572 define substantial gainful activity as work that involves doing significant physical and mental activities. Work can be considered substantial when it is done on a part-time basis or if less money is earned or work responsibilities are lessened from previous employment. Gainful work is any kind of work usually done for pay or profit, whether a profit is realized or not.

The claimant earned wages below the SGA threshold in 2006. The undersigned concludes that the claimant has not engaged in substantial gainful activity since the alleged onset date.

3. The claimant has the following severe impairment(s): depression, human immunodeficiency virus (HIV) infection (20 CFR 404.1520(c)).

The above impairments cause significant limitation in the claimant's ability to perform basic work activities.

4. The severity of the claimant's impairment meets the criteria of section 14.08N of 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d)).

In making this finding, the undersigned considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and SSRs 96-4p and 96-7p. The undersigned has also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and SSRs 96-2p, 96-6p and 06-3p.

The claimant's longitudinal medical history supports a finding that the claimant's HIV meets the 14.08N listing.

14.08 Human immunodeficiency virus (HIV) infection. With documentation as described in 14.00D3 and one of the following: A. Bacterial infections: 1. Mycobacterial infection (e.g., caused by *M. avium-intracellulare*, *M. kansasii*, or *M. tuberculosis*) at a site other than the lungs, skin, or cervical or hilar lymph nodes; or pulmonary tuberculosis resistant to treatment; or 2. Nocardiosis; or 3. *Salmonella* bacteremia, recurrent non-typhoid; or 4. Syphilis or

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neurosyphilis—evaluate sequelae under the criteria for the affected body system (e.g., 2.00 Special Senses and Speech, 4.00 Cardiovascular System, 11.00 Neurological); or 5. Multiple or recurrent bacterial infection(s), including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment 3 or more times in 1 year. or B. Fungal infections: 1. Aspergillosis; or 2. Candidiasis, at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or candidiasis involving the esophagus, trachea, bronchi, or lungs; or 3. Coccidioidomycosis, at a site other than the lungs or lymph nodes; or 4. Cryptococcosis, at a site other than the lungs (e.g., cryptococcal meningitis); or 5. Histoplasmosis, at a site other than the lungs or lymph nodes; or 6. Mucomycosis. or C. Protozoan or helminthic infections: 1. Cryptosporidiosis, isosporiasis, or microsporidiosis, with diarrhea lasting for 1 month or longer; or 2. *Pneumocystis carinii* pneumonia or extrapulmonary *pneumocystis carinii* infection; or 3. Strongyloidiasis, extra-intestinal; or 4. Toxoplasmosis of an organ other than the liver, spleen, or lymph nodes. or D. Viral infections: 1. Cytomegalovirus disease (documented as described in 14.00D4b) at a site other than the liver, spleen, or lymph nodes; or 2. Herpes simplex virus causing: a. Mucocutaneous infection (e.g., oral, genital, perianal) lasting for 1 month or longer, or b. Infection at a site other than the skin or mucous membranes (e.g., bronchitis, pneumonitis, esophagitis, or encephalitis); or c. Disseminated infection; or 3. Herpes zoster, either disseminated or with multidermatomal eruptions that are resistant to treatment; or 4. Progressive multifocal leukoencephalopathy; or 5. Hepatitis, as described under the criteria in 5.05. or E. Malignant neoplasms: 1. Carcinoma of the cervix, invasive, FIGO stage II and beyond; or 2. Kaposi's sarcoma with: a. Extensive oral lesions; or b. Involvement of the gastrointestinal tract, lungs, or other visceral organs; or c. Involvement of the skin or mucous membranes, as described under the criteria in 14.08F; or 3. Lymphoma (e.g., primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkin's lymphoma, Hodgkin's disease); or 4. Squamous cell carcinoma of the anus. or F. Conditions of the skin or mucous membranes (other than described in B2, D2, or D3, above) with extensive fungating or ulcerating lesions not responding to treatment (e.g., dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, genital ulcerative disease), or evaluate under the criteria in 8.00ff. or G. Hematologic abnormalities: 1. Anemia, as described under the criteria in 7.02; or 2. Granulocytopenia, as described under the criteria in 7.15; or 3. Thrombocytopenia, as described under the criteria in 7.06. or H. Neurological abnormalities: 1. HIV encephalopathy, characterized by cognitive or motor dysfunction that limits function and progresses; or 2. Other neurological manifestations of HIV infection (e.g., peripheral neuropathy) as described under the criteria in 11.00ff. or I. HIV wasting syndrome, characterized by involuntary weight loss of 10 percent or more of baseline (or other significant involuntary weight loss, as described in 14.00D2) and, in the absence of a concurrent illness that could explain the findings, either: 1. Chronic diarrhea with two or more loose stools daily lasting for 1 month or longer; or 2. Chronic weakness and documented fever greater than 38 °C (100.4 °F) for the majority of 1 month or longer. or J. Diarrhea, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding. or K. Cardiomyopathy, as described under the criteria in 4.00ff or 11.04. or L. Nephropathy, as described under the criteria in 6.00ff. or M. One or more of the following infections (other than described in A-L, above), resistant to treatment or requiring hospitalization or intravenous treatment 3 or more times in 1 year (or evaluate sequelae under the criteria for the affected body system). 1. Sepsis; or 2.

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Meningitis; or 3. Pneumonia; or 4. Septic arthritis; or 5. Endocarditis; or 6. Sinusitis documented by appropriate medically acceptable imaging, or

N. Repeated (as defined in 14.00D8) manifestations of HIV infection (including those listed in 14.08A-M, but without the requisite findings, e.g., carcinoma of the cervix not meeting the criteria in 14.08E, diarrhea not meeting the criteria in 14.08J, or other manifestations, e.g., oral hairy leukoplakia, myositis) resulting in significant, documented symptoms or signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats) and one of the following at the marked level (as defined in 14.00D8): 1. Restriction of activities of daily living; or 2. Difficulties in maintaining social functioning; or 3. Difficulties in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Paragraph N of 14.08 establishes standards for evaluating manifestations of HIV infection that do not meet the requirements listed in 14.08A-M. Paragraph N is applicable for manifestations that are not listed in 14.08A-M, as well as those listed in 14.08A-M that do not meet the criteria of any of the rules in 14.08A-M.

For individuals with HIV infection evaluated under 14.08N, listing-level severity will be assessed in terms of the functional limitations imposed by the impairment. The full impact of signs, symptoms, and laboratory findings on the claimant's ability to function must be considered. Important factors to be considered in evaluating the functioning of individuals with HIV infection include, but are not limited to: symptoms, such as fatigue and pain; characteristics of the illness, such as the frequency and duration of manifestations or periods of exacerbation and remission in the disease course; and the functional impact of treatment for the disease, including the side effects of medication.

As used in 14.08N, "repeated" means that the conditions occur on an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more; or the conditions do not last for 2 weeks but occur substantially more frequently than 3 times in a year or once every 4 months; or they occur less often than an average of 3 times a year or once every 4 months but last substantially longer than 2 weeks.

To meet the criteria in 14.08N, an individual with HIV infection must demonstrate a marked level of restriction in one of three general areas of functioning: activities of daily living; social functioning; and difficulties in completing tasks due to deficiencies in concentration, persistence, or pace. Functional restrictions may result from the impact of the disease process itself on mental or physical functioning, or both. This could result from extended or intermittent symptoms, such as depression, fatigue, or pain, resulting in a limitation of the ability to concentrate, to persevere at a task, or to perform the task at an acceptable rate of speed. Limitations may also result from the side effects of medication.

When "marked" is used as a standard for measuring the degree of functional limitation, it means more than moderate, but less than extreme. A marked limitation does not represent a quantitative measure of the individual's ability to do an activity for a certain percentage of the time. A marked limitation may be present when several activities or functions are impaired or even when only one is impaired. However, an individual need not be totally precluded from performing an

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activity to have a marked limitation, as long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately, and effectively. The term "marked" does not imply that the impaired individual is confined to bed, hospitalized, or in a nursing home.

Activities of daily living include, but are not limited to, such activities as doing household chores, grooming and hygiene, using a post office, taking public transportation, and paying bills. An individual with HIV infection who, because of symptoms such as pain imposed by the illness or its treatment, is not able to maintain a household or take public transportation on a sustained basis or without assistance (even though he or she is able to perform some self-care activities) would have marked limitation of activities of daily living.

Social functioning includes the capacity to interact appropriately and communicate effectively with others. An individual with HIV infection who, because of symptoms or a pattern of exacerbation and remission caused by the illness or its treatment, cannot engage in social interaction on a sustained basis (even though he or she is able to communicate with close friends or relatives) would have marked difficulty maintaining social functioning.

Completing tasks in a timely manner involves the ability to sustain concentration, persistence, or pace to permit timely completion of tasks commonly found in work settings. An individual with HIV infection who, because of HIV-related fatigue or other symptoms, is unable to sustain concentration or pace adequate to complete simple work-related tasks (even though he or she is able to do routine activities of daily living) would have marked difficulty completing tasks.

The claimant was infected with human immunodeficiency virus (HIV) in the mid-1980s (Exhibit 6F). She was later diagnosed with acquired immunodeficiency virus (AIDS) in March 2003 (Exhibit 7F). On April 24, 2003, the claimant's CD4 level measured at 3 and her viral load measured at 617,199 (Exhibit 9F). The claimant was diagnosed with depression on May 5, 2003. She was taking Adderall and Clonazepam, which were prescribed by a friend. The claimant complained of weight loss, fevers, and thrush symptoms. Christopher James, Ph.D. diagnosed the claimant with HIV/AIDS, thrush, a history of diarrhea, anxiety, and attention deficit disorder. On May 15, 2003, the claimant reported increased fatigue as a result of her medications. On July 3, 2003, the claimant indicated that she continued to experience fatigue. She remained anxious and was overwhelmed. She could barely manage her activities of daily living.

The claimant continued to report episodes of diarrhea four times per day on July 28, 2003 (Exhibit 9F). She was attempting to control her condition with Imodium. On September 4, 2003, the claimant experienced difficulty with diarrhea and was wearing Attends undergarments. She was using Lopamide daily and planned her day around her diarrhea symptoms. The claimant additionally complained of fatigue, depression and anxiety.

On September 18, 2003, a friend of the claimant's contacted Susan Szabo, M.D. concerning the claimant's mental status (Exhibit 9F). She indicated that the claimant's home was "filthy and should be condemned." The claimant believed others were stealing from her and she believed her daughter had AIDS (the daughter had been tested negative).

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The claimant began experiencing continued episodes of diarrhea on October 24, 2003 (Exhibit 9F). On December 4, 2003, the claimant looked in distress with a disheveled physical appearance and tearfulness. The claimant was very unstable with a weight decrease of 5 pounds. Her physical appearance was unkempt. She admitted to drinking alcohol. On January 21, 2004, the claimant reported that a prior outbreak of Herpes zoster lesions had resolved but she continued to experience pain. She continued to experience ongoing diarrhea. The claimant complained of ongoing fatigue on February 19, 2004. The claimant noted that her diarrhea was uncontrollable on March 18, 2004.

On April 6, 2005, the claimant was treated at the Jonathan Lax Treatment Center (Exhibit 6F). She weighed 112 pounds. The claimant was experiencing weight loss, depression, dysphagia and memory changes with weakness. She had difficulty eating due to thrush. White plaque was noted on her hard and soft palate. The claimant was started on Bactrim and Biaxin after her viral load measured 181,392. She was provided with Diflucan and Magic Mouthwash for her esophageal candidiasis. Effexor samples were given to treat her depression. The claimant experienced a seizure on May 4, 2005 and was transported to a hospital for treatment. She was discharged on May 9, 2005.

