

Commissioner John Koskinen or his assigns  
c/o Internal Revenue  
1111 Constitution Ave.  
Washington, DC 20224-0002

**DOC # 0149930**

07/13/2016 01:23 PM

**Official Record**

Recording requested By  
CHERYL MARIE CARTER FAMILY TRUST

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$44.00 Page 1 of 6

RPTT: Recorded By: HB

Book- 304 Page- 0707



0149930

County Recorder's Stamp (above)

February 29, 2016  
Dear Commissioner,  
Please take notice of the enclosed documents:

- \* **Authentication** of the long form **Certificate of Live Birth** for **Cheryl Marie Carter**, and recording of the same under an **Affidavit of Ownership**.
- \* **UCC-1 Financing Statement**

Kindly enter this **status change** onto your Internal Revenue **Master File** so that all US Government agencies can update their respective files appropriately.

**Cheryl Marie Carter has perfected a security interest as per the revised Article 9 Requirements. This is an estoppel against any other claim made by any other entity.**

**Cheryl Marie Carter is a private woman, an American National, & Non-Resident Alien, born in a state of the Union, within the united States of America, (the country), and without the UNITED STATES CORP., and all of its subsidiaries, both STATE and FEDERAL.**

**Cheryl Marie Carter is not now, nor have I ever, knowingly, voluntarily, and intentionally been, a US Citizen.**

**Cheryl Marie Carter is not an enemy of the state as per Title 50 of the US Code, Trading With the Enemy Act, but is at peace with all men.**

**Cheryl Marie Carter is not an "animal," and is not subject to any statute, policy, regulation, law, or the like, which uses the term "humans and/or 'other' animals."**

Thank you for your assistance in this matter.

Sincerely,

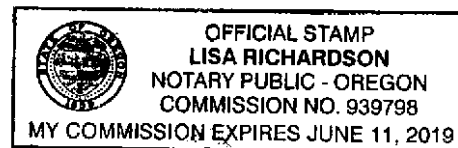
By: *Cheryl Marie Carter*  
Cheryl Marie Carter, sui juris

February 29, 2016  
Date

I, *Lisa Richardson*, a Notary Public residing in *Josephine* County, Oregon

do state that on the above date, a woman who properly identified herself as Cheryl Marie Carter, did affix her autograph to the above writing.

*Lisa Richardson*  
NOTARY PUBLIC



My Commission Expires: *June 11, 2019*

Notary Stamp



# United States of America



## DEPARTMENT OF STATE


*To all to whom these presents shall come, Greetings:*

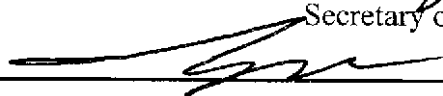
I Certify That the document hereunto annexed is under the Seal of the State(s) of California, and that such Seal(s) is/are entitled to full faith and credit.\*

*\*For the contents of the annexed document, the Department assumes no responsibility  
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, John F. Kerry, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-fourth day of December, 2014.

*Issued pursuant to CHXIV, State of  
Sept. 15, 1789, 1 Stat. 68-69; 22  
USC 2657; 22 USC 2651a; 5 USC  
301; 28 USC 1733 et. seq.; 8 USC  
1443(f); RULE 44 Federal Rules of  
Civil Procedure.*

  
\_\_\_\_\_  
Secretary of State

By   
\_\_\_\_\_  
Assistant Authentication Officer,  
Department of State



# State of California



## SECRETARY OF STATE

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That, Dean C. Logan whose name appears on the annexed certificate, was on October 29, 2014, the duly qualified and acting Registrar-Recorder/County Clerk of the County of Los Angeles, in said State.

That the seal affixed thereto is the seal of said County; that the signature thereon appears to be the signature of Dean C. Logan and that the annexed certificate is in due form and by proper officer.

In Witness Whereof, I execute this certificate and affix the Great Seal of the State of California this 18th day of November 2014.



