

Affidavit of Kelly D. Glossip

I, Kelly D. Glossip, on oath, state as follows:

1. I reside at [REDACTED] Missouri 63072, where I have lived since May 2004. I submit this affidavit in support of my application for survivor benefits provided by R.S. Mo. § 104.140.3.

2. All the matters in this affidavit are based on my personal knowledge, and I am competent to testify thereto.

3. My partner, Dennis Engelhard, was employed by the Missouri State Highway Patrol ("MSHP"). Dennis was killed in the line of duty on December 25, 2009 when he was struck by a vehicle while responding to an accident on I-44, east of Eureka, Missouri.

4. Dennis and I met in April 1995 and lived together in an intimate, loving, and committed relationship for nearly 15 years, until his death. Dennis and I held ourselves out to our families and our community as a couple in a committed, marital relationship. We would have entered into a civil marriage if it were legal to do so in Missouri. After Iowa legalized same-sex marriage, we considered getting married in Iowa but decided to wait until our marriage would be legally recognized in Missouri.

5. Attached as Exhibit A is a card postmarked October 23, 1995, which Dennis sent to me after we had been dating for six months. In the card, Dennis wrote by hand:

"Congratulations on successfully withstanding 6 months with me! Hope it wasn't too painful? I, on the other hand, am looking forward to the rest of my life with you." Additional anniversary cards Dennis sent to me are attached as Exhibits B through D.

6. Dennis and I exchanged rings with each other on Christmas Day, 1997. By exchanging these rings, Dennis and I pledged that we would provide mutual support to each



other emotionally, financially, and spiritually. We were each other's sole domestic partner and intended to remain so indefinitely.

7. Dennis and I lived together as a family for nearly 15 years. From late 1995 through 2000, Dennis and I lived together in Springfield, Missouri in a house that we jointly owned. Attached as Exhibit E is a copy of the Settlement Statement from the U.S. Department of Housing and Urban Development, which lists Dennis and I as the joint "sellers" of our house in Springfield.

8. In 2000, Dennis became a state trooper. Attached as Exhibit F is a picture of Dennis and me at Dennis's induction ceremony. I tried to convince Dennis not to become a state trooper because I was concerned that the job would be dangerous and Dennis could be hurt. Dennis always tried to reassure me and told me that if anything ever happens to a state trooper, the government and other troopers make sure that the trooper's family is taken care of.

9. When Dennis was assigned to Troop C of the MSHP, I gave up my job as a customer service representative at Great Southern Bank and moved with Dennis to Washington, Missouri. In May 2004, we purchased a house at [REDACTED] Missouri, where we lived together until Dennis's death in 2009. Attached as Exhibit G is a copy of our mortgage statement for our house in Robertsville, and attached as Exhibit H is a statement of our homeowners' insurance payments.

10. Dennis also acted as a step-father for my son from a previous marriage. Since he was two years old, my son grew up knowing Dennis as his step-father. Attached as Exhibit I is a copy of family portraits that the three of us took when my son was four years old. My son would stay with Dennis and me every other weekend when Dennis and I lived in Springfield. After we moved to the St. Louis area, my son stayed with us one or two weekends each month. In

addition to providing him with emotional support, Dennis also shared the responsibility for making child-support payments.

11. Dennis was, and I am, Christian. We chose the Christ Church Cathedral as our church home in about 2004. We celebrated the anniversary of our relationship there, attended services and other church-related events, and contributed regularly to the church. Attached as Exhibit J is a copy of one of our statements of donations to the church.

12. Dennis and I intertwined our lives financially. As noted above, we jointly owned our house in Springfield and in Robertsville. In addition, we shared joint bank accounts and, over the course of our relationship, we jointly owned five cars and two trucks, and shared responsibility for the car loans and insurance payments on all of the vehicles. Attached as Exhibits K and L are copies of the checks issued on our joint accounts at Commerce Bank and Great Southern Bank; attached as Exhibits M through O are copies of the certificates of title issued jointly to Dennis and me for our Dodge and Kia cars and an insurance statement for our Ford Escort; and attached as Exhibits P through Q are copies of tax statements for our jointly owned property.

13. Dennis and I have cared for each other in sickness and in health. Whenever one of us was in the hospital, the other was there taking care of the sick one. I was the only person from Dennis's family that went to the hospital to be with Dennis when he died on December 25, 2009 after being hit by a car during a traffic stop. Dennis had already passed away by the time I arrived at the hospital, but I sat with him for hours holding his hand.

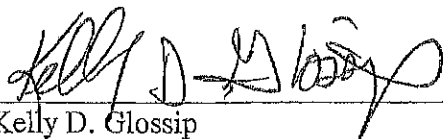
14. After Dennis's death, on May 1, 2010, my son and I attended a memorial ceremony at the Missouri State Capitol in Jefferson City for Dennis and other troopers killed in the line of duty. A copy of portions of the booklet and schedule for the memorial service is

attached as Exhibit R. At the ceremony, Dennis's name was entered onto the wall on the grounds of the State Capitol commemorating the officers who were killed in the line of duty during 2009. As Dennis's surviving partner, I placed a flower in a memorial wreath during the ceremony. I also attended the ceremony in Washington, D.C. on May 15, 2010 commemorating the loss of police officers nationwide and was recognized with a medallion as Dennis's surviving partner.

15. Although neither Dennis nor I had a will at the time of his death, Dennis and I sought to provide financial security to each other in the event of one of our deaths. Attached as Exhibit S is a statement dated June 23, 1996 from Dennis's retirement savings account, which lists me as the primary beneficiary in the event of Dennis's death. When Dennis began working at MSHP in 2000, he named me as the sole beneficiary of his deferred compensation plan. Attached as Exhibit T is a copy of the beneficiary form dated May 4, 2000, on which Dennis indicated that I was his "fiancé." I was also a fifty per cent beneficiary of a life insurance policy issued by the Hartford Life and Accident Insurance Company that Dennis obtained through work.

16. Dennis was the love of my life. Since Dennis died, I have been alone both emotionally and financially. Dennis and I were very emotionally dependent on each other, and my entire support system was built around him. In addition to losing Dennis's emotional support, I have to bear the entire financial burden of paying our mortgage, car loans, utilities, and other expenses.

Further Affiant sayeth naught.



Kelly D. Glossip

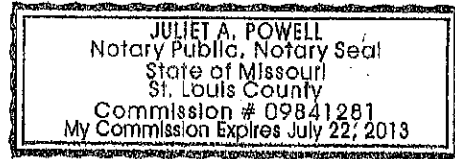
STATE OF MISSOURI)
) SS.
CITY OF ST. LOUIS)

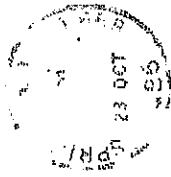
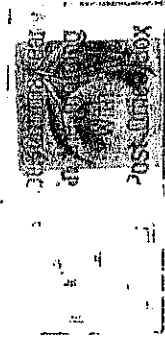
Subscribed and sworn before me this 13 day of October, 2010

Juliet Powell
Notary public

My Commission Expires:

7-22-13





Kelly Glossip

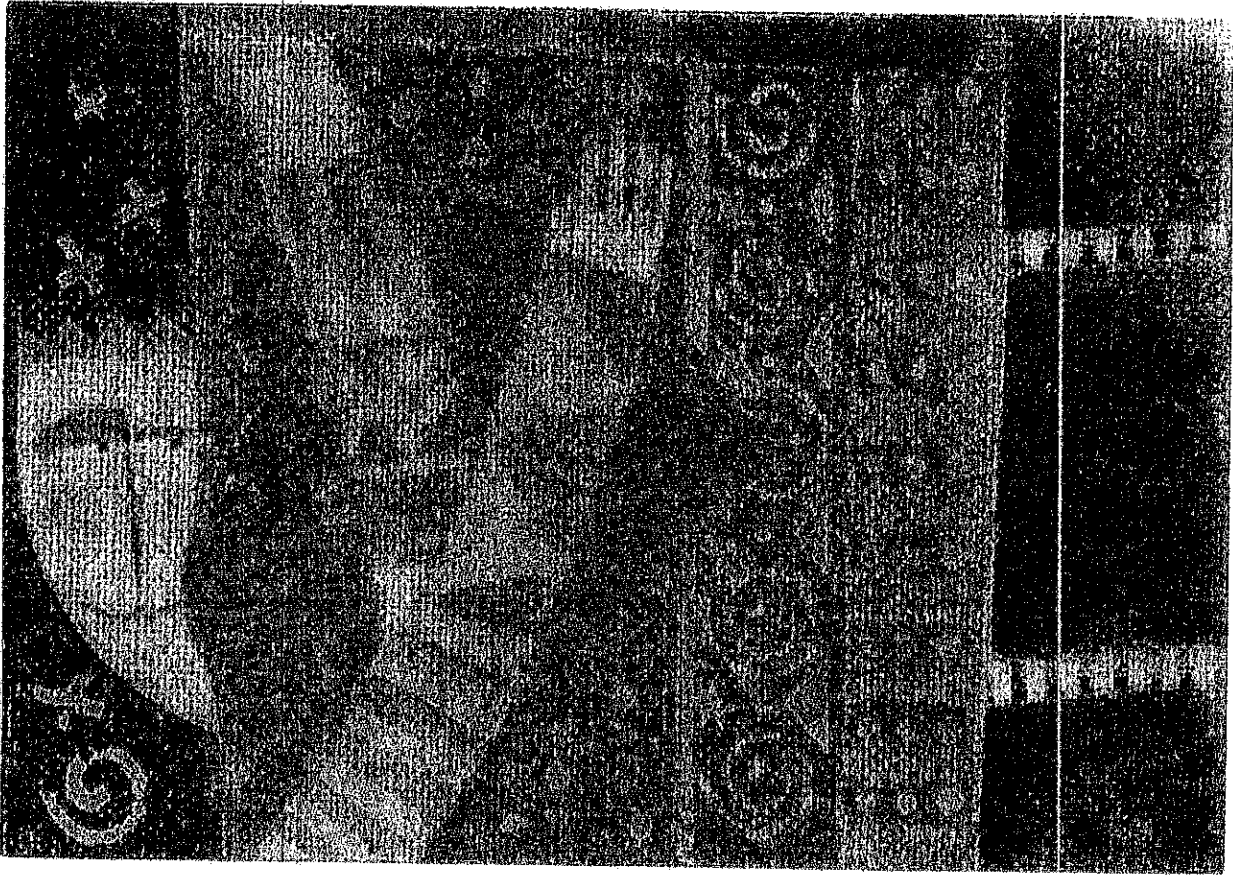


Springfield, MO 65804



Vertical text on the right side of the page, possibly a list or index, which is mostly illegible due to the high contrast and grain of the scan.

EXHIBIT
 A



[Handwritten signature]

EXHIBIT
B

"TENDERNESS...

STRENGTH...

LOVE ALWAYS."

Husband

"MY CLOSEST
OF FRIENDS,
MY TRUE LOVE."

Partner

"HE IS ALWAYS THERE

FOR ME IN THE WAYS

THAT MATTER MOST."

Friend

I

LOVE YOU
for being a wonderful man
with so much love to share...

I LOVE YOU
for being a special friend
who shows such warmth and care...

I LOVE YOU
for being the kind of partner
that only you could be...

I LOVE YOU
for being everything
that means the most to me.

Happy Anniversary

... all my love to my!
"Keep Maintenance" man!

Happy 14 yrs!
"..." and "..."

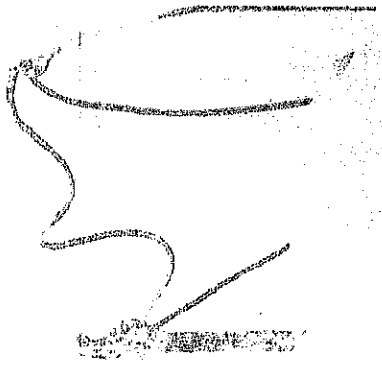
Kelly

EXHIBIT
C

We've been together

a long time now.

1/1 4/25



We've laughed and cried

and seen each other through

our best and worst

and everything in between.

And today, when I look at you,

I feel even more love

than I've ever felt before.

We have a history together,

full of shared memories

that keep us close.

You are so much a part of me

and a part of my happiness

that it's impossible to imagine

what life would have been like without you.

You are my partner

and my love,

and I ask nothing more

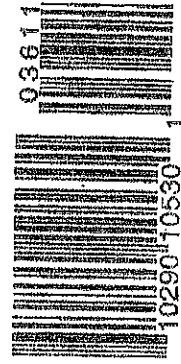
than to spend all the rest

of my life with you.

Linda Lee Elrod

*I love you!
Linda Lee Elrod*

*Personal
Expressions*

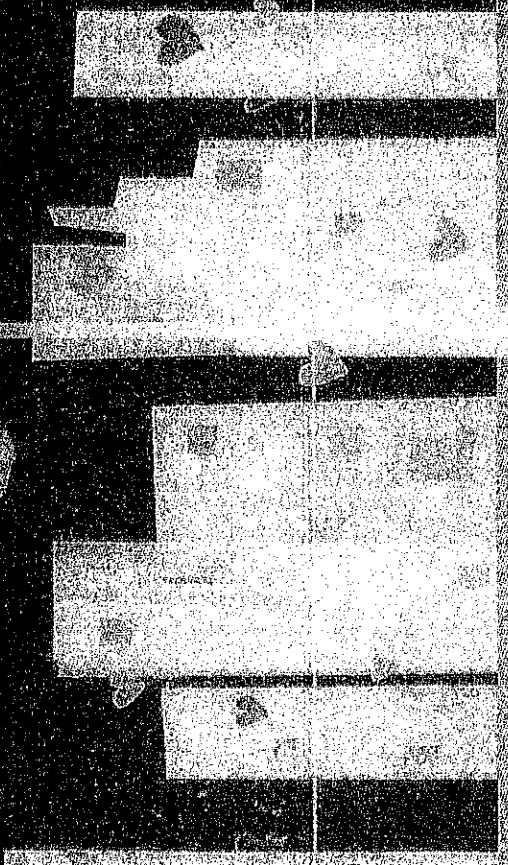
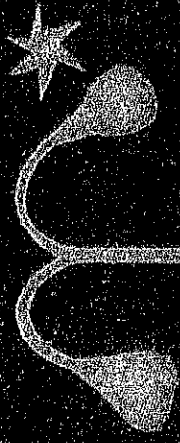
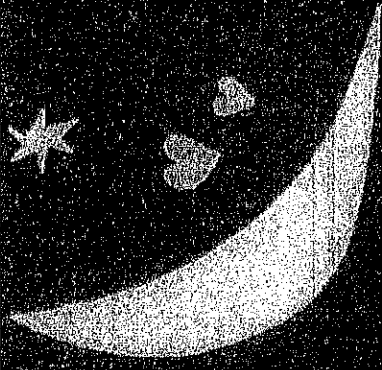


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Canada 3.49
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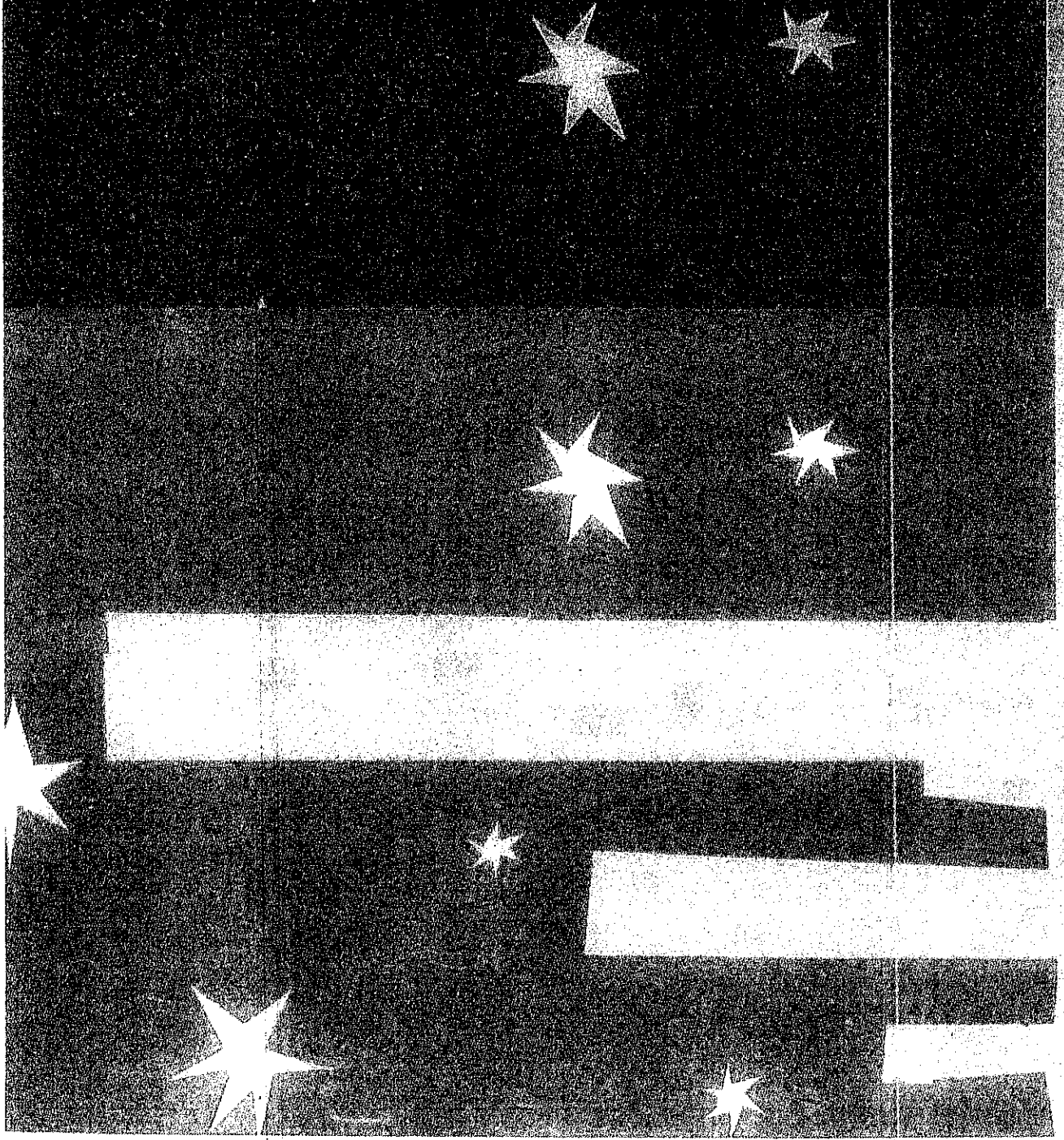
TO THE LOVE
OF MY LIFE

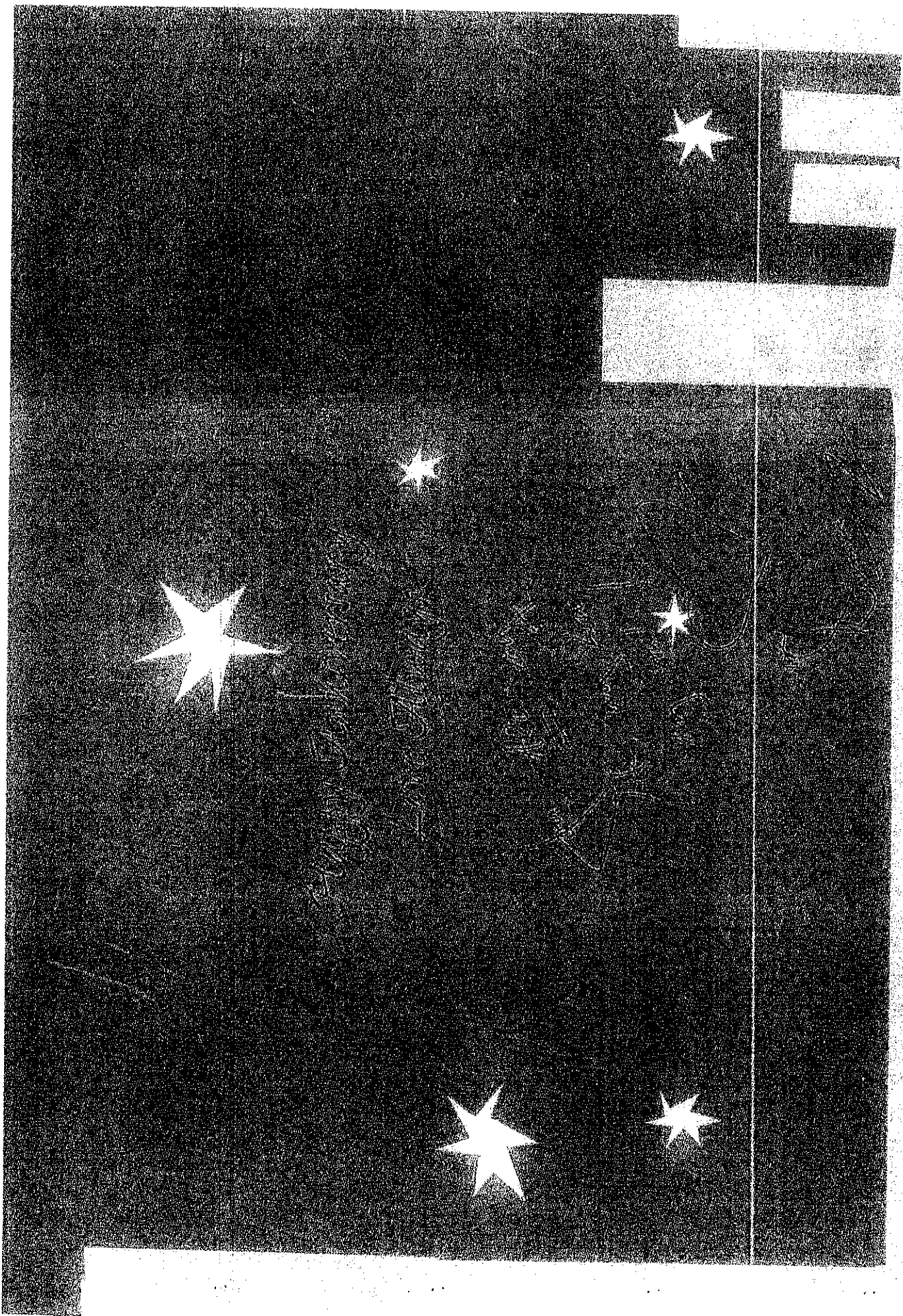
EXHIBIT
D

*You're still the one
I love to catch myself
dreaming about,
still the one
I love to talk things
over with,
still the one I love
to cuddle next to
until we are as close
as we can be...*



*I hope you're as happy
as you make me feel,
because you're everything
I could ever hope for—
the one I love
with all my heart and soul.*







Title Insurance
Escrow Closing

Sheila Cox
Escrow Closing

620-A W. Republic Rd.
Springfield, MO 65807

(417) 890-8423
FAX: (417) 890-8436



Title Insurance
Escrow Closing

Rachelle Wire
Escrow Closing

620-A W. Republic Rd.
Springfield, MO 65807

(417) 890-8423
FAX: (417) 890-8436



A. U.S. Department of Housing and Urban Development	B. Type of Loan		
	1. <input checked="" type="checkbox"/> FHA	2. <input type="checkbox"/> FARMIA	3. <input type="checkbox"/> Conv. Unins.
	4. <input type="checkbox"/> VA	5. <input type="checkbox"/> Conv. Ins.	
6. File Number 2001227		7. Loan Number [REDACTED]	
8. Mortgage Ins. Case No. [REDACTED]			

Settlement Statement

C. Note: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked ("POC") were paid outside the closing; they are shown here for information purposes and are not included in the totals.