The claimant was admitted to Christiana Hospital on August 27, 2005 secondary to episodes of bloody emesis following meals (Exhibit 3F). The claimant had fallen in her home a few weeks prior to her admission and broken 5 ribs. The claimant continued to consume large amounts of alcohol following her HIV/AIDS diagnosis in 2003. At the time of her admission, the claimant's CD4 count was 54, which was below the normal range, and her viral load measured 253,000.

During her treatment, she was evaluated by Wolfgang Berten, M.D. (Exhibit 3F). At that time, the claimant's medications included Thiamine, Ativan, and Protonix with Oxycodone and Dilaudid as needed. Dr. Berten observed a disheveled woman, somewhat motorically restless in bed with a mild tremor, diaphoresis and a flushed face, who was agitated, sad and tearful. Her attention span was decreased and she was distractible. Her affect was constricted, tearful and desperate. Her concentration had decreased with increased psychomotor agitation. Dr. Berten diagnosed the claimant with alcohol intoxication abuse withdrawal syndrome pending, organic mood disorder, and depressed secondary to AIDS and alcohol abuse, and rule out mixed depression without psychotic features, recurrent, severe. Dr. Berten diagnosed the claimant with a Global Assessment of Functioning score of 25.¹

After 6 days of treatment, the claimant was discharged (Exhibit 3F). She was encouraged to stop drinking and to attend Alcoholics Anonymous meetings. In addition, she was to follow up with her HIV clinic and was placed on Bactrim and Azitromycin. She was placed on an Ativan taper.

¹ According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Washington, D.C., American Psychiatric Association, 1994, at p.34, a GAF of 51-60 reflects moderate mental symptomatology. A GAF of 61-70 reflects only mild symptomatology. A GAF of 41-50 reflects serious symptoms. A GAF of 31-40 reflects major impairment in several areas. A GAF of 21-30 reflects an inability to function in almost all areas.

See Next Page

Nancy Goldfeder (169-48-4844)

Page 8 of 11

On May 13, 2005, the claimant weighed 117 pounds (Exhibit 6F). Her ideal body weight was 136 pounds. Her CD4 count measured 27 and her viral load was 181,392. On November 2, 2005, the claimant's CD 4 level measured 114, which was below the normal range.

The claimant returned to the Jonathan Lax Treatment Center on September 6, 2005 (Exhibit 6F). She weighed 119 pounds. Her CD 4 count from August 30, 2005 measured at 54. The claimant was having difficulty swallowing pills and food. She was extremely stressed with anxiety. She was provided with medication to treat her dysphagia, Xanax to treat her anxiety and Zyprexa to treat her depression.

On January 19, 2006, the claimant's weight stabilized at 133 pounds after her dysphagia was brought under control (Exhibit 6F). However she began to experience diarrhea at the end of December and reduced her food intake as a result. The claimant had been placed on Flagyl and began to experience reduced diarrhea episodes down to 3 per day. The claimant stopped taking Effexor secondary to nausea. J. Jordan Storlazzi, Jr. M.D. noted that the claimant continued to experience loss of focus, inertia and difficulty with losing things (Exhibit 7F). Dr. Storlazzi noted memory, focus and attention impairment.

On March 16, 2006, the claimant indicated that she was having difficulty finishing tasks (Exhibit 7F). She was unable to complete her work. She felt either sad or fatigued and was not able to keep up with her housework. She continued to experience episodes of diarrhea.

On October 10, 2006, the claimant underwent testing with the HIV Dementia Scale (Exhibit 6F). The claimant's most affected areas included psychomotor speed and constructional skills. She scored a total of 7.5, which was within the dementia range.

On June 22, 2007, the claimant was evaluated by the Jonathan Lax Treatment Center (Exhibit 6F). She was having difficulty writing and was experiencing confusion and memory changes. She continued to have occasional diarrhea and fatigue.

On July 4, 2007, Emil Mikhail completed an Adult Function report for the claimant (Exhibit 3E). The claimant's symptoms included memory, judgment and attention problems, pain, fatigue, weakness, nausea, insomnia, nightmares, night sweats, diarrhea, urinary incontinence and itching. The claimant was able to lift 1 to 2 pounds, walk a few blocks, bend, kneel and reach had been reduced, her vision had deteriorated, and she had weakness in her hands, and tingling and numbness in her hands and feet. She could walk for 30 minutes, stand for 15 minutes and sit for 1 hour. She could lift 1 to 2 pounds frequently and 3 to 4 pounds occasionally. Her ability to pay attention and sustain her activities declined. Even with a pill box provided with the times and medications identified, the claimant needed a reminder to take her medications. The claimant's socialization was decreased due to diarrhea and incontinence and her fatigue caused her to need rest. The claimant needed assistance dressing and forgot to take showers. The claimant lost bills or forgot to pay them. She was only able to make simple meals without the use of the stove because of fear of starting a fire. The claimant did not shop for herself.

The medical record as a whole reveals that the claimant's HIV/AIDS meets listing 14.08N. From the period March 2003 until the date last insured, March 31, 2004, the claimant's

See Next Page

Nancy Goldfeder (169-48-4844)

Page 9 of 11

HIV/AIDS infection caused multiple ongoing manifestations. These included episodes of ongoing diarrhea (not meeting 14.08J) (Exhibit 9F). The claimant's bouts of diarrhea lasted longer than 2 weeks and occurred at least once every four months. In addition, she experienced fatigue and weight loss as a result of her diarrhea. An episode of herpes zoster (not meeting 14.08D) resulted in pain.

The claimant's HIV/AIDS, diarrhea, pain, and fatigue caused a restriction in daily activities and difficulties maintaining social functioning. The claimant was not able to participate in outside activities and social interaction while her diarrhea was impacting her life (Exhibit 3E). In addition, during the period from March 2003 to March 31, 2004, the claimant appeared disheveled and her physical appearance was unkempt (Exhibit 9F). Further, a neighbor telephoned her treating physician to report that the claimant's house was filthy and should be vacated. The medical record as a whole reveals that the claimant experienced a restriction in her daily activities as evidenced by her poor personal appearance and the appearance of her home during the relevant period because of her impairment. Further, she was not able to engage in social activities due to negative aspects of her impairment. The medical record as a whole reveals that the claimant's HIV/AIDS infection met listing 14.08N as of March 31, 2004, the date last insured.