*Debra Bowen*

Secretary of State

BY *Krista Gilde*  OSP 12 128262

**LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK**

DISTRICT No. 100 REGISTRAR'S No. 177

1. Cheval Marie Carter  
FULL NAME OF CHILD

2. PLACE OF BIRTH: (A) COUNTY Los Angeles  
(B) CITY OR TOWN Los Angeles  
(C) NAME OF HOSPITAL OR INSTITUTION Harbor Hospital  
(D) MOTHER'S STAY BEFORE DELIVERY IN HOSPITAL OR INSTITUTION SPECIFY WHETHER YEARS, MONTHS OR DAYS 3 mos.

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: 4 6 27  
(B) STATE California  
(C) COUNTY Los Angeles  
(D) CITY OR TOWN Bell  
(E) STREET AND NUMBER 215 Wilcox Ave.

4. SEX FEMALE 5. TWIN OR TRIPLET No IF SO—BORN 1st 2d 3d

6. NUMBER OF MONTHS OF PREGNANCY 9 7. DATE OF BIRTH January 7 1947

FATHER OF CHILD

8. FULL NAME Cecil Roy Carter  
9. COLOR OR RACE cauc. 10. AGE AT TIME OF THIS BIRTH 31  
11. LENGTH OF RESIDENCE IN CALIFORNIA 5 5 27  
12. BIRTHPLACE Missouri  
13. USUAL OCCUPATION Special Worker  
14. INDUSTRY OR BUSINESS City of Bell

MOTHER OF CHILD

15. FULL MAIDEN NAME Frances Marie Carter  
16. COLOR OR RACE cauc. 17. AGE AT TIME OF THIS BIRTH 31  
18. BIRTHPLACE Missouri  
19. USUAL OCCUPATION Homewife  
20. INDUSTRY OR BUSINESS Full Time

21. CHILDREN BORN TO THIS MOTHER:  
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 5  
(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0  
(C) HOW MANY CHILDREN WERE BORN DEAD? 0

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:  
215 Wilcox Ave.  
Bell California

23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 8:05 A.M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY FRANCES CARTER MOTHER OF THIS CHILD

24. DATE RECEIVED BY LOCAL REGISTRAR 10/13/47 ATTENDANT'S OWN SIGNATURE [Signature]

25. REGISTRAR'S SIGNATURE [Signature] M.D., MIDWIFE OR OTHER [Signature]

26. GIVEN NAME ADDED [Signature] ADDRESS [Signature]

27. (A) PREGNANCY, COMPLICATIONS OF: None  
(B) LABOR, COMPLICATIONS OF: None  
(C) WAS THERE AN OPERATION FOR DELIVERY? Induced  
(D) WAS A PROPHYLACTIC DRUG USED IN THE BIRTH'S EYES? No

(X) DID THE BABY HAVE ANY CONGENITAL MALFORMATIONS? No DESCRIBE: \_\_\_\_\_  
BIRTH INJURY? No DESCRIBE: \_\_\_\_\_  
(S) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? Yes  
IF SO, AT WHAT PERIOD OF GESTATION? 3 Mos.  
IF NOT, WHY NOT? \_\_\_\_\_

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

**CERTIFICATE OF LIVE BIRTH**

U. S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

OCT 29 2014  
\*100000220044\*



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. PBRCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



0149930

Book: 304  
Page: 711

07/13/2016  
Page 5 of 6

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Cheryl Marie Carter</b>
B. E-MAIL CONTACT AT FILER (optional) <b>basksegenekkw@startmail.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>Cheryl Marie Carter</b>  <b>c/o Post Office Box 643</b>  <b>Cave Junction, Oregon</b>  <b>[97523-0643]</b></p> <p><b>Non-domestic</b></p> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>CHERYL MARIE CARTER (TRUST)</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>PO BOX 643</b>	<b>CAVE JUNCTION</b>	<b>OR</b>	<b>97523</b>	<b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Cheryl Marie Carter</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>c/o 7901 Caves Highway, Space Number 12</b>	<b>Cave Junction</b>	<b>OR</b>	<b>[97523]</b>	<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**Document(s)**

**FILE NO: 3477**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**ccaugh**