D. Name of Borrower: VICTORIA LYNNE REICHERT

E. Name of Seller: DENNIS E. ENGELHARD
KELLY GLOSSIP
TIN: [REDACTED]
TIN: [REDACTED]

F. Name of Lender: NORTH AMERICAN SAVINGS BANK, F.S.B., 3322 S. CAMPBELL, SUITE W,
Springfield, MO 65807

G. Property Location: [REDACTED] SPRINGFIELD, MO 65804

H. Settlement Agent: Great American Title Co. of Greene County (417) 890-8423
Place of Settlement: 620-A West Republic Road, Springfield, MO 65807
TIN: 43-1786609

I. Settlement Date: 04/14/2000
Proration Date: 04/14/2000

J. Summary of Borrower's Transaction		K. Summary of Seller's Transaction	
100. Gross amount due from borrower:		400. Gross amount due to seller:	
101. Contract sales price	87,900.00	401. Contract sales price	87,900.00
102. Personal property		402. Personal property	
103. Settlement charges to borrower (line 1400)	3,262.95	403.	
104.		404.	
105.		405.	
Adjustments for items sold by the borrower		Adjustments for items paid for by the seller	
106. City/town taxes		406. City/town taxes	
107. County taxes		407. County taxes	
108. Assessments		408. Assessments	
109.		409.	
110.		410.	
111.		411.	
112.		412.	
120. Gross amount due from borrower:	71,162.95	420. Gross amount due to seller:	87,900.00
Amounts paid by or in behalf of the borrower		Amounts paid by or in behalf of the seller	
201. Deposit or earnest money		501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)	87,865.00	502. Settlement charges to seller (line 1400)	8,878.00
203. Existing loan(s) taken subject to		503. Existing loan(s) taken subject to	
204.		504. Payoff of first mortgage loan (Principal, Residential)	57,855.72
205.		505. Payoff of second mortgage loan	
206. APPLICATION FEE	375.00	506.	
207. MHDC 4% CREDIT	2,714.80	507.	
208.		508.	
209.		509.	
Adjustments for items received by seller		Adjustments for items paid by seller	
210. City/town taxes		610. City/town taxes	
211. County taxes 01/01/2000 to 04/14/2000	108.39	611. County taxes 01/01/2000 to 04/14/2000	108.39
212. Assessments		612. Assessments	
213.		613.	
214.		614.	
215.		615.	
216.		616.	
217.		617.	
218.		618.	
219.		619.	
220. Total paid by/for borrower:	71,082.99	620. Total reduction in amount due seller:	64,842.11
Capital Gains Tax on Prior Sale/Loan		Cash at Settlement from Seller	
301. Gross amount due from borrower (line 120)	71,162.95	601. Gross amount due to seller (line 420)	87,900.00
302. Less amount paid by/for borrower (line 220)	71,082.99	602. Less total reduction in amount due seller (line 620)	64,842.11
303. CASH (X) FROM () TO BORROWER	99.96	603. CASH () FROM (X) TO SELLER	3,057.89

SUBSTITUTE FORM 1099 SELLER STATEMENT - The information contained in Blocks E, G, H and I and on line 401 (or, if line 401 is restated, lines 403 and 404), 406, 407 and 408-412 (applicable part of buyer's real estate tax reportable to the IRS) 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 will be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.

SELLER INSTRUCTION - If this real estate was your principal residence, file form 2119, Sale or Exchange of Principal Residence, for any gain, with your income tax return; for other transactions, complete the applicable parts of form 4797, Form 9852 and/or Schedule D (Form 1040).

You are required by law to provide Great American Title Co. of Greene County (417) 890-8423 with your correct taxpayer identification number. If you do not provide Great American Title Co. of Greene County (417) 890-8423 with your correct taxpayer identification number, you may be subject to civil or criminal penalties.

DENNIS E. ENGELHARD

Settlement Charges		FINANCIAL COMPANY	
700.	Total sales/broker commission based on : \$67,900.00= \$6,148.00	Paid From	Paid From
	Division of commission (line 700) as follows:	Borrower's	Seller's
701.	\$2,716.00 + \$395.00 to REMAX HOUSE OF BROKERS	Funds at	Funds at
702.	\$2,037.00 to REMAX HOUSE OF BROKERS	Settlement	Settlement
703.	Commission paid at settlement \$6,148.00		6,148.00
704.			
800.	Items payable to lender/borrower		
801.	Loan origination fee to NORTH AMERICAN SAVIN (1%)	883.72	
802.	Loan discount to NORTH AMERICAN SAVIN (0.26%)	188.68	
803.	Appraisal fee to JAY BULLARO	247.21	82.79
804.	Credit report to ROYAL MORTGAGE REPORTING L. C.	80.00	
805.	Lender's inspection fee		
806.	Mortgage insurance application fee		
807.	Assumption fee		
808.	Tax Service Fee		
809.	Document Preparation Fee		
810.	Flood Certification Fee to FIRST AMERICAN FLOOD DATA SERVICES	20.00	
811.	Underwriting Fee		
812.	Processing Fee		
813.			
900.	Items required by lender/borrower		
901.	Interest from 04/14/2000 to 05/01/2000 at \$14.7444/day for 17 days.		280.66
902.	Mortgage insurance premium for UPFRONT MIP to DEPT OF HUD	1,493.36	
903.	Hazard insurance premium for 1 yrs. to AMERICAN FAMILY INSURANCE		401.00
904.			
905.			
1000.	Reserve deposits with lender		
1001.	Hazard insurance 3 mo. @ \$33.4200 per mo.		100.26
1002.	Mortgage insurance		
1003.	City property taxes		
1004.	County property taxes 7 mo. @ \$31.7900 per mo.		222.53
1005.	Annual assessments (mahl.)		
1006.			
1007.			
1008.			
1009.	Aggregate Adjustment to NORTH AMERICAN SAVINGS BANK, F.S.B.		(127.23)
1100.	Title charges		
1101.	Settlement or closing fee to Great American Title Co. of Greene County	135.00	135.00
1102.	Abstract or title search to Great American Title Co. of Greene County		130.00
1103.	Title examination		
1104.	Title insurance binder		
1105.	Document preparation		
1106.	Notary fees		
1107.	Attorney's fees to		
	Includes above items no.:		
1108.	Title insurance to Great American Title Co. of Greene County	239.00	
	Includes above items no.:		
1109.	Lender's coverage \$67,865.00 \$10.00		
1110.	Owner's coverage \$87,900.00 \$229.00		
1111.	Overnight/Express Mail Fee to Great American Title Co. of Greene County		45.00
1112.			
1113.			
1200.	Government fees, title and transfer taxes		
1201.	Recording fees: Deed \$21.00 Mortgage \$39.00	60.00	
1202.	City/county tax/stamps:		
1203.	State tax/stamps:		
1204.			
1205.			
1206.			
1300.	Additional settlement charges		
1301.	Survey		
1302.	Pest inspection to A-1 Home Inspection	35.00	
1303.	Home Inspection to A-1 Home Inspection	150.00	
1304.	Misc. Repairs to Bayliff Building Company		125.00
1305.	HOME WARRANTY to HSA		395.00
1400.	Total settlement charges (entered on lines 103, section J and 602, section K)	3,262.95	6,879.00

CERTIFICATION: I have carefully reviewed the HUD-1 Settlement Statement and to the best of my knowledge and belief it is a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction, I further certify that I have received a copy of HUD-1 Settlement Statement.

Victoria Lynne Reichert
VICTORIA LYNNE REICHERT

DENNIS E. ENGELHARD

KELLY GLOSSIP

To the best of my knowledge, the HUD-1 Settlement Statement which I have prepared is a true and accurate account of the funds which were received and have been or will be disbursed by the undersigned as part of the settlement of this transaction.

Rachelle White
Rachelle White

4/12/10
Date

Great American Title Co. of Greene County

SELLER'S AND/OR PURCHASER'S STATEMENT Seller's and Purchaser's signature hereon acknowledges his/her approval of tax prorations and signifies their understanding that prorations were based on taxes for the preceding year, or estimates for the current year, and in the event of any change for the current year, all necessary adjustments must be made between Seller and Purchaser; likewise any default in delinquent taxes will be reimbursed to Title Company by the Seller.

Title Company, in its capacity as Escrow Agent, is and has been authorized to deposit all funds it receives in this transaction in any financial institution, whether affiliated. The parties have read the above sentences, recognize that the recitations herein are material, agree to same, and recognize Title Company is relying on the same.

Purchaser/Borrower

Victoria Lynne Reichert
VICTORIA LYNNE REICHERT

Seller

DENNIS E. ENGELHARD

KELLY GLOSSIP

WARNING: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details see: Title 18, U.S. Code Section 1001 and Section 1010.

CERTIFICATION: I have carefully reviewed the HUD-1 Settlement Statement and to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements made on my account or by me in a transaction. I further certify that I have received a copy of HUD-1 Settlement Statement.

VICTORIA REICHERT

DENNISE ENGELHARD

KELLY GLOSSIP

To the best of my knowledge, the HUD-1 Settlement Statement which I have prepared is a true and accurate account of the funds which were received and have been or will be disbursed by the undersigned as part of the settlement of this transaction.

Victoria Reichert

2/11/10

Great American Title Co. of Greene County

SELLER'S AND/OR PURCHASER'S STATEMENT Seller's and Purchaser's signature hereon acknowledges his/her approval of tax provisions and signifies their understanding that provisions were based on taxes for the preceding year, or estimates for the current year, and in the event of any change for the current year, all necessary adjustments must be made between Seller and Purchaser; likewise any default in delinquent taxes will be reimbursed to Title Company by the Seller.

Title Company, in its capacity as Escrow Agent, is and has been authorized to deposit all funds it receives in this transaction in any financial institution, whether affiliated. The parties have read the above sentences, recognize that the recitations herein are material, agree to same, and recognize Title Company is relying on the same.

Purchasers/Borrowers

Seller's

VICTORIA REICHERT

DENNISE ENGELHARD

KELLY GLOSSIP

WARNING: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details see: Title 18: U.S. Code Section 1001 and Section 1010.

**CERTIFICATION FOR NO INFORMATION REPORTING
ON THE SALE OR EXCHANGE OF A PRINCIPAL RESIDENCE**

This form may be completed by the seller of a principal residence. This information is necessary to determine whether the sale or exchange should be reported to the seller, and to the Internal Revenue Service on Form 1099-S, Proceeds From Real Estate Transactions. If the seller properly completes Parts I and III, and makes a "yes" response to assurances (1) through (4) in Part II, no information reporting to the seller or to the Service will be required for that seller. The term of "seller" includes each owner of the residence that is sold or exchanged. Thus, if a residence has more than one owner, a real estate reporting person must either obtain a certification from each owner (whether married or not) or file an information return and furnish a payee statement for any owner that does not make the certification.

Part I. Seller Information

1. Name _____
2. Address or legal description (including city, state, and ZIP code) of residence being sold or exchanged

SPRINGFIELD, Missouri _____
3. Taxpayer Identification Number (TIN) _____

Part II. Seller Assurances

Check "yes" or "no" for assurances (1) through (4).

- | Yes | No | |
|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (1) I owned and used the residence as my principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (2) I have not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (3) No portion of the residence has been used for business or rental purposes by me (or my spouse if I am married) after May 6, 1997. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (4) At least one of the following three statements applies: |

The sale or exchange is of the entire residence for \$250,000 or less.

OR

I am married, the sale or exchange is of the entire residence for \$500,000 or less, and the gain on the sale or exchange of the entire residence is \$250,000 or less.

OR

I am married, the sale or exchange is of the entire residence for \$500,000 or less, and (a) I intend to file a joint return for the year of the sale or exchange, (b) my spouse also used the residence as his or her principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence, and (c) my spouse also has not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997).

Part III. Seller Certification

Under penalties of perjury, I certify that all the above information is true as of the end of the day of the sale or exchange.


DENNIS E. ENGELTARD

Signature of Seller

4-14-00
Date

Springfield MO 65801

**CERTIFICATION FOR NO INFORMATION REPORTING
ON THE SALE OR EXCHANGE OF A PRINCIPAL RESIDENCE**

This form may be completed by the seller of a principal residence. This information is necessary to determine whether the sale or exchange should be reported to the seller, and to the Internal Revenue Service on Form 1099-S, Proceeds From Real Estate Transactions. If the seller properly completes Parts I and III, and makes a "yes" response to assurances (1) through (4) in Part II, no information reporting to the seller or to the Service will be required for that seller. The term of "seller" includes each owner of the residence that is sold or exchanged. Thus, if a residence has more than one owner, a real estate reporting person must either obtain a certification from each owner (whether married or not) or file an information return and furnish a payee statement for any owner that does not make the certification.

Part I. Seller Information

1. Name DENNIS E. ENGELHARD
2. Address or legal description (including city, state, and ZIP code) of residence being sold or exchanged
[REDACTED]
SPRINGFIELD, Missouri
3. Taxpayer Identification Number (TIN) [REDACTED]

Part II. Seller Assurances

Check "yes" or "no" for assurances (1) through (4).

- | Yes | No | |
|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (1) I owned and used the residence as my principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (2) I have not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (3) No portion of the residence has been used for business or rental purposes by me (or my spouse if I am married) after May 6, 1997. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (4) At least one of the following three statements applies: |

The sale or exchange is of the entire residence for \$250,000 or less.

OR

I am married, the sale or exchange is of the entire residence for \$500,000 or less, and the gain on the sale or exchange of the entire residence is \$250,000 or less.

OR

I am married, the sale or exchange is of the entire residence for \$500,000 or less, and (a) I intend to file a joint return for the year of the sale or exchange, (b) my spouse also used the residence as his or her principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence, and (c) my spouse also has not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997).

Part III. Seller Certification

Under penalties of perjury, I certify that all the above information is true as of the end of the day of the sale or exchange.

Dennis E. Engelhard
DENNIS E. ENGELHARD Signature of Seller

04-19-00
Date

[REDACTED]
Springfield, MO
65801-6225

GENERAL WARRANTY DEED

THIS DEED, Made and entered into this 14th day of April, 2000, by and between DENNIS E. ENGELHARD AND KELLY GLOSSIP, BOTH SINGLE PERSONS of the County of, State of Missouri, party or parties of the first part, and VICTORIA LYNN REICHERT, A SINGLE PERSON, of the County of Greene, State of Missouri, party or parties of the second part, Grantee's mailing address:

SPRINGFIELD, MO 65804

WITNESSETH, that the said party or parties of the first part, for and in consideration of the sum of One Dollar and other valuable considerations paid by the said party or parties of the second part, the receipt of which is hereby acknowledged, does or do by these presents GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM unto the said party or parties of the second part, the following described Real Estate, situated in the County of and State of Missouri, to wit:

ALL OF LOT SEVENTEEN (17), IN SAGAMORE SUBDIVISION, IN THE CITY OF SPRINGFIELD, GREENE COUNTY, MISSOURI, ACCORDING TO THE RECORDED PLAT THEREOF.

SUBJECT TO EASEMENTS, RESTRICTIONS, RESERVATIONS AND COVENANTS OF RECORD, IF ANY. TO HAVE AND TO HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto, belonging, or in anywise appertaining, unto the said party of the second part, and unto their heirs and assigns forever, the said grantors hereby covenanting that the premises are free and clear of any encumbrances done or suffered by them or those under whom they claim and that they will Warrant and Defend the title of the said premises unto the said party of the second part and unto their heirs and assigns forever, against the lawful claims and demands of all persons whomsoever

IN WITNESS WHEREOF, the said parties of the first part have hereunto set their hands and seals the day and year first above written.

[Signatures and seals for DENNIS E. ENGELHARD, KELLY GLOSSIP, and two blank lines for (SEAL)]

STATE OF MISSOURI,)
COUNTY OF GREENE) ss.
before me personally appeared)

On this the 14th day of April A.D. 2000

DENNIS E. ENGELHARD, A SINGLE PERSON AND KELLY GLOSSIP, A SINGLE PERSON,

to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in Springfield, MO the day and year first above written.



My Commission expires: 3/17/02

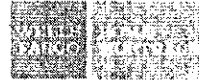
[Signature of Rachelle Wirth] Notary Public



EXHIBIT
F



For customers of:



DENNIS E ENGELHARD
KELLY D GLOSSIP

ROBERTSVILLE MO 63072-1501

Major Repairs Are Inevitable. Are you Prepared?

DEAR DENNIS E ENGELHARD and KELLY D GLOSSIP

It's almost impossible to predict when breakdowns will occur and all too often they happen at the worst possible time. As a homeowner, you probably know the hassle of finding a qualified service contractor, not to mention how costly repairs or replacements can be. Did you know that replacing your central air conditioner or heating system could cost you an average of \$3,066?¹

HOME WARRANTY PLANS		
Covered Items²	Essential Plan³	Enhanced Plan³
Central Air System Components		✓
Kitchen Refrigerator		✓
Garage Door Opener		✓
Clothes Dryer		✓
Clothes Washer		✓
Heating Components	✓	✓
Heat Pump Components	✓	✓
Ductwork	✓	✓
Plumbing Components	✓	✓
Plumbing Stoppage	✓	✓
Sump Pump	✓	✓
Toilet Tanks and Bowls	✓	✓
Built-in Whirlpool Motor and Pump	✓	✓
Electrical Components	✓	✓
Water Heater	✓	✓
Range/Oven	✓	✓
Cooktop	✓	✓
Dishwasher	✓	✓
Built-in Microwaves	✓	✓
Garbage Disposal	✓	✓
Ceiling Fans	✓	✓
Exhaust Fans	✓	✓
OPTIONAL COVERAGES WITH EITHER PLAN:		
Built-in Pool or Spa Equipment	✓	✓
Well Pump	✓	✓

Who will you call?

Wells Fargo Bank, N.A. has arranged for American Home Shield (AHS) to offer its home warranty to help protect your home's covered system components and appliances.² An AHS Home Warranty can not only help save you money, but help take the hassles out of finding qualified service contractors. The moment a covered item breaks down simply call American Home Shield to request service 24 hours a day, 7 days a week.

How will you pay for it?

After receiving your service request AHS will contact a local, approved service contractor who will contact you during normal business hours to schedule an appointment. Upon arrival, you'll pay a \$60 Trade Service Call Fee for each contractor of a different trade requested.³ In the event AHS determines a covered system or appliance can't be repaired, AHS will replace it!⁴

The cost of the plan will be conveniently billed and collected with your monthly mortgage payment. Please complete and return this enrollment form in the envelope provided. Your effective date for the one-year contract will be assigned by AHS and will coincide with your first home warranty payment.

Please see reverse side for the footnote and disclosures.

AMERICAN HOME SHIELD ENROLLMENT FORM

Reference #: 708HXVCRPZWVP

DENNIS E ENGELHARD
KELLY D GLOSSIP

ROBERTSVILLE MO 63072-1501

Concerning Property at:

CATAWISSA MO 63015

If the property to be covered differs than above, please call AHS for coverage pricing.

Step 1. Choose the annual home warranty plan that best fits your needs.

- Essential Plan@- \$29.67 per month (\$356 per year)
- Enhanced Plan@- \$40.67 per month (\$488 per year)

Step 2. Select desired optional coverage.

- Add \$13.34 per month (\$160 per year) to include built-in Pool or Spa equipment
- Add \$6.66 per month (\$80 per year) to include Well Pump

Tax will be added where required by law.

Step 3. Please Sign. By signing this Enrollment Form electing this coverage, I acknowledge that I have received the Disclosure described on the reverse of this form. I authorize the cost of the plan selected to be billed and collected with my Wells Fargo monthly mortgage payment.

Signature: X _____

Phone Number: (____) _____

Email Address: (optional - we confirm service requests via email) _____

Call AHS toll free at 1-888-407-3079 with any questions or to enroll by phone. Representatives available M-F 7 a.m. - 10 p.m. CST S-S 7 a.m. - 8 p.m. CST





For customers of:



DENNIS E ENGELHARD
KELLY D GLOSSIP
ROBERTSVILLE MO 63072-1501

Major Repairs Are Inevitable. Are you Prepared?

DEAR DENNIS E ENGELHARD and KELLY D GLOSSIP

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HOME WARRANTY PLANS		
Covered Items ²	Essential Plan ¹	Enhanced Plan ¹
Central Air System Components		✓
Kitchen Refrigerator		✓
Garage Door Opener		✓
Clothes Dryer		✓
Clothes Washer		✓
Heating Components	✓	✓
Heat Pump Components	✓	✓
Ductwork	✓	✓
Plumbing Components	✓	✓
Plumbing Stoppage	✓	✓
Sump Pump	✓	✓
Toilet Tanks and Bowls	✓	✓
Built-in Whirlpool Motor and Pump	✓	✓
Electrical Components	✓	✓
Water Heater	✓	✓
Range/Oven	✓	✓
Cooktop	✓	✓
Dishwasher	✓	✓
Built-in Microwave	✓	✓
Garbage Disposal	✓	✓
Ceiling Fans	✓	✓
Exhaust Fans	✓	✓
OPTIONAL COVERAGES WITH EITHER PLAN:		
Built-In Pool or Spa Equipment	✓	✓
Well Pump	✓	✓

Who will you call?

Wells Fargo Bank, N.A. has arranged for American Home Shield (AHS) to offer its home warranty to help protect your home's covered system components and appliances.³ An AHS Home Warranty can not only help save you money, but help take the hassles out of finding qualified service contractors. The moment a covered item breaks down simply call American Home Shield to request service 24 hours a day, 7 days a week.

How will you pay for it?

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The cost of the plan will be conveniently billed and collected with your monthly mortgage payment. Please complete and return this enrollment form in the envelope provided. Your effective date for the one-year contract will be assigned by AHS and will coincide with your first home warranty payment.

Please see reverse side for the footnote and disclosures.

AMERICAN HOME SHIELD ENROLLMENT FORM

Reference #: 708HXVKRPZWVP

DENNIS E ENGELHARD
KELLY D GLOSSIP
ROBERTSVILLE MO 63072-1501

Concerning Property at:
CATAWISSA MO 63015
If the property to be covered differs than above, please call AHS for coverage pricing.

Call AHS toll free at 1-888-407-3079 with any questions or to enroll by phone. Representatives available: M-F 7 a.m. - 10 p.m. CST S-S 7 a.m. - 8 p.m. CST

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Step 2. Select desired optional coverage.

- Add \$13.34 per month (\$160 per year) to include built-in Pool or Spa equipment
- Add \$8.66 per month (\$80 per year) to include Well Pump

Tax will be added where required by law.

Step 3. Please Sign. By signing the Enrollment Form electing this coverage, I acknowledge that I have received the Disclosure described on the reverse of this form. I authorize the cost of the plan selected to be billed and collected with my Wells Fargo monthly mortgage payment.

Signature: X
Phone Number: ()
Email Address: (optional - we confirm service requests via email)





State Farm Fire and Casualty Company

4700 South Providence
Columbia, MO 65217-0001

AT2

000937

ENGELHARD, DENNIS E &
GLOSSIP, KELLY D

ROBERTSVILLE MO 63072-1501

H F

RENEWAL CERTIFICATE

POLICY NUMBER	[REDACTED]
Homeowners Policy	
APR 28 2010 to APR 28 2011	
SEE BALANCE DUE FOR RENEWAL OFFER	
TO BE PAID BY MORTGAGEE	

Coverages and Limits

Section I

A Dwelling		\$152,500
Dwelling Extension	Up To	15,250
B Personal Property		114,375
C Loss of Use		Actual Loss Sustained

Deductibles - Section I

All Losses 1.00%	1,525
------------------	-------

Section II

L Personal Liability	\$300,000
Damage to Property of Others	500
M Medical Payments to Others (Each Person)	4,000

Annual Premium \$821.00

Premium Reductions
Claim Free Discount 201.00

Inflation Coverage Index: 234.7

Location: Same as Mailing Address

Loss Settlement Provisions (See Policy)

- A1 Replacement Cost - Similar Construction
- B1 Limited Replacement Cost - Coverage B

Forms, Options, and Endorsements

- Homeowners Policy * FP-7955
- Increase Dwlg up to \$30,500 OPT ID
- Ordinance/Law 10% \$15,250 OPT OL
- Jewelry and Furs \$1,500/\$2,500 OPT JF
- Amendatory Endorsement FE-7275.1
- Policy Endorsement FE-5320
- Fungus (Including Mold) Excl FE-5398
- Motor Vehicle Endorsement FE-5452
- Telecommuter Coverage FE-5831
- Amendatory Debris Removal FE-5480
- Mandatory Reporting Endorsement * FE-5801

*Effective: APR 28 2010

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

Please help us update the data used to determine your premium. Contact your agent with the year each of your home's utilities (heating/cooling, plumbing, or electrical) and roof were last updated.



If you have moved, please contact your agent. See reverse side for important information.

Thanks for letting us serve you. We appreciate our long term customers.

2308 201B 1

Agent RON REYNAUD
Telephone (417) 882-2202

HEP

Prepared MAR 15 2010

138-30761.7 Rev. 11-14-2005 (0100055)



IMPORTANT NOTICE

Effective with this renewal, MANDATORY REPORTING ENDORSEMENT, FE-5801, is being added to your policy.

This notice summarizes the changes being made to your policy.

A Coverage M condition is added that requires an injured person or someone acting on their behalf shall provide us with any required authorizations and submit all information needed for us to comply with state or federal law.

Please read endorsement FE-5801 carefully and place it with your policy. If you have any questions about the information in this notice, please contact your State Farm® agent.

This message is provided for informational purposes only, and does not change, modify or invalidate any of the provisions, terms or conditions of your policy and applicable endorsements.



FE-5801 MANDATORY REPORTING ENDORSEMENT

The following CONDITION is added:

Duties of an Injured Person – Coverage M – Mandatory Reporting. The injured person, or, when appropriate, someone acting on behalf of that person, shall:

- a. provide us with any required authorizations; and
- b. submit to us all information we need to comply with state or federal law.

FE-5801

©, Copyright, State Farm Mutual Automobile Insurance Company, 2009



Identity Restoration Coverage Now Available

Your Balance Due Notice includes an offer to purchase Identity Restoration coverage. If you wish to purchase this optional endorsement, please pay the additional premium indicated on your Balance Due Notice.

Here is a summary of the new coverage.

- **Identity Restoration Case Management Service** — Is available for up to 12 months for any covered Identity Fraud. A case manager works with affected agencies and institutions, including credit card companies, credit bureaus, creditors and businesses on the insured's behalf to correct any covered identity fraud issues that may be experienced.
- **Identity Fraud Expense Reimbursement** — Provides up to \$25,000 for covered expenses caused by an Identity Fraud, including:
 - Cost of obtaining credit bureau reports;
 - Fees when reapplying for loans, grants or other credit instruments;
 - Phone, postage and shipping fees;
 - Notary and filing fees for costs you incur to correct your identity and credit records;
 - Certain legal fees resulting from Identity Fraud;
 - Up to \$1,000 for deductibles or service fees from financial institutions and other costs to recover control over your personal identity. This is part of, not in addition to, the expense reimbursement limit; and
 - Up to \$5,000 combined for lost wages and child and elder care expenses. This is part of, not in addition to, the expense reimbursement limit.

If you have any questions about Identity Restoration Coverage, please contact your State Farm® agent.

THIS MESSAGE IS INTENDED FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT MODIFY OR INVALIDATE ANY OF THE PROVISIONS, TERMS OR CONDITIONS OF YOUR POLICY AND ENDORSEMENTS.

553-2887

(5/08)

553-2798

IMPORTANT NOTICE . . . Discounts and Rating

The longer you are insured with State Farm® and the fewer claims you have, the lower your premium. For policyholders insured by State Farm for three or more years, the Claim Free Discount Plan provides a premium discount if you have not had any claims considered for the Plan in the most recent three-year period since becoming insured with State Farm. Premium adjustments under the Claim Record Rating Plan are based on the number of years you have been insured with State Farm and on the number of claims that we consider for the Plan. Depending on the Plan(s) that applies in your state/province, claims considered for the Plans generally include claims resulting in a paid loss and may include weather-related claims. Additionally, depending on your state/province's plan and your tenure with State Farm, any claims with your prior insurer resulting in property damage or injury may also influence your premium. For further information about whether a Claim Free Discount is in effect in your state/province, the Claim Record Rating Plan that applies in your state/province, and the claims we consider for the Plans, please contact your State Farm agent.

553-2798 (C)

(10/07)

(CONTINUED)



STATE FARM INSURANCE COMPANIES

State Farm Fire and Casualty Company

4700 South Providence
Columbia, MO 65217-0001

[REDACTED] H F

ENGELHARD, DENNIS E &
GLOSSIP, KELLY D

ROBERTSVILLE MO 63072-1501

BALANCE DUE NOTICE

POLICY NUMBER [REDACTED]	
Homeowners Policy APR 28 2010 to APR 28 2011	
DATE DUE	PLEASE PAY THIS AMOUNT
TO BE PAID BY MORTGAGEE	

Location: Same as Mailing Address

Important Message(s)

Agent RON REYNAUD
Telephone (417) 882-2202

See reverse side for address changes.
Please keep this part for your record.
Prepared MAR 15 2010

MOVING? PLEASE SEE REVERSE SIDE.

P-3241-F446



INSURED	ENGELHARD, DENNIS E &	
POLICY NUMBER	[REDACTED]	HO - HOMEOWNERS

NOTE: THE ANNUAL PREMIUM WAS BILLED TO THE MORTGAGEE.	
DATE DUE	PLEASE PAY THIS AMOUNT
REVIEW RENEWAL OFFER	

Renewal Offer:
IDENTITY RESTORATION COVERAGE IS AVAILABLE
FOR AN ADDITIONAL PREMIUM OF \$25.00. IF YOU
WISH TO MAKE THIS CHANGE TO YOUR HOMEOWNERS
POLICY, RETURN THIS NOTICE WITH THE
ADDITIONAL \$25.00 PREMIUM IN THE ENCLOSED
ENVELOPE. PLEASE REFER TO THE ENCLOSED
INSERT FOR DETAILS AND CONTACT YOUR STATE
FARM AGENT IF YOU HAVE ANY QUESTIONS.

Loan No: [REDACTED]

Please contact your State Farm Agent if you
have any questions about your policy.

1401005289
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



(01130810)

FOR OFFICE USE ONLY

0926 M 2388 2010 I

Prepared: MAR 16 2010

* 2F,DR,NP,S1

REP

FIRE BAL DUE

0528

910014800002500 325166609249601514>



POSE 1



POSE 3



POSE 4



POSE 2



POSE 5



POSE 6

EXHIBIT
1

Mr. Dennis Engelhard & Mr. Kelly Glossip
 [REDACTED]
 Robertsville, MO 63072-1501

REFLECTS 2008 GIFTS

January	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
February	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
March	\$225.00	\$0.00	\$0.00	\$0.00	\$0.00	\$225.00
April	\$0.00	\$0.00	\$0.00	\$50.00	\$0.00	\$50.00
May	\$50.00	\$50.00	\$25.00	\$0.00	\$0.00	\$125.00
June	\$0.00	\$0.00	\$250.00	\$50.00	\$50.00	\$350.00
July	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
August	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
September	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
October	\$0.00	\$0.00	\$15.00	\$25.00	\$0.00	\$40.00
November	\$20.00	\$0.00	\$0.00	\$75.00	\$0.00	\$95.00
December	\$10.00	\$75.00	\$25.00	\$0.00	\$0.00	\$110.00

	Contributions This Period	Contributions Year to Date	Total Pledge	Payments Previous Years	Pledge To Date	Pledge Balance
Pledges - Current Yr	\$1,120.00	\$1,120.00	\$1,600.00	\$0.00	\$1,600.00	\$480.00



Total This Period	\$1,120.00	Total This Year	\$1,120.00
-------------------------	------------	-----------------------	------------



Dennis E. Engelhard
Kelly D. Glossip
Ph. [REDACTED]
Springfield, Mo 65801

43-7332/2895

WARD
MO. OZ.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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\$

PAID

Great Southern
Bank



Photo. I have a feeling we've met in Kansas anymore.

1944

[REDACTED]

[REDACTED]

EXHIBIT
L

STATE OF MISSOURI
CERTIFICATE OF TITLE

TITLE NUMBER

ORIGINAL



VEHICLE IDENTIFICATION NUMBER [REDACTED] YEAR 2006 MAKE KIA MODEL [REDACTED] BODY STYLE UTIL
 CYL 6 HP 32 PREVIOUS STATE [REDACTED] MILEAGE AT TIME OF TRANSFER 16* TAX PAID PURCHASE DATE 09/25/2006 DATE ISSUED 10/26/2006
 OWNER ENGELHARD DENNIS E & GLOSSIP KELLY
 [REDACTED] ROBERTSVILLE MO 63072

MAIL TO

 ENGELHARD DENNIS E & GLOSSIP KELLY
 [REDACTED] ROBERTSVILLE MO 63072-1501

VEHICLE SUBJECT TO FOLLOWING LIEN(S)
 FIRST LIEN WFS FINANCIAL INC PO BOX 168048 IRVING TX 75016 LIEN DATE 09/25/2006
 SECOND LIEN [REDACTED] LIEN DATE [REDACTED]
 Lien release - To release any lien shown on the face of this title, the lienholder must complete a notarized Lien Release (DOR-1809) to be attached to this title before the purchaser applies for a Certificate of Title.
 Any person who knowingly and intentionally submits a separate document releasing a lien of another without authority to do so shall be guilty of a class C felony. (301.640 RSMo)

BUYER ON REVERSE SIDE MUST TITLE IN 30 DAYS TO AVOID PENALTY

MILEAGE STATEMENT
 *ACTUAL MILEAGE...
 ANNUAL ODOMETER UPDATES MAY BE AVAILABLE FROM THE DEPARTMENT OF REVENUE.
 EFFECTIVE 1/1/06 YOU MUST SUBMIT A NOTICE OF SALE TO THE DEPARTMENT OF REVENUE WITHIN 30 DAYS OF SELLING THIS VEHICLE.