After considering the evidence of record, the undersigned finds that the claimant's medically determinable impairments could reasonably be expected to produce the alleged symptoms, and that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are generally credible.

Robert Palandjian, D.O., a State agency medical consultant, prepared a Physical Residual Functional Capacity (RFC) Assessment on August 14, 2007 (Exhibit 10F). Dr. Palandjian concluded that the claimant could lift 20 pounds occasionally, 10 pounds frequently, stand or walk for 6 hours in an 8 hour day, sit for 6 hours in an 8 hour day with an unlimited ability to push and pull. The claimant could occasionally climb a ramp or stairs, balance, kneel, crouch, crawl and stoop but never climb a ladder, rope or scaffold. The claimant was to avoid concentrated exposure to extreme cold and heat and even moderate exposure to hazards. Michael Borek, D.O., a State agency medical consultant, affirmed Dr. Palandjian's Physical RFC on October 22, 2007 (Exhibit 13F).

Christopher King, Ph.D., a State agency medical consultant, prepared a Psychiatric Review Technique Form on August 16, 2007 (Exhibit 11F). Dr. King concluded that the medical record did not reveal a history of depression or related mental health treatment for the period March 1, 2000 to March 31, 2004. Carlene Tucker-Okine, Ph.D., a State agency medical consultant, affirmed Dr. King's Psychiatric Review Technique Form on October 22, 2007 (Exhibit 12F).

On July 3, 2003, Susan Szabo, M.D. indicated that she would complete form indicating that the claimant could return to work (Exhibit 9F).

The undersigned assigns little weight to Dr. Szabo's opinion (Exhibit 9F). The medical record indicates that the claimant's physical impairments prevented her from participating in sustained employment. While the claimant did return to work briefly in 2006, she was not able to perform

See Next Page

Jan 07 14:04:47p

Levine/Ramunno

302-425-5044

p.12

SEP-18-2013 14:12 From:302-552-1116

Page:22/47

Nancy Goldfeder (169-48-4844)

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DECISION

Based on the application for a period of disability and disability insurance benefits protectively filed on June 4, 2007, the claimant has been disabled under sections 216(j) and 223(d) of the Social Security Act since March 31, 2004.

A determination to appoint a representative payee to manage payments in the claimant's interest is recommended.

/s/ *Edward J. Banas*

Edward J. Banas

Administrative Law Judge

November 26, 2008

Date

CHRISTIANA PSYCHIATRIC SERVICES, P.A.
4745 Ogletown-Stanton Road
Suite 124, Medical Arts Pavilion I
Newark, DE 19713

Jorge A. Pereira-Ogan, M.D.
Associate Director

Adult and Consultation Psychiatry
Phone: 302-454-9900
Fax: 302-454-9905


June 19, 2012

To Whom It May Concern:

Nancy Goldfeder has been my patient since 10/31/2008. She is currently under my care for depressive disorder, generalized anxiety disorder, attention deficit disorder and peripheral neuropathy secondary to aids. She is not competent to represent herself in any legal matter at this time.

Please call my office if you have any questions.

Sincerely,


Jorge A. Pereira-Ogan, MD
Assistant Clinical Professor of Psychiatry and Human Behavior
Thomas Jefferson University Medical College

Δ # 4/



CHRISTIANA CARE

PO Box 1668
Wilmington, Delaware 19899-1668
302-733-1000

May 7, 2008

To Whom It May Concern:

I am writing this letter on behalf of Ms. Nancy Goldfeder. Ms. Goldfeder was recently hospitalized with acute renal failure. She has been receiving her HIV care at the Christiana Care Health System HIV Clinic. She is currently medically disabled secondary to end stage renal disease requiring dialysis, C.difficile colitis, ADD, mood and anxiety disorder as well as untreated HIV/AIDS. At this time, her current medical condition precludes employment.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Szabo MD".

Susan Szabo MD
Medical Director HIV Program

SS/r



PATIENT NAME: GOLDFEDER, NANCY I
 ATTENDING DR.: Wean M.D., Lawrence P.
 MR#: 504545
 ACCOUNT #: 1827161
 AGE/SEX/DOB: 51 years/Female/09/28/1955

ADMIT DATE: 08/17/2006
 DISCHARGE DATE: 08/19/2006

Computerized Tomography

Accession Number	Exam	Exam Date/Time	Ordering Dr.
CT-06-0015596	CT Head w/ Brain w/o Contrast	08/17/2006 10:02:41 AM	Zoranski D.O., Bernard S.

through the vertex without intravenous contrast.

Findings: There is no evidence of acute intra or extra-axial intracranial hemorrhage. There is mild cortical and central volume loss with ex vacuo dilatation of the ventricles and sulci which are otherwise normal. There are mild periventricular white matter hypodensities representing either mild, early chronic, ischemic, gliotic white matter changes (microangiopathy) or HIV encephalopathy. There is no evidence of intracranial space occupying mass. The basal cisterns are patent. Gray-white matter differentiation is relatively preserved.

The calvarium is intact. There is a small air-fluid level in the right sphenoid sinus. The visualized paranasal sinuses are otherwise clear. The visualized skull base and mid facial structures are unremarkable.

Impression:

1. Mild periventricular white matter hypodensities and mild cortical and central volume loss most likely representing minimal, early chronic, ischemic, gliotic white matter changes (microangiopathy), although these changes can be seen in HIV encephalopathy.
2. Small air-fluid level right sphenoid sinus may represent acute sinusitis.

None

Dictated by: Ruth, Christopher G

Signed: Christopher G. Roth 08/17/2006 10:45

LEGEND: C=CORRECTED A=ABNORMAL P=CRITICAL L=LOW H=HIGH R=REF LAB F=FOOTNOTE

PATIENT NAME: GOLDFEDER, NANCY I
 MR#: 504545
 ACCOUNT #: 1827161

08/20/11 20:44:26

Remote ID->

3826521116 Imprint ID

Page 882



The Hospitalist Company

Discharge Notification

Please route this fax to: MIKHAIL, EMIL

Page: 2 of 2

Patient Name: GOLDFEDER, NANCY phone: (302) 892-9398

Date of Birth/Gender: 09/26/1955 / Female

Admit Date: 08/05/11

Primary Doctor: MIKHAIL, EMIL

Discharge Date: 08/19/11

Hospital: Wilmington Hospital

Place of Service: Acute Inpatient

Insurance Carrier: Medicare

SSN: ***-**-1111

Discharging Physician: KHAN, AZHAR

Discharge To: Home

Date Signed and Sent: 08/20/11

Discharge Diagnoses

BIPOLAR I - MANIC

ARF, UNSPEC

DEHYDRATION

HYPERLIPIDEMIA, MIXED

Medications

PERCOCET 10/325 TAB PO q6 prn

CYMBALTA 30 mg po qd

CYMBALTA 30 mg po qd

KLONOPIN 0.5 mg po qhs

TRAZODONE 100 mg po qhs

Follow Up

MIKHAIL, EMIL ()

3

Notes**Admit Notification**

08/05/2011 (AZHAR KHAN) - extremely manic state
and dehydrated with arf and r/o infectious etio-with
h/o syncope

Notes**Discharge Notification**

08/19/2011 (AZHAR KHAN) - ETOH PANCREATITIS
AND MOD CLINICAL DÉPRESSOIN

D #7 (21)



April 17, 2013

Re: Nancy Goldfeder

Re: Proof of Residence

To Whom it May Concern:

Nancy Goldfeder is currently a resident of a supportive housing program with Connections Community Support Programs, Inc. She entered the program August 18th, 2011 and resides at 710 North West Street, Wilmington, DE 19801

Sincerely,

Sara Weimer
Grants Manager

500 West 16th Street W WILMINGTON, DE 19801 P WWW.CONNECTIONSCSP.ORG



ADMINISTRATION
[302-984-3380]

TOLL FREE
[866-477-5345]

FAX
[302-984-3324]



\$527.68

FILL IN AMOUNT PAID

\$.

PO Box 17000
Wilmington DE 19886

2025年12月15日，星期一，晴。

[illegible]

11/07/08

NANCY GOLDFEDER
205 E AYRE ST
WILMINGTON DE 19804

FINAL NOTICE

Our records show a PAST DUE BALANCE of \$527.68 on your account. Unless payment is received, we will terminate your electric and/or gas service on or after 11/22/08.

TO PREVENT DISCONNECTION, immediately contact Credit and Collections at (800) 375-7117 (7am-7pm Mon-Fri.) to confirm that you've paid or to arrange payment.

Once disconnected, service will not be restored without full payment, and a restoration charge of up to \$175.00. A deposit will be billed. If there is a deposit on file, it may be increased.

Further action could include reporting your delinquent account to a national credit bureau. Your credit rating could be affected. Once again, please call us.

Si necesita esta información en español, llame al departamento de crédito inmediatamente 1-800-375-7117 y pida hablar con un representante en español. (Lunes - Viernes 7:00 am - 7:00 pm) Gracias.

Payment Address

Delmarva Power
PO Box 17000
Wilmington DE 19886

Printed On Recyclable Paper



Bliss: See Back For Further Details



\$

0325713389997000000000000000001000047000000000000000000000499444

#8



July 19, 2009

Dear Valued Customer:

Reference: Telephone Number 302-000-0000

Thank you for submitting your request for Lifeline service. However, we regret to inform you that certification has not been approved due to the reason listed below. Therefore, you are not eligible for any credits previously quoted.

- No order or service on file; must call to place an order for new service

If you feel that your denial is incorrect or that your circumstances or case status have changed recently, you may re-apply.

We apologize for any inconvenience this may cause. Should you have any further questions, please call toll free at 1-800-942-5000 or for TTY customers toll free at 1-800-974-6006. Our office hours are Monday through Friday 8:00 AM to 5:00 PM.

Thank you for choosing Verizon. We appreciate your business.

Sincerely,

Verizon Lifeline Services

NANCY GOLDFEDER
204 E AYRE ST
NEWPORT DE 19804

30200000000

LLDEAD101

00012655-2010-120410-00023742

D#9

Personal Property Notice

Date:

1/15/12

Dear Current Occupant/Prior Mortgagor:

Please be advised that our office is the listing agency for Bank of America, which recently became owner of the premises located at 1018 N. Union St. through a Trustee's Sale.

Our office has recently accessed the premises and determined that personal belongings were left behind. If you are interested in retrieving those possessions, please make arrangements to do so with our office within 30 days of the date of this letter. If we do not hear from you, it will be assumed that the belongings were abandoned and we will be forced to discard them.

If you have any questions, please feel free to contact us.

Sincerely,

CoreLogic
(800)873-4532

#10

Notice

January 25, 2012

Dear Current Occupant/Prior Borrower:

Please be advised that our office is the listing agency for Bank of America, who recently became owner of the premises located at 1610 North Union Street, Wilmington, DE 19806 through Trustee's Sale.

Our office has recently accessed the premises, and determined that there were personal belongings left behind. If you are interested in retrieving those possessions, please make arrangements to do so with our office within (30) days of the date of this letter. If we do not hear from you, it will be assumed that the belongings were abandoned and we will be forced to discard them.

If you have any questions, please feel free to contact me.

