

Visuals

Bucket List – “Buckets”

Print the four pictures from the **Check Taxes Visuals (EOR)** file and affix one to each #10 envelope.




Bucket List – Sample Documents

1. Make several copies of the sample documents from the **Check Taxes Visuals (EOR)** file.
2. Separate and make into sets; make enough sets for participants to work in pairs.
3. Place sets in 10"x7" envelopes.







CITY OF
Oxnard
CALIFORNIA

UTILITY BILLING
<http://www.ci.oxnard.ca.us>

305 W. Third Street, Oxnard, CA 93030-5790 • Phone (805) 385-7816

**WATER REFUSE
SEWER**

SERVICE ADDRESS: **1234 MAIN STREET**

ACCOUNT #	01234-56789	CYCLE-ROUTE	05-05	BILLING DATE	8/23/07	PAST DUE ON	9/13/07
				Total Current Charges	\$	114.04	
				Balance Forward	\$	0.00	
				Total Amount Due	\$	114.04	

***AUTO**S-DIGIT 53030 1 P55 40248RA23-A-1
170 1 AV 0.312

JOHN DOE
1234 MAIN STREET
OXNARD, CA 93030-1234

PAYMENT MUST BE RECEIVED BY THE PAST DUE DATE OR A 10% PENALTY WILL BE ADDED.

DETACH, TURN OVER, AND INCLUDE THIS STUB WITH PAYMENT

SERVICE ADDRESS: **1234 MAIN STREET**

ACCOUNT #	01234-56789	CYCLE-ROUTE	05-05	BILLING DATE	8/23/07	PAST DUE ON	9/13/07
				Last Bill Amount	\$	129.56	
				Payments		-129.56	
				Adjustments		0.00	
				Balance Forward	\$	0.00	

Last payment amount/date: \$129.56 8/16/07

Service Period	Days	Meter Number	Current Reading	Previous Reading	HCF Usage
WA 7/17/07 8/14/07	28	123456987	553.70	532	21.7
COMPARE YOUR USAGE FROM AUGUST 2006					


* HCF (Hundred Cubic Feet) = 748.05 gallons

Service	Consumption	Charge	Total
WA WATER-SINGLE 3/4"	21.70	53.82	53.82
SW SEWER-SINGLE UNIT	7/17/07 8/14/07	24.85	24.85
EC EXTRA CONTAINER	7/17/07 8/14/07	10.00	10.00
RT RESIDENTIAL REFUSE	7/17/07 8/14/07	25.37	25.37
		Total Current Charges	\$ 114.04
		Balance Forward	\$ 0.00
		Total Amount Due	\$ 114.04

CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII
HONOLULU

DEPARTMENT OF HEALTH
HAWAII U.S.A.



CERTIFICATE NO. [REDACTED]

CHILD'S NAME
BARACK HUSSEIN OBAMA II

DATE OF BIRTH
August 4, 1961

CITY, TOWN OR LOCATION OF BIRTH
HONOLULU

MOTHER'S MAIDEN NAME
STANLEY ANN DUNHAM

MOTHER'S RACE
CAUCASIAN

FATHER'S NAME
BARACK HUSSEIN OBAMA

FATHER'S RACE
AFRICAN

DATE FILED BY REGISTRAR
August 8, 1961

3005-B-1-01

DHSM 1.1 (Rev. 11/01) LASER This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

Statement of Personal Credit Card Account

EA BANK

Account Number: 1234-567-890 Statement Closing Date: 01-31-01 Current Amount Due: \$278.50

MAIL PAYMENT TO:
EA BANK
132 VINE STREET
ANYTOWN, USA 07500-0010

JOE EMPLOYEE
456 SKYVIEW DRIVE
HOMETOWN, USA 99900-1234
872917345 001762550000000003

Cardmember Name: JOE EMPLOYEE Account Number: 1234-456-890 Statement Closing Date: 01-31-01

Statement Date: 02-01-01 Payment Due Date: 03-01-01

Closing Date: 01-31-01 Credit Available: \$1221.50

Credit Limit: \$1,500.00 Minimum Payment Due: \$20.00

New Balance: \$278.50

Statement of Personal Credit Card Account

EA BANK

Retain this portion for your files.

Account Summary

Previous Balance: +74.24 Transaction Fees: +3.00

Purchases: +250.50 Annual Fees: +25.00

Cash Advances: +0 Current Amount Due: +250.50

Payments: -74.25 Amount Past Due: +0

Finance Charge: +0 Amount Over Credit Limit: +0

Late Charge: +0 **NEW BALANCE: \$278.50**

Reference Number	Sold	Posted	Activity Since Last Statement	Amount
43210987	01-03	01-13	Payment, Thank You	-\$74.25
01234567	01-12	01-13	Wings 'N' Things Anytown, USA	\$25.25
78901234	01-14	01-17	Record Release Anytown, USA	\$40.00
45678901	01-14	01-17	Sports Stadium Anytown, USA	\$75.25
3210987	01-22	01-23	Tie Back Anytown, USA	\$20.75
76543210	01-29	01-30	Electronic World Anytown, USA	\$89.25
2345678	01-30	01-30	Transaction Fees	\$3.00
34567890	01-01	01-01	Annual Fee	\$25.00

Rate Summary

Finance Charge Summary	Purchases	Advances
Periodic Rate	20.45%	20.45%
Annual Percentage Rate	19.80%	19.80%

For account information and customer service, please call 1-800-555-5555

Payments or credits received after closing date above will appear on next month's statement.

YEARLY RENEWABLE TERM

THE MORTUARY LIFE INSURANCE COMPANY OF NEW YORK

1788853 **In Consideration of the** annual premium of Twenty-five and 99/100 Dollars
(the receipt of which is hereby acknowledged), and of the payment upon each Sixth day of May hereafter during the continuance of this contract of an annual increasing premium on the basis of the Table of Premiums for Renewals on the second page of this Policy, **promises to pay** at the Home Office of the Company in the City of New York upon receipt at said Home Office of due proof of the death of

Richard L. Hall
of Charlotte State of Georgia
INSURANCE MUSEUM
to his executors, administrators or assigns

\$ 25.54

Change of Beneficiary.—When the right of revocation has been reserved, or in case of the death of any beneficiary under either a revocable or irrevocable designation, the Insured, if there be no existing assignment of the Policy made as herein provided, may, while the Policy is in force, designate a new beneficiary with or without reserving the right of revocation by filing written notice thereof at the Home Office of the Company, together with a statement of the reasons therefor, and the designation of the new beneficiary shall be effective from the date of the filing of the notice on the Policy by the Company. If any beneficiary shall die before the insured the interest of such beneficiary shall vest in the insured.

Payment of Premiums.—The Company will accept payment of premiums at other times than as stated above, as follows:
Payable either: SEM annually in TWO payments on the SIXTH day of May & November in each year;
or, quarterly annually in FOUR payments on the SIXTH day of May, August, November and February in each year, in accordance with the increasing premiums on the back of "Table of Premiums for Renewals" on the second page of this Policy, provided such change is made on any anniversary of the date of this Policy.

Except as herein provided the payment of a premium or installment thereof shall not maintain the Policy in force beyond the date when the same is due.

All premiums are payable in advance at said Home Office or to any agent of the Company upon delivery, on or before the day of, of a receipt signed by an Executive Officer (President, Vice-President, Second Vice-President, Secretary or Treasurer) of the Company and countersigned by the Insured.

Interest on the unpaid portion of the premium for the three current policy-years shall be deducted from the amount payable hereunder.

Contingents:
This Policy is free from any restriction as to residence and travel.
The Insured is free from any restriction as to residence and travel.
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Renewal and Grace.—This Policy shall be renewable, except for non-payment of premium, provided two years shall have elapsed from the date of the last premium due, and the Insured shall be entitled to a grace period of three months for the payment of the premium due on the date of the expiration of the term of the Policy.

Noncontestability.—This Policy shall be noncontestable, except for non-payment of premium, provided two years shall have elapsed from the date of the last premium due, and the Insured shall be entitled to a grace period of three months for the payment of the premium due on the date of the expiration of the term of the Policy.

Assignment.—This Policy shall be assignable, except for non-payment of premium, provided two years shall have elapsed from the date of the last premium due, and the Insured shall be entitled to a grace period of three months for the payment of the premium due on the date of the expiration of the term of the Policy.

Interest.—The Insured shall be entitled to interest on the unpaid portion of the premium for the three current policy-years at the rate of five per centum per annum, which shall be paid quarterly in advance on the first day of each month after the date of the expiration of the term of the Policy.

Death Benefit.—The amount payable hereunder shall be such as the last premium paid would have purchased at the correct age.

AMOUNT OF INSURANCE PAYABLE
IF DEATH OCCUR WITHIN TERM

PREMIUMS PAYABLE UNTIL DEATH
INCREASING ANNUALLY UNTIL AGE 65

ANNUAL DIVIDEND PERIOD

Last Will and Testament of _____

KNOW ALL PERSONS BY THESE PRESENTS:

That, I, _____ of _____ State of _____, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

Article I

I hereby declare that my family consists of:

Article II.

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my executor as soon after my death is practicable, provided, however, that this direction shall not authorize any creditors to require payment of any debt or obligation prior to its normal maturity in due course.

Article III.

I direct that all estate expenses, inheritance and other taxes and interest or penalties thereon imposed by reason of my death, whether or not attributable to property passing under this Will and whether or not the same would otherwise be payable by my estate or by a recipient of any such property, to be paid and discharged by my personal representative out of the residue of my estate with no right of reimbursement for the Recipients named in the residuary clause of the Will.

Article IV.

I give, devise and bequeath unto:

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