

Official Record

Recording requested By  
CHERYL MARIE CARTER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$45.00

Page 1 of 7

RPTT:

Recorded By: HB

Book- 307 Page- 0068

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



October 22,, 2016

Dear Commissioner,

Please TAKE NOTICE of the enclosed documents:

County Recorder's Stamp (above)

- \* **Authentications** of the long form Certificate of Live Birth for Aaron Gordon 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, (mother of Aaron Gordon Carter), has perfected a security interest as per the revised Article 9 Requirements. This is an estoppel against any & ALL other claims made by any other entity.

Aaron Gordon Carter is a private man and an American National non-Resident Alien, born in a state of the union, within The united States of America, (Major), the physical, geographical country, having meets and bounds, and WITHOUT the United States, (Washington DC, its territories, possessions & enclaves), and all of its subsidiaries, including all STATE and FEDERAL subsidiaries, and also without the jurisdictions of the UNITED STATES, the United States of America, Inc., any STATE OF \_\_\_\_\_ or State of \_\_\_\_\_, and all of their respective subsidiaries as well. Aaron Gordon Carter is not now, nor has he ever knowingly, voluntarily, intentionally, and with full disclosure been, a "US Citizen" or a "US National," but is an American National, non-Resident alien.

I, Cheryl Marie Carter, mother of Aaron Gordon Carter, did not receive full disclosure at the time of his birth, (not berth), with respect to the real, intended use(s)/purpose(s) of the birth certificate. Had I been informed of the truth regarding, (Cestui Que Vie), trusts, (and eventually other unrevealed and undisclosed contracts/agreements as well), formed in a NAME that resembles Aaron's name, but is NOT Aaron's name, but the NAME of a fictional entity, the name of which is always printed or written in ALL CAPITAL LETTERS, I would never have placed my signature upon any such document, such as the Application for Live Birth.

Every living man, woman, and child has the absolute Right to "reclaim" his or her organic status, (which is NOT to admit that the status of Aaron was ever legitimately anything other than organic), and this is the purpose of the enclosed Authentications, (US and State), of Certificate of Live Birth, Affidavit of Certificate of Ownership, and the UCC1 financing statement, upon which I, as Aaron Gordon Carter's mother, have claimed title, possession, and thus holder in due course status of the overriding title, (Certificate of Live birth).

Aaron Gordon 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, nor am I, Cheryl Marie Carter, his mother, an enemy of the state per Title 50 of the US Code, and I am also at peace with all men.

Thank you for your assistance in this matter.

Sincerely,

By: Cheryl Marie Carter  
Cheryl Marie Carter, a living woman and natural mother of Aaron Gordon Carter, Without Recourse and Without Representation, in my organic status as an American National non-Resident alien.

October 22, 2016  
Date

Correction of same document notarized 10-25-16, to correct minor errors. This document voides and supercedes previous document notarized on 10-25-16

COMMISSION NO. 936243  
MY COMMISSION EXPIRES FEBRUARY 11, 2019



0150412

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Page: 69

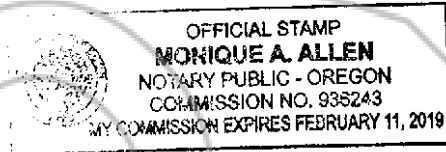
11/01/2016  
Page: 2 of 7

I, Monique A Allen, 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.

Monique Allen  
NOTARY PUBLIC

Monique A Allen  
Print Name

My Commission Expires on: Feb 11, 2019



Notary Stamp







### 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)  <b>Cheryl Marie Carter c/o Post Office Bo 643 Cave Junction, Oregon [97523] Non-Domestic</b>

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>AARON GORDON CARTER</b>				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>453 WOODVIEW CIR</b>		CITY <b>PALM BEACH GARDENS</b>	STATE <b>FL</b>	POSTAL CODE <b>33418</b>
			COUNTRY <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 <b>c/o Post Office Box 643</b>		CITY <b>Cave Junction</b>	STATE <b>OR</b>	POSTAL CODE <b>[97523]</b>
			COUNTRY <b>USA</b>	

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

**Document(s)  
FILE NO: 7097 008047**

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:  
**agcauth**



# 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 sixth day of January, 2015.

*Issued pursuant to CHXIV, State of  
Sept. 15, 1789, 1 Stat. 68-69; 22  
USC 2657; 22USC 2651a; 5 USC  
301; 28 USC 1733 et. seq.; 8 USC  
1443(f); R.U.L.E. 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 20, 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

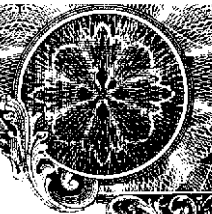
BY *Kristal G. ...*







**CALIFORNIA**  
**STATE OF VITAL RECORD**



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

James S. Allison,  
 Registrar-Recorder

Filed 3-9-73

**CERTIFICATE OF LIVE BIRTH**  
 STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

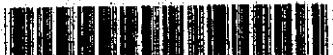
7097 008047

STATE BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME		
	Aaron	Gordon		Carter		
PLACE OF BIRTH	2. SEX	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET?	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR	
	Male	Single		February 10, 1973	6:40 P.	
MOTHER OF CHILD	5a. PLACE OF BIRTH—NAME OF HOSPITAL		5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
	Downey Community Hospital		11500 Brookshire Ave.		Yes	
MOTHER OF CHILD	5a. MAIDEN NAME OF MOTHER—FIRST NAME		5b. MIDDLE NAME		5c. LAST NAME (MAIDEN SURNAME)	
	Cheryl		Marie		Carter	
MOTHER OF CHILD	8. AGE OF MOTHER (AT TIME OF THIS BIRTH)	9a. SOCIAL SECURITY NUMBER	9b. COLOR OR RACE OF MOTHER	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		
	26 YEARS		White	4631 "C" E. 60th St.		
FATHER OF CHILD	10c. RESIDENCE OF MOTHER—CITY OR TOWN		10b. RESIDENCE OF MOTHER—COUNTY		10a. RESIDENCE OF MOTHER—STATE	
	Maywood		Los Angeles		California	
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME		11b. MIDDLE NAME		11c. LAST NAME	
	DECLINES TO STATE					
INFORMANT'S CERTIFICATION	13. AGE OF FATHER (AT TIME OF THIS BIRTH)	13a. SOCIAL SECURITY NUMBER OF FATHER	14. COLOR OR RACE OF FATHER	15a. PRESENT OR LAST OCCUPATION	15b. KIND OF INDUSTRY OR BUSINESS	
			White			
ATTENDANT'S CERTIFICATION	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY)		16b. DATE REVIEWED AND SIGNED BY INFORMANT			
	<i>Cheryl Marie Carter</i>		2-12-73			
LOCAL REGISTRAR	17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT			
	<i>Margaret Stauffer MD</i>		2-10-73			
LOCAL REGISTRAR	17c. ADDRESS		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER			
	11414 Brookshire Ave., Downey		C-10884			
LOCAL REGISTRAR	19. LOCAL REGISTRAR SIGNATURE		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR			
	<i>Robert Fred WMD</i>		FEB 13 1973			

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 20 2014



\*1000000205286\*



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE