

| Tax Account Maintenance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                         |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
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| <b>Notes Exist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                         |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Block:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 149                                  | Lot:                                    | 4                               | Qualifier:                                             |             | Owner:          | LOK, GEORGE ET AL | Account Id: | 00001714 |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Prop Loc:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1520 BELFIELD AVE                    | PTR Form                                | Tax Bill                        | Add/Omit                                               | Notes       | Restricted Edit |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| <table border="1"> <thead> <tr> <th>General</th> <th>Assessed Value</th> <th>Additional Billing</th> <th>Deductions</th> <th>Balance</th> <th>All Charges</th> <th>Add/Omit</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>Owner Street 1:</td> <td>2618 PACIFIC AVE</td> <td>Additional Lot 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Street 2:</td> <td></td> <td>Additional Lot 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>City/St:</td> <td>ATLANTIC CITY, NJ</td> <td>Property Class:</td> <td>4C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Zip:</td> <td>08401-</td> <td>Parcel Key:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Country:</td> <td></td> <td>Unpaid Interest:</td> <td>.00</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Phone:</td> <td>( ) -</td> <td>Vendor:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Email:</td> <td></td> <td>User Msgs:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bank Code:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Municipal Lien:</td> <td><input type="checkbox"/> Assignment:</td> <td><input type="checkbox"/> Bankruptcy:</td> <td><input type="checkbox"/> APR 2:</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Outside Lien:</td> <td><input type="checkbox"/> Sp Charges:</td> <td><input type="checkbox"/> Install. Plan:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">Exclude from Tax Sale: <input type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">Do Not Accept Online Payment: <input type="checkbox"/></td> </tr> </tbody> </table> |                                      |                                         |                                 |                                                        |             |                 |                   |             |          | General | Assessed Value | Additional Billing | Deductions | Balance | All Charges | Add/Omit | Notes | Owner Street 1: | 2618 PACIFIC AVE | Additional Lot 1: |  |  |  |  |  | Street 2: |  | Additional Lot 2: |  |  |  |  |  | City/St: | ATLANTIC CITY, NJ | Property Class: | 4C |  |  |  |  | Zip: | 08401- | Parcel Key: |  |  |  |  |  | Country: |  | Unpaid Interest: | .00 |  |  |  |  | Phone: | ( ) - | Vendor: |  |  |  |  |  | Email: |  | User Msgs: |  |  |  |  |  | Bank Code: |  |  |  |  |  |  |  | Municipal Lien: | <input type="checkbox"/> Assignment: | <input type="checkbox"/> Bankruptcy: | <input type="checkbox"/> APR 2: | <input type="checkbox"/> |  |  |  | Outside Lien: | <input type="checkbox"/> Sp Charges: | <input type="checkbox"/> Install. Plan: | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  | Exclude from Tax Sale: <input type="checkbox"/> |  |  |  |  |  |  |  | Do Not Accept Online Payment: <input type="checkbox"/> |  |  |  |
| General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Assessed Value                       | Additional Billing                      | Deductions                      | Balance                                                | All Charges | Add/Omit        | Notes             |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Owner Street 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2618 PACIFIC AVE                     | Additional Lot 1:                       |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Street 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | Additional Lot 2:                       |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| City/St:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ATLANTIC CITY, NJ                    | Property Class:                         | 4C                              |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 08401-                               | Parcel Key:                             |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | Unpaid Interest:                        | .00                             |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ( ) -                                | Vendor:                                 |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | User Msgs:                              |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Bank Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                         |                                 |                                                        |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Municipal Lien:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Assignment: | <input type="checkbox"/> Bankruptcy:    | <input type="checkbox"/> APR 2: | <input type="checkbox"/>                               |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
| Outside Lien:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Sp Charges: | <input type="checkbox"/> Install. Plan: | <input type="checkbox"/>        | <input type="checkbox"/>                               |             |                 |                   |             |          |         |                |                    |            |         |             |          |       |                 |                  |                   |  |  |  |  |  |           |  |                   |  |  |  |  |  |          |                   |                 |    |  |  |  |  |      |        |             |  |  |  |  |  |          |  |                  |     |  |  |  |  |        |       |         |  |  |  |  |  |        |  |            |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |                                      |                                      |                                 |                          |  |  |  |               |                                      |                                         |                          |                          |  |  |  |  |  |  |  |                                                 |  |  |  |  |  |  |  |                                                        |  |  |  |
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