Tush Vincent
 DIRECTOR OF REVENUE (DOR-387 (07-05))

MO 860-1331 (07-05)

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

MUST BE COMPLETED BY SELLER		NOTICE OF SALE		SEE INSTRUCTIONS ON REVERSE	
PURCHASER NAME (S)			DOR USE ONLY CODE		
ADDRESS					
CITY		STATE	ZIP CODE		COUNTY
DRIVER LICENSE NUMBER OF FIRST PURCHASER				DATE OF BIRTH OF FIRST PURCHASER	
SIGNATURE OF FIRST PURCHASER LISTED ABOVE			PRINTED NAME OF FIRST PURCHASER LISTED ABOVE		
RCV	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER
	2006	KIA	[REDACTED]		[REDACTED] 2893
DATE OF SALE			NET PURCHASE PRICE (AFTER TAXES, FEES)		

EXHIBIT
 N

MO 860-3043 (07-05)

DOR-5018A (07-05)



STATE FARM INSURANCE COMPANIES

State Farm Mutual Automobile Insurance Company
4700 S Providence Rd
Columbia MO 65217

AUTO RENEWAL

Table with 2 columns: POLICY NUMBER, DATE DUE, PLEASE PAY THIS AMOUNT. Values include APR 02 2005 to OCT 02 2005 and \$880.52.

ENGELHARD, DENNIS E
ROBERTSVILLE MO 63072-1501



Your premium is based on the following... If not correct, contact your agent.
2002 FORD ESCORT VIN

Class 1B0050F

Drivers of vehicle in your household...

There are no male or unmarried female drivers under age 25 assigned to this car.

Ordinary use of vehicle...

Pleasure or not more than 30 miles weekly to and from work or school. Driven over 7,500 miles annually.

Table with 2 columns: Coverages and Limits, Premiums. Lists various coverages like Liability, Medical Payments, etc. Total Amount Due is \$380.52.

Your premium has already been adjusted by the following:

Table with 2 columns: Premium Reductions, Amount. Lists Multiple Line (60.00) and Accident Free (77.52).

Please read the enclosed News & Notes article entitled "Liability Coverage premiums now vary by make/model."

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$190.26, plus a handling charge of \$2.00. The amount due on APR 02 2005 will be \$192.26.

The remaining half will be due on JUN 01 2005. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to determine if you qualify, please contact your State Farm agent.

The following list of drivers is shown for informational purposes only and does not extend or expand coverage beyond that contained in this automobile policy.

DENNIS ENGELHARD, KELLY D GLOSSIP.

If the above information is inaccurate or incomplete, please contact your agent immediately to make corrections.

*** Your policy has the Guaranteed Renewal Endorsement. ***

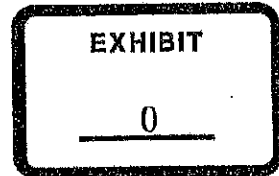
Thanks for letting us serve you...

Agent RON REYNAUD
Telephone (417)882-2202

See reverse side for important information. Please keep this part for your record.

Prepared FEB 28 2005

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE OTHER DRIVERS, OR MAKE MOVES...





STATE FARM INSURANCE COMPANIES

State Farm Mutual Automobile Insurance Company

4700 E Providence Rd
Columbia MO 65217

ENGELHARD, DENNIS E

ROBERTSVILLE MO 63072-1501



AUTO RENEWAL

POLICY NUMBER	[REDACTED]
OCT 02 2005 to APR 02 2006	
DATE DUE	PLEASE PAY THIS AMOUNT
OCT 02 2005	\$380.52

Coverages and Limits		Premium
A	Liability	
	Bodily Injury 50,000/100,000	
	Property Damage 50,000	144.00
O	Medical Payments 5,000	31.44
D	500 Deductible Comprehensive	48.44
G	500 Deductible Collision	115.20
H	Emergency Road Service	3.20
R1	Car Rental & Travel Expense	
	80% Per Day, \$1,000 Max	15.44
U	Uninsured Motor Vehicle	
	Bodily Injury 50,000/100,000	7.40
S	Death Indemnity	4.80
W	Underinsured Motor Vehicle	
	Bodily Injury 50,000/100,000	10.60
Amount Due		\$380.52

Your premium is based on the following... If not correct, contact your agent.
2002 FORD ESCORT VIN [REDACTED]

Class 1B0050F

Drivers of vehicle in your household...
There are no male or unmarried female drivers under age 25 assigned to this car.

Ordinary use of vehicle...
Pleasure or not more than 30 miles weekly to and from work or school.
Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

Your premium has already been adjusted by the following:

Premium Reductions		
Multiple Line		60.00
Accident-Free		77.52

IMPORTANT: It is important that you READ the enclosed explanation of SIGNIFICANT CHANGES TO YOUR POLICY.

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$190.26, plus a handling charge of \$2.00. The amount due on OCT 02 2005 will be \$192.26.

The remaining half will be due on DEC 01 2005. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to determine if you qualify, please contact your State Farm agent.

The following list of drivers is shown for informational purposes only and does not extend or expand coverage beyond that contained in this automobile policy. Our records indicate the persons listed below are the only licensed drivers reported to us:

DENNIS ENGELHARD, KELLY D GLOSSIP.

If the above information is inaccurate or incomplete, please contact your agent immediately to make corrections.

*** Your policy has the Guaranteed Renewal Endorsement. ***

Thanks for letting us serve you...

Agent RON REYNAUD
Telephone (417)882-2202

See reverse side for important information.
Please keep this part for your record.
Prepared AUG 29 2005



STATE FARM INSURANCE COMPANIES

State Farm Mutual Automobile Insurance Company
4700 S Providence Rd
Columbia, MO 65217

ENGELHARD, DENNIS E
ROBERTSVILLE MO 63072-1501



AUTO RENEWAL

Table with 2 columns: POLICY NUMBER, DATE DUE, PLEASE PAY THIS AMOUNT. Values include APR 02 2006 to OCT 02 2006 and \$370.85.

Table with 2 columns: Coverages and Limits, Premiums. Lists various coverages like Liability, Medical Payments, Collision, etc. with their respective premium amounts.

Your premium has already been adjusted by the following:

Table with 2 columns: Premium Reductions, Amount. Lists Multiple Line and Accident-Free reductions.

Your premium is based on the following... If not correct, contact your agent.
2002 FORD ESCORT VIN

Class 1B0050F

Drivers of vehicle in your household... There are no male or unmarried female drivers under age 25 assigned to this car.
Rated Driver's Date of Birth: NOV 24, 1960.

Ordinary use of vehicle... Pleasure or not more than 30 miles weekly to and from work or school.
Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$185.42, plus a handling charge of \$2.00. The amount due on APR 02 2006 will be \$187.42.

The remaining half will be due on JUN 01 2006. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to determine if you qualify, please contact your State Farm agent.

The following list of drivers is shown for informational purposes only and does not extend or expand coverage beyond that contained in this automobile policy. Our records indicate the persons listed below are the only licensed drivers reported to us:

DENNIS ENGELHARD, KELLY D GLOSSIP.

If the above information is inaccurate or incomplete, please contact your agent immediately to make corrections.

*** Your policy has the Guaranteed Renewal Endorsement. ***

Thanks for letting us serve you..

Agent RON REYNAUD
Telephone (417)882-2202

See reverse side for important information
Please keep this part for your record.



State Farm Mutual Automobile Insurance Company
 4700 S Providence Rd
 Columbia MO 65217

ENGELHARD, DENNIS E
 ROBERTSVILLE MO 63072-1501

|||||

POLICY NUMBER	
OCT 02 2006 to APR 02 2007	
DATE DUE	PLEASE PAY THIS AMOUNT
OCT 02 2006	\$356.88

Coverages and Limits	Premiums
A Liability	
Bodily Injury 50,000/100,000	
Property Damage 50,000	133.98
O Medical Payments 5,000	28.64
D 500 Deductible Comprehensive	47.12
G 500 Deductible Collision	105.69
H Emergency Road Service	3.20
R1 Car Rental & Travel Expense	
80% Per Day, \$1,000 Max	15.40
U Uninsured Motor Vehicle	
Bodily Injury 50,000/100,000	7.36
S Death Indemnity	4.80
W Underinsured Motor Vehicle	
Bodily Injury 50,000/100,000	10.69
Amount Due	\$356.88

Your premium is based on the following... If not correct, contact your agent.
 2002 FORD ESCORT VIN [REDACTED]

Class 1B0050F
 Drivers of vehicle in your household...
 There are no male or unmarried female drivers under age 25 assigned to this car.
 As of OCT 02 2006 our records show the principal driver of this vehicle will be age 45.

Ordinary use of vehicle...
 Pleasure or not more than 30 miles weekly to and from work or school.
 Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

Your premium has already been adjusted by the following:

Premium Reductions	
Multiple Line	55.65
Accident-Free	89.40

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$178.44, plus a handling charge of \$2.00. The amount due on OCT 02 2006 will be \$180.44.

The remaining half will be due on DEC 01 2006. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to determine if you qualify, please contact your State Farm agent.

Your premium may be influenced by the drivers listed below and other individuals permitted to operate your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that own or regularly operate any vehicle in your household.

DENNIS ENGELHARD, KELLY D GLOSSIP.

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

*** Your policy has the Guaranteed Renewal Endorsement. ***

Thanks for letting us serve you...

Agent RON REYNAUD
 Telephone (417)882-2202

See reverse side for important information.
 Please keep this part for your record.

Prepared AUG 28 2006

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED, PLEASE CONTACT YOUR AGENT.



INSURED	ENGELHARD, DENNIS E
POLICY NUMBER	[REDACTED] 2002 FORD

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE	PLEASE PAY THIS AMOUNT
OCT 02 2006	\$356.88

Please contact your State Farm agent to make changes to your policy.

*Ph 918
 for any
 compare*

1409610216
 Insurance Support Center
 P.O. Box 680001
 Dallas, TX 75368-0001

|||||

FOR OFFICE USE ONLY 1641

1-1 1141
 PREP DT 08-28-06
 APP DT 11-11-06

MUTL VOL

AUTO REN \$356.88



4700 S Providence Rd
Columbia MO 65217

DECLARATIONS PAGE

PAGE 1 OF

NAMED INSURED

ENGELHARD, DENNIS E

ROBERTSVILLE MO 63072-1501

POLICY NUMBER

POLICY PERIOD SEP 25 2006 to APR 02 2007

AGENT

RON REYNAUD
3259 E SUNSHINE ST SUITE EE
SPRINGFIELD, MO 65804-2143

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

PHONE: (417)892-2202

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
2006	KIA	SORENTO	SPORT WG	KNDJD733465657435	1B0H50F

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	2006 KIA
A	Bodily Injury/Property Damage Liability Limits of Liability-Coverage A Bodily Injury Each Person, Each Accident \$50,000 \$100,000	\$139.45
	Limits of Liability-Coverage A-Property Damage Each Accident \$50,000	
C	Medical Payments Limit of Liability-Coverage C Each Person \$5,000	\$29.82
D500	\$500 Deductible Comprehensive	\$64.94
G500	\$500 Deductible Collision	\$155.81
H	Emergency Road Service	\$3.32
R1	Car Rental/Travel Expenses Limits of Liability - Car Rental Expense Each Day, Each Occurrence 80% \$1,000	\$16.00
U	Uninsured Motor Vehicle Limits of Liability-U Each Person, Each Accident \$50,000 \$100,000	\$76.65
W	Underinsured Motor Vehicle Limits of Liability-W Each Person, Each Accident \$50,000 \$100,000	\$115.11
S	Death, Dismemberment and Loss of Sight Persons Insured-Coverage S - \$10,000 ENGELHARD, DENNIS E GLOSSIP, K D	\$4.99

Total premium for this policy period SEP 25 2006 to APR 02 2007 is \$433.09. This is not a bill.

