

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- 0075



0150413

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)

- * **Authentication** of the long form Certificate of Live Birth for Aiden Aaron 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.

I, Cheryl Marie Carter, (paternal grandmother of Aiden Aaron Carter), have 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.

Aiden Aaron Carter is a private minor child 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. Aiden Aaron Carter is not a "US" National or a "US" Citizen, but an American National non resident alien.

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 Aiden was ever legitimately anything other than organic), and this is the purpose of the enclosed Authentications, (State and US), of Certificate of Live Birth, Affidavit of Certificate of Ownership, and the UCC1 financing statement, upon which I, as Aiden Aaron Carter's grandmother, have claimed title, possession, and thus holder in due course status of the overriding title, (birth certificate).

Aiden Aaron Carter is not an enemy of the state as per Title 50 of the US Code, Trading With the Enemy Act, but is a peaceful child.

Thank you for your assistance in this matter.

Sincerely,

By: Cheryl Marie Carter, UCC-1 307
Cheryl Marie Carter, a living woman, (and natural, paternal grandmother of Aiden Aaron Carter), sui juris, Without Recourse, and Without Representation.

October 22, 2016
Date

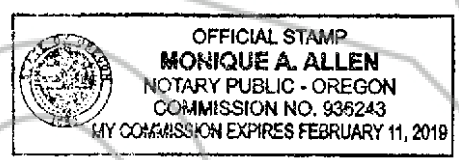
COMMISSIONER'S EXPIRES FEBRUARY 11, 2019



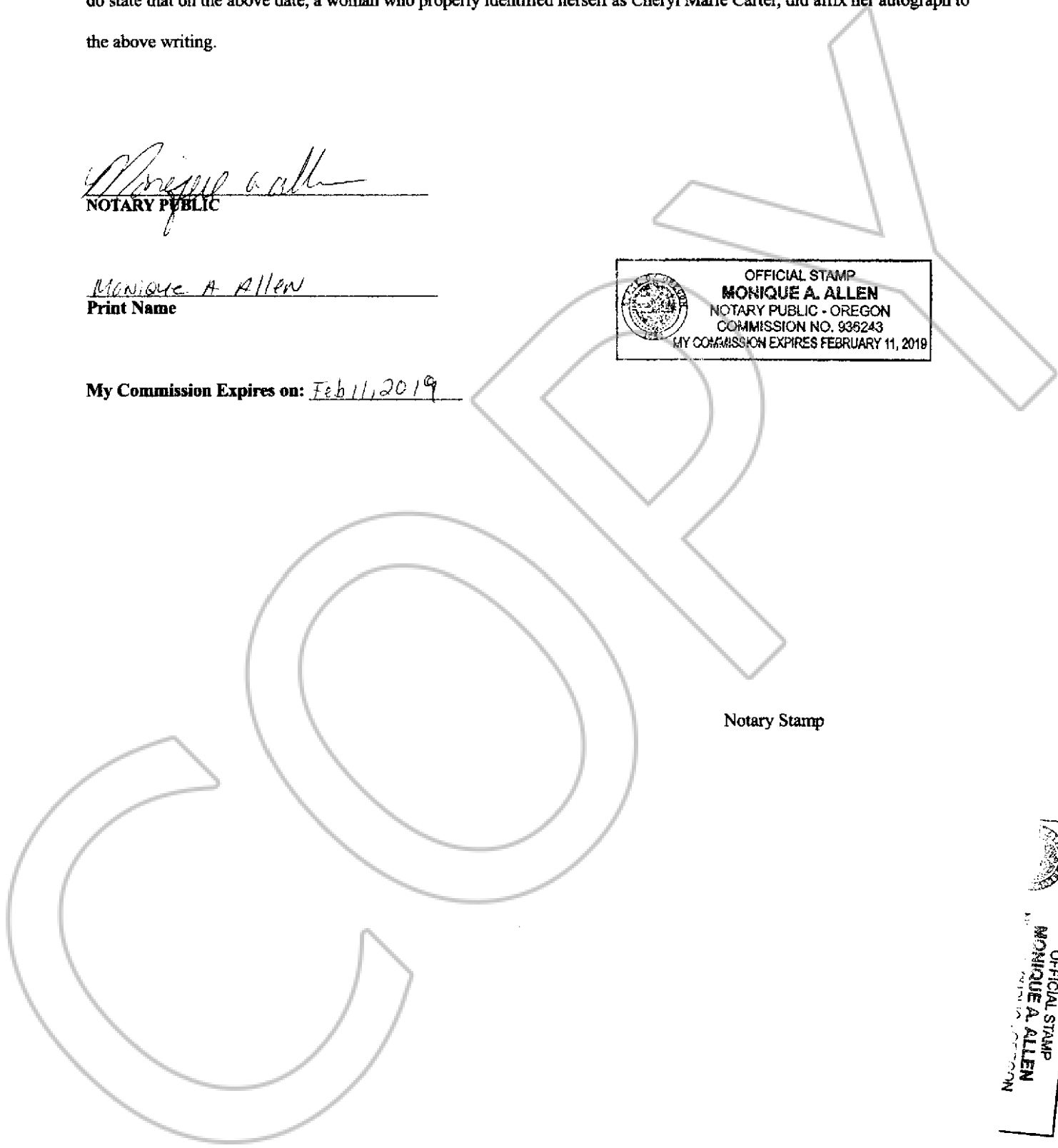
I, Monique A Allen, a Notary Public residing in Josephine County, Oregon
do state that on the above date, a woman who properly identified herself as Cheryl Marie Carter, did affix her autograph to
the above writing.