Sincerely,

Billie Chubb

Re/Max Associates

Phone: 302-388-8699

Billie Chubb

*Fidelity National Title Insurance Company*

Application Number: 3785333

Fidelity National Title Insurance Company**TITLE SEARCH REPORT****DATE:** 02/06/2012**SEARCH NO.:** 3785333**PROPERTY:** 1610 North Union Street, Wilmington, DE 19806**CONDOMINIUM/
SUBDIVISION:****HUNDRED:** Wilmington City**PARCEL NUMBER:** 26-013.30-083**UNIT/LOT NUMBER:****BLOCK:****SECTION:****SELLERS/OWNERS:****BUYERS/BORROWERS:** Deutsche Bank National Trust Company, Trustee**DEED RECORD:** 201202070006806**DIRECT CONVEYANCES:** NONE**MORTGAGES:** NONE**ASSIGNMENTS:** NONE**FEDERAL TAX LIEN:** NONE**FINANCE STATEMENT:** NONE**RESTRICTIONS:** NONE**JUDGEMENT:** Underwood Mortgage & Title Co vs. Nancy Goldfeder et al for the amount of \$30,801.88 plus interest and costs, recorded 2/20/04 in Judgment Record I, Volume 21, Page 198 ***Please note the effective date for judgements is 1/13/12***.**MECHANICS LIENS:** NONE**US BANKRUPTCY:** NONE**PATRIOT ACT:** NONE**NOTES:** Proper notice was not given to all interested parties regarding the sheriffs sale, see attached judgement I-21-198.**TAXES, CHARGES AND ASSESSMENTS:** Accruing from 2011 - 2012.



Fidelity National Title Insurance Company

Application Number: 3785333

NOTICE: This Title Search Report does not constitute title Insurance; liability hereunder is assumed by the Company solely in its capacity as abstractor for its negligence, mistakes or omissions in a sum not exceeding Five Hundred Dollars unless used in conjunction with a title insurance policy written through this company.

TOGETHER WITH USE OF ALLEYS as set forth in Document No. 201202070006806 (Title Deed).

NOTICE:

NO CERTIFICATION IS MADE AS TO TAXES AND SEWER CHARGES WITHOUT A COUNTY TAX CERTIFICATION BEING ORDERED.

NO CERTIFICATION IS MADE AS TO THE VALIDITY OF ASSIGNMENTS OF MORTGAGES.

Paying Agent – Rust Consulting, Inc.
P.O. Box 8054
Faribault, MN 55021-9454

**Independent Foreclosure Review**

D12?

July 19, 2013

IMPORTANT PAYMENT AGREEMENT INFORMATION ENCLOSED**Your payment is enclosed.**

Reference Number: 1801674018

Property Address:

1610 NORTH UNION STREET

WILMINGTON DE 19806

*Si usted habla español, tenemos representantes que
pueden asistirle en su idioma.*

**SGLP

NANCY GOLDFEDER
710 N WEST ST APT D
WILMINGTON, DE 19801-3454



Dear Nancy Goldfeder,

You were recently sent a notice that you are eligible to receive a payment as a result of an agreement between federal banking regulators and Bank of America in connection with an enforcement action related to deficient mortgage servicing and foreclosure processes.

This letter includes your check. It also explains the amount of the payment, why you are receiving a payment, how to cash the check, and other important information and disclosures.

Your payment is: \$300.00.**Why you are receiving a payment**

Earlier this year, Bank of America entered into an agreement with federal banking regulators—the Office of Comptroller of the Currency and the Board of Governors of the Federal Reserve System. This agreement resolved the Independent Foreclosure Review required by the regulators. Additional information about this agreement can be found at www.occ.gov and www.federalreserve.gov.

Regulators determined your payment amount based on the stage of your foreclosure process and other considerations related to your foreclosure.

How to cash the check

You must cash or deposit the check within 90 days, or the check will be void. All borrowers listed on the check must sign it to cash it.

The payment amount is final.
There is no process to appeal the payment.

Continued on reverse side

Important information

- By cashing or depositing the check, you do not waive any legal claims against your servicer and you may pursue additional actions related to your foreclosure.
- Cashing or depositing the check may affect your taxes or public assistance benefits. Neither the paying agent—Rust Consulting, Inc., nor the regulators can advise you on tax liability or any effect on public assistance. If you have questions, you may consult a tax advisor or qualified individual or organization. You may also visit www.independentforeclosurereview.com/taxinfo for information about potentially taxable components of your payment. If required, tax documentation, such as a Form 1099, will be sent to you in January 2014.
- You may be eligible for foreclosure prevention assistance. To explore your options, contact a Bank of America specialist at 1-888-325-5381.
- If you need additional help with foreclosure prevention, please contact the Homeowner's HOPE Hotline at 1-888-995-HOPE (4673) (or at www.makinghomeaffordable.gov) and they can put you in touch with a U.S. Department of Housing and Urban Development approved nonprofit organization that can provide **free assistance**.
- Please refer this letter to your attorney or authorized representative, if you are represented by an attorney or other authorized third-party representative regarding a foreclosure, bankruptcy case involving this mortgage loan, or the Independent Foreclosure Review.
- This payment does not mean that you necessarily suffered financial injury or harm.

Other disclosures

This letter is not an attempt to collect a debt or to impose personal liability for any obligation, including, without limitation, any obligation that was discharged, or is subject to an automatic stay in bankruptcy under Title 11 of the United States Code.

Information you provided as part of the Independent Foreclosure Review may not be used for any other purpose. If you would like Bank of America's internal records to include updated contact or personal information for future correspondence or notices, then you must separately provide your new contact or personal information directly to the servicer by calling 1-888-325-5381.

If you have any questions, please call the paying agent—Rust Consulting, Inc.—at 1-888-952-9105, Monday through Friday, 8 a.m. - 10 p.m. ET or Saturday, 8 a.m. - 5 p.m. ET.

Si tiene preguntas, puede llamar al número de teléfono 1-888-952-9105 para hablar con un representante.

Assistance is also available from the toll-free number in more than 200 languages, including Chinese, Korean, Vietnamese, Tagalog, Hmong, and Russian.

提供中文幫助。

Tro giúp hiện có bằng tiếng Việt.

Pob muaj cov neeg hais lus Hmoob pab nej.

한국어 도움을 제공합니다.

Available ang tulong sa wikang Tagalog.

Помощь на русском языке.

Sincerely,

Paying Agent—Rust Consulting, Inc.

THIS DOCUMENT CONTAINS ANTI-COUNTERFEIT DEVICES INCLUDING MICROPRINTING AND A COLORED BACKGROUND. ABSENCE OF THESE FEATURES INDICATES A COPY.