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9825.6, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

Replaced policy number

* The total premium for the policy period listed above reflects a recent change to your policy plus the 6 month renewal premium.

Your total current 6 month premium for OCT 02 2006 to APR 02 2007 is \$416.08.

CONTINUED

4700 S Providence Rd
Columbia MO 65217

DECLARATIONS PAGE

PAGE 2 OF

NAMED INSURED

ENGELHARD, DENNIS E
ROBERTSVILLE MO 63072-1501

POLICY NUMBER
POLICY PERIOD SEP 25 2006 to APR 02 2007

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

FINANCED- WFS FINANCIAL, PO BOX 168048, IRVING TX 75016-8048.
6091 CERTIFICATE OF GUARANTEED RENEWAL
6102Q AMENDMENT OF DEFINED WORDS, LIABILITY, MEDICAL PAYMENTS AND
PHYSICAL DAMAGE COVERAGES.
61270 AMENDATORY ENDORSEMENT
689300 AMENDMENT OF CAR RENTAL AND TRAVEL EXPENSES COVERAGES.
6925.1 AMENDMENT OF DEFINED WORDS, LIABILITY, MEDICAL PAYMENTS
UNINSURED MOTOR VEHICLE AND PHYSICAL DAMAGE COVERAGES AND
CONDITIONS.

Agent: RON REYNAUD
Telephone: (417)882-2202
Prepared OCT 02 2006

PRE-00542

2009 REAL ESTATE

LINDA EMMONS
FRANKLIN COUNTY COLLECTOR
FRANKLIN COUNTY, MISSOURI
400 E LOCUST ST, ROOM 103
UNION, MISSOURI 63084

** PROPERTY DESCRIPTION **
20-1-11.0-0-005-001.400
LOT: 1 SOUTH SLOPE
SOUTH SLOPE

ACCOUNT NO. [REDACTED]

Site Address: [REDACTED]
ACRES 1.060
SC 11 TN 42 RG 2E
DDC# 2004- 14054

ENGELHARD, DENNIS E & GLOSSIP, KELLY D
ROBERTSVILLE, MO 63072-1501

PAID

ORIGINAL RECEIPT

RECEIPT

STATE.....	0.0300	5.45
COUNTY.....	0.1173	21.30
*CA COUNTY TAX.....		4.19
ROAD.....	1	34.92
*CA ROAD DIST 1.....	0.1923	2.86
SCH.....R3	4.2657	774.65
HOSP.....	0.0000	0.00
FIRE.....P	0.7619	138.36
COL.....S	0.2136	38.79
LIB.....L	0.0758	13.77
AMB.....M	0.2207	40.68
DEV SERV.....	0.0916	16.63
CITY.....	0.0000	0.00
SEWR.....	0.0000	0.00
SUR TAX.....	0.0000	0.00

VALUATION	TOTAL TAX	1,076.90
18160 RESI	INTEREST	0.00
0 AGRI	COST	0.00
0 COMM	TOTAL PAID	1,076.90
18160 TOTL		
TAX RATE	5.9689	
DATE PAID	2009-11-27	

PP1-005494

2009 PERSONAL PROPERTY

LINDA EMMONS
FRANKLIN COUNTY COLLECTOR
FRANKLIN COUNTY, MISSOURI
400 E LOCUST ST, ROOM 103
UNION, MISSOURI 63084

** PROPERTY DESCRIPTION **
2006 KIA SORENDO EX
3391

ACCOUNT NO. [REDACTED]
COL: [REDACTED]
ASR: [REDACTED]

TOTAL VALUE 3,391

GLOSSIP, KELLY & DENNIS, ENGELHARD
ROBERTSVILLE, MO 63072-1501

PAID

ORIGINAL RECEIPT

RECEIPT

STATE.....	0.0300	1.02
COUNTY.....	0.1173	3.98
ROAD.....	1	6.52
SCH.....R3	4.2657	144.65
HOSP.....	0.0000	0.00
FIRE.....P	0.7619	25.84
COL.....S	0.2136	7.24
LIB.....L	0.0758	2.57
AMB.....M	0.2207	7.48
DEV SERV.....	0.0916	3.11
CITY.....	0.0000	0.00
LFF.....	0.0000	0.00

VALUATION	TOTAL TAX	202.41
TOTAL VALUE	INTEREST	0.00
3391	COST	0.00
	TOTAL PAID	202.41
TAX RATE	5.9689	
DATE PAID	2009-11-20	

EXHIBIT
P

2010
MISSOURI LAW ENFORCEMENT
MEMORIAL SERVICE



Saturday, May 1, 2010
10:00 a.m.
Missouri State Capitol



JEREMIAH W. (JAY) NIXON
Governor

JOHN M. BRITT
Director



Truman Building, Room 870
Mailing Address: P.O. Box 749
Jefferson City, MO 65102-0749
Telephone: 573-751-4905
FAX: 573-751-5399
Internet Address:
<http://www.dps.mo.gov>

**STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR**

May, 2010

Dear Law Enforcement Friends and Families,

I humbly submit the 2010 Law Enforcement Memorial booklet honoring the lives and memories of our fallen heroes. Their legacy is of courage, service and sacrifice.

The individual stories of our brave colleagues whom we honor this year can be found at the beginning of this booklet. Always remembering those who have preceded this year's honorees, this booklet also contains the names, agencies, and years of service for all who are forever memorialized on the Missouri Law Enforcement Memorial Wall of Honor.

Also, let us not forget the families and friends of the fallen, for they are in our thoughts and prayers.

Lastly, we are greatly indebted to all those who organize the annual Law Enforcement Memorial ceremonies and those who travel from across Missouri to take part in the ceremonies each spring. Their commitment is a further lasting tribute to those who have made the ultimate sacrifice while protecting the citizens of Missouri.

Sincerely,

John M. Britt
Director

MISSOURI LAW ENFORCEMENT MEMORIAL

MAY 1, 2010



Julius Moore
Officer
St. Louis Metropolitan Police Dept.
October 15, 2009

Officer Julius Moore, 23, died of injuries from an October 6th crash in his patrol car. Moore had been at the hospital's intensive care unit in critical condition since the crash. He never regained consciousness, and after days of conferring with doctors, the family agreed to take him off life support. Moore was hurt 10 days earlier when he collided with a tractor-trailer at the intersection of South Broadway and Arsenal Street. Moore was in his patrol car, with the lights and sirens on, rushing to help other Third District police officers catch burglars. Just before 1 p.m. on Oct. 6, Moore's patrol car and the truck were both heading south. The truck started to make a right turn and struck the officer's car, pushing it into a traffic light and a brick wall. Moore had been a St. Louis policeman less than two years. He graduated from the police academy in December 2007. Moore's survivors include his wife and three young children -- a 4-year-old son, a 5-month-old son and a 21-month-old daughter.



Dennis Engelhard
Corporal
Missouri State Highway Patrol
December 25, 2009

Corporal Dennis E. Engelhard, 49, was struck by a vehicle at 10:30 a.m., on December 25, 2009. Cpl. Engelhard was completing a traffic crash investigation on westbound Interstate 44 east of Eureka, MO, when a driver lost control of his vehicle on the ice covered roadway and struck him. At the time of the crash, Cpl. Engelhard was standing behind his patrol vehicle waiting for a tow truck to arrive at a previous non-injury traffic crash he was working. Cpl. Engelhard was transported to the St. Clair Health Center by Eureka Ambulance with serious injuries. At 1:11:20 a.m., Cpl. Engelhard died from the injuries he sustained as a result of the crash. Cpl. Engelhard, 49, joined the Patrol on March 15, 2000. He is survived by his parents and a brother, sister-in-law, niece, and nephews. Cpl. Engelhard is the 28th member of the Patrol to make the ultimate sacrifice while serving and protecting the citizens of Missouri.

July 23, 1996

DENNIS E. ENGELHARD
[REDACTED]
SPRINGFIELD, MO 65804

Participant Name: DENNIS E. ENGELHARD
Social Security #: [REDACTED]
Group Account #: [REDACTED]
Group Account Name: Lester E. Cox Medical
Center

RE: Verification of Participant Information

We would like to take this opportunity to welcome you to Metropolitan Life Insurance Co. We will be administering your account with Financial Administrative Services Corporation, FASCorp. Enclosed is a verification confirming the information you provided on your enrollment form. If corrections are needed, please note them on the verification and return.

Thank you for the opportunity to be of service, and we look forward to assisting you with your future retirement needs. If you have questions, please contact our Client Service Department at (800) 543-2520.

EXHIBIT

S

Financial Administrative
Services Corporation
P.O. Box 173768
Denver, Colorado 80217-3768
(800) 543-2520
PARVERMET/CAT/6462774

 MetLife® Securities, Inc.

DENNIS E. ENGELHARD

Group Account #: [REDACTED]
Group Account Name: Lester E. Cox Medical Center

Verification of Participant Information	
Identification/SSN: [REDACTED]	Primary Address: DENNIS E. ENGELHARD [REDACTED] SPRINGFIELD, MO 65804
Participant Name: DENNIS E. ENGELHARD	
Sex: Male	
Date of Birth: November 24, 1960	

Contribution Allocation as of July 22, 1996

Investment Option	BEF1	ERB1
American Balanced Fund	20.00%	20.00%
Bond Fund of America	20.00%	20.00%
Fundamental Investors	30.00%	30.00%
Putnam New Opportunities	30.00%	30.00%

Legend: BEF1 - EMPLOYEE BEFORE TAX
ERB1 - EMPLOYER BEFORE TAX

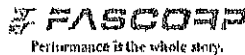
The above contribution allocation applies only to contributions received on or after the contribution allocation effective date shown above.

CURRENT ACCUMULATION ACCOUNT BENEFICIARY INFORMATION

Primary Beneficiary: Kelly Glossip
Other
100.00%
Beneficiary Of Annuitant

*Contingent Beneficiary: Jacob Engelhard
Nephew
Sequence No: 1
100.00%
Beneficiary Of Annuitant

***NOTE:** If multiple sequence numbers exist for Contingent Beneficiary, the total for each sequence number will be 100%. Payment may ONLY be made to the one sequence number effective upon your death.



Performance is the whole story.

MetLife Securities, Inc.

STATE OF MISSOURI PUBLIC EMPLOYEES DEFERRED COMPENSATION PLAN and MISSOURI STATE EMPLOYEES' DEFERRED COMPENSATION INCENTIVE PLAN (MDCIP)

Prudential Contract # 4044
Sub Plan C400-GA7060
NW Group Number 0019 / 0042

Department: Police
Division: 190
Job Location: _____
Employer's Address: _____
Section: _____ Agency No: 19 421
City Code: 290 County Code: 0251

Social Security Number: [REDACTED] Sex: M F
Date of Birth: [REDACTED] Annual Salary: 27,000
Occupation: Police

Name: E. J. GUARD DEANIS

Address: [REDACTED] Additional Mailing Information: _____

City: SPRINGFIELD State: MO Zip: 65807
Check Block If This Is a Name Change:
Check Block If This Is a New Address:

Phone Nos. [REDACTED]

Type of Request:
 New Increase
 Rollover Decrease
 Allocation Change - (Allocation changes will be processed upon receipt and effective with the first payroll movement after receipt.)

Frequency:
 Semi-Monthly (x24) pd
 Monthly (M-12) 12/31 Other 12/31
Start Deferrals on Pay Period Ending Date 6/30/87 which must be at least four (4) weeks after the Application date.

