## AFFIDAVIT OF OWNERSHIP OF REGISTERED SECURITIES & CERTIFICATE OF TITLE

United States of America

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New Jersey Republic

"Equality is Paramount and Mandatory by Law"

ALL TO WHOM THESE PRESENTMENTS SHALL COME, Greetings: I, as natural person, Goodman, Adrian-Billy Kenneth@ (Proper Spelling), (also known as Adrian-Billy Kenneth Goodman@) Affiant (hereinafter Beneficial Owner), being duly sworn, declare and state that I have attained the age of majority on June 3rd, 2006, 18 years after the Date of Birth shown by said Certificate of Live Birth. I, as natural person, Goodman, Adrian-Billy Kenneth@ am familiar with all the facts recited and have firsthand knowledge of the facts stated herein. I also depose and say that I am the Record Owner and holder of the Registered Certificated Security/Certificate of Live Birth No: 0002132998, whose name also appears on the face of the instrument as ADRIAN BILLY KENNETH GOODMAN (Estate) by reference to the Official Certificate of Live Birth (Title), recorded and filed dated received July 06°, 1988 in the Office of local Registrar, Philadelphia County, land of Pennsylvania, as the same appears to be held for safekeeping by State Registrar. Said Certificate is a Valid Trust Instrument and further describes the same property that is an active Trust/ Estate conveyed unto I, as natural person, Goodman, Adrian-Billy Kenneth@, Affiant (Beneficial Owner) as set forth in the above-mentioned Certificate of Title and to include but not limited to all financial assets, accounts, registered securities, entitlements, real and other personal property that are associated with said Trust/ Estate. I, as natural person, Goodman, Adrian-Billy Kenneth@, Affiant (Beneficial Owner) is the one legally entitled and authorized to act, appoint, assign, conveyed, and/ or execute said Trust/ Estate no other parties are allowed without consent from Entitlement Holder/ Beneficial Owner of Record, AND IT IS SO ORDERED.

and/ or execute said. Trust/ Estate no other parties are allowed without consent from Entitlement Holder/ Beneficial Owner of Record, AND IT IS SO ORDERED.
In Witness Whereof; said Affiant (Beneficial Owner) has hereunto set his hand seal
Done this 13 day of 4 2017
By:Entitlement Holder/Beneficial Owner Goodman, Addan-Billy Kenneth ©, Sui Juris
WITNESSES:
I declare that, as a natural person, Goodman, Adrian (also known as, Goodman, Adrian-Billy Kenneth ©) personally known to me (or has proven to me on the basis of convincing evidence) to be the Affiant (Beneficial Owner) that he signed acknowledged this "Affidavit of Ownership of Registered Securities & Certificate of Title" in my presence, or he appears to be of sound mind and under no duress or undue pressure and/ or influence.
By: Lusar Markowski
Print Name: Susan Kaikowsk
By Jun Shuhlut Date: 4(1)
Print Name: BRIV DONUD CRY
CERTIFICATE OF JURAT/ACKNOWLEDGMENT
"I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."
Signature: Goodman, Adrian-Billy Kenneth©, Sui Juris
On this date the natural person named above, in his stated capacity, personally appeared before me and acknowledged that this instrument attached hereto was signed as a free and voluntary act and deed for the uses and purpose stated therein.
Sign By: Date: 4 5 17
Print By: Notary Public , Notary Public
COMMONWEALTH OF PENNSYLVANIA
My Commission Expires: NOTARIAL SEAL SCOTT Z NOYE
SEAL Notary Public RIDLEY TWP, DELAWARE COUNTY
My Commission Expires May 26, 2018



## 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 Pennsylvania, 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, Rex W. Tillerson, 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-eighth day of March, 2017.

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); RULE 44 Federal Rules of Civil Procedure.

Secretary of State

Assistant Aut

By\_

ssistant Authentication Officer,
Department of State



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

#### **Certification Statement**

This is to certify that the certificate hereunto attached is a true and accurate copy of the original record on file with the Division of Vital Records and that Debra M. Romberger, whose name is subscribed thereto, was at the time of subscribing the State Registrar and Director, Division of Vital Records of the Department of Health, for the Commonwealth of Pennsylvania, duly appointed and commissioned as directed by the Vital Statistics Law of 1953.

Karen M. Murphy Pho RN

Secretary of Health

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

No: 201706022

# OFFICE OF THE SECRETARY OF THE COMMONWEALTH

MARCH 02, 2017

PENNSYLVANIA, SS:

I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania, DO HEREBY CERTIFY, that it appears by the records of this office that

## KAREN M MURPHY PHD RN

now is, and was at the time of execution of the attached certificate, SECRETARY OF HEALTH for the Commonwealth of Pennsylvania, USA, duly appointed, commissioned and qualified, and is authorized to perform and discharge all the duties of Secretary of Health, as required by law. That the records of the Department of Health of the Commonwealth of Pennsylvania are secretary or mealth, as required by law. That the records or the Department or mealth or the Commonwealth or Pennsylvania as kept pursuant to the laws of this state by said Secretary of Health, who is also the custodian of the official seal, hence full faith

I, DO FURTHER CERTIFY, That I verily believe the seal impressed upon the attached certificate is genuine.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my Office to be affixed, the day and year above written.

> Pedus C. Contés Secretary of the Commonwealth

This Certification only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Certification does not certify the content of the document for which it was issued.

This Certification is not valid for use anywhere within the United States of America, its territories or possessions.

## VITAL RECORDS WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

Certification of Birth

Date of Birth: JUNE 03, 1988

State File Number: 075703-1988

Date Issued: FEBRUARY 06, 2017

Date Filed: JULY 06, 1988

Name: ADRIAN BILLY KENNETH GOODMAN

Sex: MALE

Place of Birth: PHILADELPHIA COUNTY

Mother/Parent's Name before first marriage: GAYLE GREGORY

Father/Parent's Name: ADRIAN KENNETH GOODMAN

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.



H105.105.1D Rev. (7/2012)

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

9662612000

**DETACH HERE** 

**TEAR AT THIS PERFORATION** 

**DETACH HERE** 

ADRIAN-BILLY KENNTH GOODMAN 440 PRIMOS AVENUE FOLCROFT, PENNSYLVANIA 19032

Order Number: 20170206870