Fund 1 Independent Foreclosure Review Payment QSF
 Loan Servicer: Bank of America
 P.O. Box 8054
 Fairbault, MN 55021-9454

The Huntington National Bank 551512
 441 Check No. 9322149

DATE	CLAIM NUMBER	AMOUNT
July 19, 2013	1801674018	\$300.00

VOID AFTER NINETY (90) DAYS
 NOT VALID FOR AMOUNT OTHER THAN \$300.00
 All Payee's signatures required on back in order for this instrument to be paid.

Financial Institutions may call
 1-855-460-1528 to verify this check.

Pay: THREE HUNDRED DOLLARS AND NO CENTS
 Pay to the order of: NANCY GOLDFREDER

Paul Vell
 Authorized Signature

⑈9322149⑈ ⑆044115126⑆ 01893001354⑈

1 of 2

Bank of America



Home Loans

400 NATIONAL WAY
SIMI VALLEY, CA 93065-6298Statement Date
01/18/2012

D#113

Account Number 038682464

IMPORTANT TAX INFORMATION ENCLOSEDProperty Address
1610 NORTH UNION STREET

XX1

9-772-92221-0022201-023-1-000-000-000

NANCY GOLDFEDER
710 N WEST ST APT 10
WILMINGTON, DE 19801-1576**Instructions for Borrower**

Certain lenders who acquire an interest in property that was security for a loan or who have reason to know that such property has been abandoned must provide you with this statement. You may have reportable income or loss because of such acquisition or abandonment. Gain or loss from an acquisition generally is measured by the difference between your adjusted basis in the property and the amount of your debt canceled in exchange for the property, or, if greater, the sale proceeds. If you abandoned the property, you may have income from the discharge of indebtedness in the amount of the unpaid balance of your canceled debt. You also may have a loss from abandonment up to the adjusted basis of the property at the time of abandonment. Losses on acquisitions or abandonments of property held for personal use are not deductible. See Pub. 4681 for information about foreclosures and abandonments.

Property means any real property (such as a personal residence); any intangible property; and tangible personal property that is held for investment or used in a trade or business.

If you borrowed money on this property with someone else, each of you should receive this statement.

Account number. May show an account or other unique number the lender assigned to distinguish your account.

Box 1. For a lender's acquisition of property that was security for a loan, the date shown is generally the earlier of the date title was transferred to the lender or the date possession and the burdens and benefits of ownership were transferred to the lender. This may be the date of a foreclosure or execution sale or the date your right of redemption or objection expired. For an abandonment, the date shown is the date on which the lender first knew or had reason to know that the property was abandoned or the date of a foreclosure, execution, or similar sale.

Box 2. Shows the debt (principal only) owed to the lender on the loan when the interest in the property was acquired by the lender or on the date the lender first knew or had reason to know that the property was abandoned.

Box 4. Shows the fair market value of the property. If the amount in box 4 is less than the amount in box 2, and your debt is canceled, you may have cancellation of debt income. If the property was your main home, see Pub. 523 to figure any taxable gain or ordinary income.

Box 5. Shows whether you were personally liable for repayment of the debt when the debt was created or, if modified, when it was last modified.

Box 6. Shows the description of the property acquired by the lender or abandoned by you. If "CCC" is shown, the form indicates the amount of any Commodity Credit Corporation loan outstanding when you forfeited your commodity.

☐ CORRECTED (if checked) ☐ VOID (if checked)

LENDER'S name, street address, city, state, ZIP code, and telephone no. BANK OF AMERICA, N.A. 400 NATIONAL WAY SIMI VALLEY, CA 93065-6298 1-800-669-6607		OMB No. 1545-0077 2011 Form 1099-A		Acquisition or Abandonment of Secured Property Copy B For Borrower This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
LENDER'S federal identification number 94-1687605	BORROWER'S identification number 169-48-4844	1 Date of lender's acquisition or knowledge of abandonment December 23, 2011	2 Balance of principal outstanding \$ 173,599.73	
BORROWER'S name NANCY GOLDFEDER Street address (including apt. no.) 710 N West St Apt 10 City, state, and ZIP code Wilmington, DE 19801-1576 Account number (see instructions) 038682464		3	4 Fair market value of property \$ 195,000.00	
		5 If checked, the borrower was personally liable for repayment of the debt <input checked="" type="checkbox"/>	6 Description of property 1610 NORTH UNION STREET WILMINGTON, DE 19806	

Form 1099-A

(keep for your records)

Department of the Treasury - Internal Revenue Service

Bank of America



Home Loans

P.O. Box 5170
SIMI VALLEY, CA 93062-5170

0001759-0005433 1ETRP 001 - 362737



NANCY GOLDFEDER
710 N WEST ST APT 10
WILMINGTON, DE 19801

C3_1676_PSGSRL01 15019 04/24/2012

Send Correspondence to:
P.O. Box 5170
Simi Valley, CA 93062-5170

Business Address:
450 American Street
Simi Valley, CA 93065-6265

Notice Date: September 12, 2012

Loan No.: 38682464

Property Address:
1610 North Union Street
Wilmington, DE 19806

IMPORTANT MESSAGE ABOUT YOUR HOME LOAN

Dear NANCY GOLDFEDER,

We are writing to inform you that your mortgage loan noted above will be transferred to a new servicer for the handling of all loan servicing needs such as billing, payment processing, and customer support. Beginning October 01, 2012, your new servicer will be Select Portfolio Servicing Inc.. The enclosed notice outlines the important dates and contact information you will need for the transition to your new servicer.

Please be assured that this transfer does not affect any other terms or conditions of your mortgage loan, only those terms related to the servicing of the loan. This servicing transfer only applies to the loan noted above. Other home loan accounts you may have with us will not be affected by this change unless you are specifically notified.