Monique A Allen
NOTARY PUBLIC

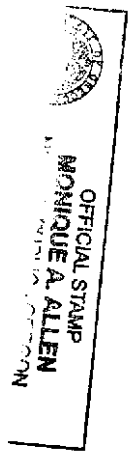
Monique A Allen
Print Name



My Commission Expires on: Feb 11, 2019



Notary Stamp



AFFIDAVIT OF OWNERSHIP

State of Oregon }
 } SS
County of Josephine }


RE: Birth Certificate,
(Certificate of Live Birth, Florida):
File # 109-2010-162549,
[AIDEN AARON CARTER]

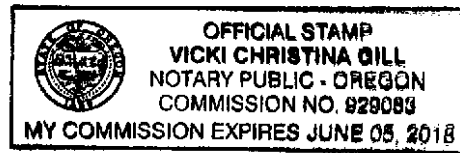
County Recorder's Stamp (above)

I, the undersigned, of lawful age and being first duly sworn on oath, depose and state that I am familiar with the facts recited, and the party named in said deed is the same party as one of the owners named in said deed/certificate of title.


Cheryl Marie Carter, UCC1-308

Signed and sworn to before me this 25th day of October, 2016


Notary Public



My Commission Expires: 06-05-2018

Notary Stamp



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Cheryl Marie Carter
B. E-MAIL CONTACT AT FILER (optional) basksegenekkw@startmail.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Cheryl Marie Carter c/o Post Office Box 643 Cave Junction, Oregon [97523] Non-Domestic

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 AIDEN AARON CARTER			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS 453 WOODVIEW CIR		CITY PALM BEACH GARDENS	STATE POSTAL CODE COUNTRY FL 33418 USA

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 Cheryl Marie Carter			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS c/o Post Office Box 643		CITY Cave Junction	STATE POSTAL CODE COUNTRY OR [97523] USA

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

Document(s)
 FILE NO: 109-2010-162549

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
 aacauth

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 Secretary of State of the State(s) of Florida, 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 twelfth day of July, 2016.

John F. Kerry
Secretary of State

By Sam Daley
Assistant Authentication Officer,
Department of State

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.



of this document is not official.

State of Florida



Department of State

I, Ken Detzner, Secretary of State,
do hereby certify that

Kenneth "Ken" T. Jones

was duly appointed

**State Registrar of Vital Statistics,
State of Florida**

for a term beginning on the
First day of November, A.D., 2014,
until the present
as shown by the records of this office.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Ninth day of June, A.D., 2016.*



Ken Detzner

Secretary of State

The word "VOID" appears when photocopied.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH - FLORIDA

DATE ISSUED: May 18, 2016

STATE FILE NUMBER: 109-2010-162549

1. CHILD'S NAME (First, Middle, Last, Suffix) AIDEN AARON CARTER		2. SEX MALE	3. DATE OF BIRTH (Month, Day, Year) July 5, 2010
4. BIRTH WEIGHT 7 lbs 6 ozs	5. TIME OF BIRTH (24 hr) 1219	6. COUNTY OF BIRTH PALM BEACH	
7. PLACE WHERE BIRTH OCCURRED <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Other			
8. FACILITY NAME (If not institution, give street and number) JUPITER MEDICAL CENTER		9. CITY, TOWN OR LOCATION OF BIRTH JUPITER	
10. CERTIFIER'S NAME AND TITLE RAVEENA G. SIEW TITLE: BIRTH REGISTRAR		11. DATE SIGNED (Month, Day, Year) July 9, 2010	
12. ATTENDANT'S NAME AND TITLE IANNACCONI, VICTOR TITLE: MD		13. DATE FILED BY REGISTRAR (Month, Day, Year) July 9, 2010	
14a. MOTHER'S MAIDEN NAME (First, Middle, Last) LORI DAWN NORIEGA		14b. MOTHER'S CURRENT SURNAME (If different from 14a) CARTER	
15. IS MOTHER MARRIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. DATE OF BIRTH (Month, Day, Year) December 23, 1969	17. BIRTHPLACE (State, Territory or Foreign Country) MICHIGAN, UNITED STATES	
18a. MOTHER'S RESIDENCE - STATE FLORIDA	18b. COUNTY PALM BEACH	18c. CITY, TOWN OR LOCATION PALM BEACH GARDENS	
18d. STREET ADDRESS & APT. 453 WOODVIEW CIRCLE		18e. ZIP CODE 33418	18f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18g. MOTHER'S MAILING ADDRESS Street & Apt. 453 WOODVIEW CIRCLE			
		City PALM BEACH GARDENS	State FLORIDA
		Zip Code 33418	
19. FATHER'S NAME (First, Middle, Last, Suffix) AARON GORDON CARTER		20. FATHER'S DATE OF BIRTH (Month, Day, Year) February 10, 1973	
I certify that the personal information provided on this certificate is correct to the best of my knowledge. LORI DAWN CARTER		21. FATHER'S BIRTHPLACE (State, Territory or Foreign Country) CALIFORNIA, UNITED STATES	
22. NAME OR SIGNATURE of Parent >			

THIS SPACE INTENTIONALLY LEFT BLANK

Rene Jones

, State Registrar

REQ: 2017039738



THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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