

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA DIVISION

Civil Action No.: 8:20-CV-00862-VMC-TGW

BURTON W. WIAND, as Receiver for  
OASIS INTERNATIONAL GROUP, LTD.;  
OASIS MANAGEMENT, LLC; and  
SATELLITE HOLDINGS COMPANY,

**EXEMPTION CLAIM FORM**

Plaintiffs,

v.

CHRIS AND SHELLEY ARDUINI, et al.,

Defendants.

\_\_\_\_\_/

**John W. Waechter  
Beatriz McConnell  
Alicia Gangi  
Englander Fischer  
721 First Avenue North  
St. Petersburg, Florida 33731-1954  
ADDRESS A**

**JP Morgan Chase Bank, N.A.  
c/o CT Corporation System  
1200 S. Pine island Rd.  
Plantation, FL 33324  
Address B**

Directions: To claim that some or all of the funds in your account are exempt, completed both copies of this form and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice. \*\*If you have any documents, such as an award letter, an annual statement from your pension, pay stubs, copies of checks or bank record showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.

I state that my account contains the following type(s) of funds (check all that apply)

<input type="checkbox"/>	1. Social Security
<input type="checkbox"/>	2. Supplement security disability (SSD)
<input type="checkbox"/>	3. Supplemental security income (SSI)
<input type="checkbox"/>	4. Wages while receiving SSI or public assistance
<input type="checkbox"/>	5. Public assistance
<input type="checkbox"/>	6. Spousal support of maintenance (alimony)
<input type="checkbox"/>	7. Child Support
<input type="checkbox"/>	8. Unemployment benefits
<input type="checkbox"/>	9. Workers' compensation benefits
<input type="checkbox"/>	10. Payments from pensions and retirement accounts
<input type="checkbox"/>	11. Veterans benefits
<input checked="" type="checkbox"/>	12. Income earned in the last 60 days (90% of which is exempt)
<input type="checkbox"/>	13. Railroad retirement or black lung benefits
<input checked="" type="checkbox"/>	14. Other (describe exemption): Automatic exemption of \$3,000 pursuant to CPLR §5222

I request that any correspondence to me regarding my claim be sent to my attorney at the following address:

Holly A. Rice  
 Saxe, Doernberger & Vita, P.C.  
 851 Fifth Avenue North, Suite 301  
 Naples, FL 34102  
 Phone: (239) 316-7244  
 Florida Bar No. 89138  
 Primary email: [hrice@sdvlaw.com](mailto:hrice@sdvlaw.com)  
 Secondary email: [charper@sdvlaw.com](mailto:charper@sdvlaw.com)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date: 7-19-2021

A handwritten signature in black ink, appearing to read "A. J. [unclear]", written over a horizontal line.

Signature of Judgment Debtor