WHAT THIS MEANS FOR YOU**Your loan number and payment information will change**

- Through September 30, 2012, you will continue to make your monthly payment as usual.
- Select Portfolio Servicing Inc. will begin accepting payments on October 01, 2012. Around this time please look for further information from Select Portfolio Servicing Inc., including your new loan number.
- If you have a payment due before you receive a billing statement from Select Portfolio Servicing Inc., write your new loan number on your check and mail it to the payment address shown on the enclosed notice. (Until you receive a new loan number, you may write your old loan number on the check.)
- Any automatic payments set up with us through the PayPlan programs will be discontinued as of September 30, 2012. Please look for instructions from Select Portfolio Servicing Inc. or contact them on or after October 01, 2012 to determine what payment options they may offer.
- If you make payments through Bank of America Online Banking or any online banking or bill payment service, you will need to update your loan number and payee information for Select Portfolio Servicing Inc. on or after October 01, 2012.

Your loan account access will no longer be available through Bank of America

- You will no longer be able to make your payment at a Bank of America banking center on the mortgage loan being transferred. In addition, your mortgage loan information will not be available through Bank of America Online Banking.

If you have any questions or need assistance prior to October 01, 2012, please call Bank of America, N.A., toll-free at 1-800-669-6607, Monday-Friday 7a.m. - 7p.m. Local Time.

#15



City of Wilmington, Delaware

Louis L. Redding City/County Building
800 N. French Street
Wilmington, Delaware 19801-3537

For Customer Service: (302) 571-4320

QUARTERLY WATER/SEWER STATEMENT

CUSTOMER NUMBER: 267108
ACCOUNT NUMBER: 45873
BILLING DATE: 03/27/2009
BILL NUMBER: 362031
DUE DATE: 04/30/2009

BILLING ADDRESS:

*****AUTO**5-DIGIT 19804
NANCY GOLDFEDER
205 E AYRE ST
WILMINGTON, DE 19804-2508

T14 P1

SERVICE ADDRESS:
1610 N UNION STREET

PREVIOUS BALANCE 91.70
Payments Since Last Bill 0.00
Penalty/Interest Since Last Bill 16.33
PAST DUE OR CREDIT (-) 108.03

Code	Description	Usage Charge	Previous Read Date	Previous Reading	Current Read Date	Current Reading	Read Type	Usage	Current Amount
2206S	5/8" SR/DIS RESIDENTIAL SEWER		12/01/2008		03/04/2009				13.58
SWR1	STORMWATER RES TIER 1		12/01/2008		02/28/2009				9.16
2206W	5/8" SR/DIS RESIDENTIAL		12/01/2008	30	03/04/2009	30	A	0	18.11

* CONSUMPTION IS CALCULATED BY SUBTRACTING PREVIOUS READING FROM CURRENT READING AND MULTIPLYING BY 0.748046

CURRENT AMOUNT DUE 40.85

BILLING AND SERVICE INFORMATION ON THE REVERSE SIDE.

TOTAL AMOUNT DUE \$148.88

PLEASE DETACH AND RETURN THIS SECTION WITH YOUR PAYMENT

CITY OF WILMINGTON

DIVISION OF REVENUE

P.O. Box 15622

Wilmington, Delaware 19850-5622

WATER/SEWER STATEMENT

REMIT PORTION

Please write your Account Number on your check
and enclose this portion of bill with your payment.
Make checks payable to: City of Wilmington

DUE DATE	ACCOUNT NUMBER	BILL NUMBER	AMOUNT DUE
04/30/2009	45873	362031	\$148.88

BILLING ADDRESS:

NANCY GOLDFEDER
205 E AYRE ST
WILMINGTON, DE 19804-2508

SERVICE ADDRESS:

1610 N UNION STREET

00006042009900362031700000148882



City of Wilmington

James M. Baker, Mayor

#15 23
Louis L. Redding City/County Building
800 French Street
Wilmington, Delaware 19801-3537

www.WilmingtonDE.gov

May 13, 2009

NANCY GOLDFEDER
205 E AYRE ST
WILMINGTON, DE 19804

Dear NANCY GOLDFEDER:

RE: Printing Error on March Billing

We have discovered a printing error on your water/sewer/stormwater bill dated March 27, 2009. We wanted to inform you of the error and also offer an apology.

The previous balance that is shown on your March statement is incorrect, which in turn, means that the total amount due is also calculated incorrectly on your March bill.

We would like to stress that these errors occurred when your March bill was being printed. The City's water/sewer/stormwater internal billing system is calculating bills correctly, and we have had already a chance to speak to some customers to answer questions they may have about the printed errors that appeared on their bills.

Because this printing error occurred, we are extending your payment due date to May 30, 2009. We have also removed any penalty and interest that may have accrued as a result of this printing error. This printing error issue has been resolved and bills going forward will reflect accurate balances and amounts due.

- As of May 1, 2009, the total amount due on account #45873 is \$203.41. If you have not made payment yet, please pay the amount reflected on this correspondence on or before May 30, 2009, to avoid any late fees.
- If you have already contacted the City regarding this issue and have sent your correct payment amount, simply keep this correspondence for your records.

Again, we apologize for any inconvenience caused by this billing error. You are a valued constituent and we appreciate your cooperation and understanding.

If you have questions about this matter, please contact our Customer Service Unit, Monday thru Friday, 9:30 a.m. to 4:00 p.m. by calling (302) 571-4320 or by emailing us at hcreamer@WilmingtonDE.gov.

Sincerely,

Helena M. Creamer

Ms. Helena M. Creamer
Customer Service Supervisor
Division of Revenue
Department of Finance

HMC/wpc

Wilmington
In the middle of it all

EXHIBIT B

Ward's Fine Wines & Liquors

1704 North Lincoln St.

Wilmington, De 19806

(302) 656-8548

Home Funds Direct

1130 N. Chase Pkwy

Marietta, Ga. 30067

(770) 541-5327

F(770) 612-1881

9.29.04

Dear John Bradley,

Ms. Nancy Goldfeder has worked for Wards fine wines & liquors for 2 months. Nancy earns 8.00 an hour and has been training for a management position. Nancy has been a good employee at Wards. The liklihood of her continued employment is good.

Sincerely,

Oscar Zellaga