CONTINUING DEFERRAL:
OLD: 12500 NEW: 12500

Deferral Amt. \$ 12500

Universal Life Amt. \$ 12500

Security Benefit Life Amt. \$ _____

Sub-Total \$ _____

Special \$ _____

TOTAL DEFERRAL \$ 12500

Special Pay Period (Annuity Only) # of Pay Periods _____

Start _____
Thru _____

ANNUITY FUNDING OPTIONS
Only for New Business: Also if options selected include more than one Prudential Fund and one or more Nationwide Funds, Allocations must be in whole % and total 100%

FIXED INVESTMENT OPTIONS	
_____ %	(NWG**) Nationwide Fixed Account
_____ %	(PR F) Prudential Fixed Account**
VARIABLE INVESTMENT OPTIONS	
TIER I FUNDS	
CAPITAL GROWTH FUNDS	
_____ %	(UBV 04N) Putnam Investors Fund, Inc. - Class A
_____ %	(UBV 34N) American Century Growth Investors Fund
_____ %	(UBV 32N) Nationwide Growth Fund - Class B
_____ %	(UBV 14N) The Dreyfus Third Century Fund, Inc.
_____ %	(UBV 29N) American Century Ultra Innovator Fund
_____ %	(UBV 75N) Neuberger & Berber Generals Trust
_____ %	(UBV 21) Invesco Dynamics Fund
GROWTH AND INCOME FUNDS	
_____ %	(UBV 02N) Nationwide Fund - Class C
_____ %	(UBV 80) American Century Equity Income Fund
INTERNATIONAL FUNDS	
_____ %	(UBV 74N) Templeton Developing Markets I
_____ %	(UBV 88) Janus Worldwide Fund
MONEY MARKET FUND	
_____ %	(UBV 09N) Rudonwide Money Market Fund
BALANCED FUND	
_____ %	(UBV 05N) Invesco Total Return Fund
TIER II FUNDS	
CAPITAL GROWTH FUNDS	
_____ %	(UBV 33N) Fidelity Contrafund
_____ %	(UBV A8N) Prudential Equity Fund - Class Z
GROWTH AND INCOME FUNDS	
_____ %	(UBV 10N) Fidelity Equity Income Fund
BALANCED FUND (Asset Allocation)	
_____ %	(UBV 41N) Fidelity Asset Manager
INCOME FUNDS	
_____ %	(UBV 18N) The Bond Fund of Amador, Inc.
_____ %	(UBV A7N) Prudential Diversified Bond Fund - Class Z
INDEX FUND	
_____ %	(UBV 17N) S&P Index Funds - S&P 500 Index Portfolio
GOVERNMENT FUNDS	
_____ %	(UBV 18N) Federated U.S. Gov. Securities Fund: 2-5 Year
INTERNATIONAL FUNDS	
_____ %	(UBV 28N) T. Rowe Price International Stock Fund
Mutual Total	100%

**Not available to new participants after August 1, 1987.

FORMAL UNDERWRITING DEFERRAL SUMMARY

	OLD	NEW
Annuity	\$ _____	\$ _____
Universal Life	\$ _____	\$ _____
S&L	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

CHANGES IN UNIVERSAL LIFE COVERAGE: Increase Decrease Cancel
POLICY # _____
OLD FACE AMT. \$ _____ NEW FACE AMT. \$ _____

*This allocation will not be processed until your life application is approved.

Catch-Up Provision Utilized? Yes No. If yes, indicate expected retirement date _____

I designate the following beneficiary to receive, in the event of my death, the benefits, if any, then payable under the State of Missouri Public Employees Deferred Compensation Plan and the Missouri State Employees' Deferred Compensation Incentive Plan (MDCIP) in which I would otherwise be entitled (I hereby revoke all prior beneficiary designations). The beneficiary named shall be entitled to any benefits payable to the Participant under the Plan.

Beneficiary: Kathy Glass same as above
Contingent Beneficiary: Frank
Beneficiary: Frank
Contingent Beneficiary: same as above

I UNDERSTAND THE DOLLAR AMOUNTS PROVIDED BY THE CONTRACT ARE NOT GUARANTEED WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A VARIABLE ACCOUNT. THE GUARANTEED INTEREST ACCOUNT AND FIXED ACCOUNT VALUES ARE GUARANTEED AS TO PRINCIPAL AMOUNTS. EARNINGS ARE SUBJECT TO PERIODICALLY ANNOUNCED GUARANTEED INTEREST RATES; IN ADDITION, ANY INFORMAL PROJECTIONS PROVIDED ARE ONLY ILLUSTRATIONS AND ARE NOT GUARANTEED.

I elect to participate in the State of Missouri Public Employees Deferred Compensation Plan and consent to the above referenced total each pay period ("Deferred Amount") of my gross compensation being deferred. The withholding of my deferred amount by the State of Missouri and its payment to the Custodian Bank to be credited under the Plan, shall begin on the first deferral date as noted above. I understand the allocation shown above, except life insurance, will apply to my Missouri State Employees' Deferred Compensation Incentive Plan.

Participating Employee's Signature: [Signature] Date: 5-26-86
ACCEPTED FOR THE STATE OF MISSOURI: [Signature] DATE: 5-26-86
ENROLLMENT # _____ AREA DIR # _____



**STATE OF MISSOURI PUBLIC EMPLOYEE DEFERRED COMPENSATION PLAN (DCP)
and MISSOURI STATE EMPLOYEES' DEFERRED COMPENSATION INCENTIVE PLAN (MDCIP)
MEMORANDUM OF UNDERSTANDING**

The purpose of this memo is to ensure that you fully understand the highlights, restrictions and costs of the State of Missouri DCP and MDCIP. However, it does not cover all of the details of this Plan. You should refer to the Plan Document and Summary Plan Description for specific details.

- I. I have received a copy of the Plan Information Agreement, the Plan Document and the Missouri State Employee Deferred Compensation Incentive Plan (MDCIP) booklet. The plan and fund prospectuses were made available to me. OK
- II. The annual minimum deferral amount is \$1,000. The deferral amount is the lesser of \$8,000 (as required by the Secretary of Treasury) or 2% of gross annual income after reductions for contributions to Section 125 State of Missouri Cafeteria plans. If a deferral in excess of the foregoing amount does occur, it is my responsibility to correct this error with the IRS. I acknowledge that my total deferrals, including 401(k), 403(b) or 529 Plan contributions, fall within the prescribed limits. OK
- III. I may withdraw funds from the DCP Plan and the MDCIP Plan ONLY upon termination of employment, retirement, or attainment of age 70 1/2 while still employed (if deferrals have stopped). Withdrawals may also be allowed from the DCP Plan only if I can prove an unforeseeable emergency as approved by the Administrator of the State. OK
Note: A one-time in-service distribution is permitted under certain limited circumstances from the DCP Plan only.
- IV. I must notify the Plan Administrator of the date my elected distribution will begin no later than the earlier of 30 days following the date the Administrator is notified of my separation from service or 30 days following attainment of age 70. The elected commencement date may be postponed once following my separation from service. If I have not yet begun to receive payments. OK
- V. Distributions must commence no later than April 1st following the calendar year I reach age 70 1/2 or separate from service, whichever happens last, from both plans. The annual minimum distributions from DCP and MDCIP are calculated by dividing my account balances by my life expectancy. All distributions are taxable as ordinary income in the year received. OK
- VI. Prior to reaching age 70 1/2, distributions must be made so that a minimum of 2/3 of the total benefit is expected to be paid over my life expectancy. In addition, DCP distributions payable over more than 1 year must be made at least annually and cannot substantially increase in amount. OK
- VII. If I am receiving distributions on the required distribution date, such distributions must satisfy certain minimum requirements. Failure to meet those requirements may result in the payment of a 30% excise tax. Additionally, withdrawals from MDCIP prior to age 59 1/2 may be subject to a 10% Federal tax penalty for early withdrawal. OK
- VIII. MDCIP assets are held in trust. I understand that as an MDCIP participant my account balance is held by MDCIP trustees for my benefit. OK
- IX. I understand that all funds held pursuant to this Plan remain the sole property of the State of Missouri, held for my benefit or the benefit of my beneficiaries, and that I have no right to receive any portion of those funds until such time as I retire or otherwise separate from service. OK
- X. No more than 2 1/2% of deferrals can be used to purchase life insurance. Should this limit be exceeded, the annuity deferral(s) must be increased proportionately (but not to exceed the limits established in Item II), or the insurance must be reduced. OK
- XI. If the life insurance coverage applied for cannot be issued, or the policy terminates because of a deficiency in premium, my continuing deferrals will be credited to the annuity option(s) based on my then current allocation (unless I notify the Plan Administrator otherwise). OK
- XII. I understand that all products are optional. The Life Insurance option(s) not available unless an annuity option is chosen. OK

FIXED OPTIONS

1. The fixed/guaranteed options are comprised of products by The Prudential Life Insurance Company and Nationwide Life Insurance Company. The interest will be declared quarterly by each carrier. OK
2. I may transfer/exchange, free of charge, up to 100% of my Prudential Guaranteed Interest Account value to other providers every year from each of the fixed account balances in DCP and MDCIP provided all participant exchanges and/or transfers from the Prudential Guaranteed Interest Account shall not exceed 15% of the total amount held in the Prudential Guaranteed Interest Account for DCP and MDCIP as of December 31st of the previous calendar year. After the 15% limits reached, Market Value Adjustment (MVA) charges may apply. OK
3. I may transfer/exchange up to 100% of my Nationwide Fixed Account value to other providers subject to a limit of two (2) transfers/exchanges per year from each of the fixed account balances in DCP and MDCIP. The total of all participant exchanges and/or transfers from the Nationwide Fixed Account shall not exceed 15% of the total amount held in the Nationwide Fixed Account for DCP and MDCIP as of December 31st of the previous calendar year. OK

VARIABLE OPTIONS

1. The value of amounts allocated to the variable options will vary depending upon the value of investments and could result in either a gain or loss. OK
2. The investment companies whose shares are purchased by Nationwide and/or Prudential for their Variable Annuities make certain deductions for management fees. These deductions are explained in the individual fund prospectuses. OK
3. An Administrative Expense Charge is deducted from the Prudential variable options in an amount equivalent to .0075% per year. An Administrative Fee is deducted from the Nationwide variable options in an amount equivalent to .0030% for Tier One Variable Options and .0050% for Tier Two Variable Options per year. OK

UNIVERSAL LIFE INSURANCE OPTION

1. For coverage greater than \$100,000, coverage in excess of 5 times my annual salary (an application must be fully underwritten by the insurance company). If there is no coverage until the company issues a Memorandum of Coverage with an effective date stated therein. OK
2. All policy coverage, which is acceptable under the simplified issue rules, will be effective for 120 days from the date the application and participation agreement are signed. OK
3. A cost of insurance is deducted monthly from the policy based on current mortality charges. This charge is based on the 1980 COMMISSION STANDARD ORDINARY table. Also deducted monthly is a \$2.50 administrative expense charge and expense charge of 1% of total premium. OK
4. A surrender charge may be assessed at the time of withdrawal. OK
5. During the life policy year, interest will be credited according to a fixed interest rate. Thereafter, excess interest (interest above 4%) may be credited on this Universal Life policy based on account declared rate. OK
6. Any withdrawals or all benefit proceeds are taxable as ordinary income. Upon termination of policy ownership, the cash surrender value will be treated as ordinary income. The life insurance surrender value in case of distribution under the Plan may be less than the total contribution to the life insurance plan under this life insurance option. Universal Life is designed as a long-term contract (not to fulfill short-term or short-term life insurance needs). OK
7. Underwriting charges may lapse due to non-payment of premium resulting in changes in my deferral flow. OK

I acknowledge that the above statements have been explained to me. I understand that the above statement do not cover all the details of the Plan or product.

 Employee Signature	 Print Name	 SSN	 Date of Birth
 Enroller Signature	 ID Number	 Principal's Initials Date	

White - Home Office, Canary - Missouri Office, Pink - Participant