

AFFIDAVIT OF OWNERSHIP
OF
REGISTERED SECURITIES & CERTIFICATE OF TITLE

United States of America

} SS

New Jersey Republic

"Equality is Paramount and Mandatory by Law"

ALL TO WHOM THESE PRESENTMENTS SHALL COME, Greetings: I, as natural person, Pankok, Miranda (Proper Spelling), (also known as Pankok, Miranda Lynn) Affiant (hereinafter Beneficial Owner), being duly sworn, declare and state that I have attained the age of majority on January 23, 2008, 18 years after the Date of Birth shown by said Certificate of Live Birth. I, as natural person, Pankok, Miranda Lynn 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: A0012591149, whose name also appears on the face of the instrument as MIRANDA LYNN PANKOK (Estate) by reference to the Official Certificate of Live Birth (Title), recorded and filed dated received February 12, 1990 in the Office of local Registrar, Gloucester County, land of New Jersey, 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, Pankok, Miranda Lynn, 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, Pankok, Miranda Lynn, 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.

In Witness Whereof; said Affiant (Beneficial Owner) has hereunto set his hand seal

Done this 26th day of APRIL 2017

By: Miranda Pankok Entitlement Holder/Beneficial Owner
Pankok, Miranda Lynn, Sui Juris

WITNESSES:

I declare that, as a natural person, Pankok, Miranda (also known as, Pankok, Miranda Lynn) 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: _____ Date: _____

Print Name: _____

By: _____ Date: _____

Print Name: _____

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: Miranda Pankok
Pankok, Miranda Lynn, 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: Teresa E. Carlton Date: 4/26/17

NJ photo license. Miranda only

Print By: Teresa E. Carlton Notary Public

TERESA E. CARLTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/1/2020

My Commission Expires: _____



United States of America



DEPARTMENT OF STATE

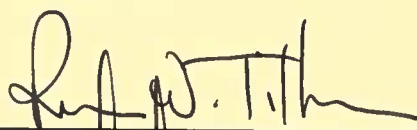
To all to whom these presents shall come, Greetings:


I Certify That the document hereunto annexed is under the Seal of the State(s) of New Jersey, 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
 By 

 Assistant Authentication Officer,
 Department of State

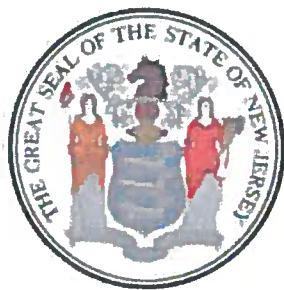
I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY
CERTIFY THAT

VINCENT T ARRISI

WHO HATH SIGNED THE FOREGOING CERTIFICATE, WAS, AT
THE DOING THEREOF, AND NOW IS
STATE REGISTRAR

IN AND FOR THE STATE OF NEW JERSEY DULY APPOINTED,
AND SWORN ACCORDING TO LAW, AND THAT FULL FAITH AND
CREDIT ARE TO BE GIVEN TO THE OFFICIAL ATTESTATIONS;
AND I FURTHER CERTIFY, THAT THE SEAL THERETO ANNEXED
IS THE OFFICIAL SEAL, AND THAT THE SAID SIGNATURE
IS IN THE PROPER HANDWRITING OF THE SAID
VINCENT T ARRISI.

IN TESTIMONY WHEREOF, I HAVE
HEREUNTO SET MY HAND AND AFFIXED
MY OFFICIAL SEAL AT TRENTON, THIS
1ST DAY OF MARCH A.D. 2017



Ford M Scudder

Ford M Scudder
State Treasurer

Certificate Number: 139417649

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

REG-42A JUN 14



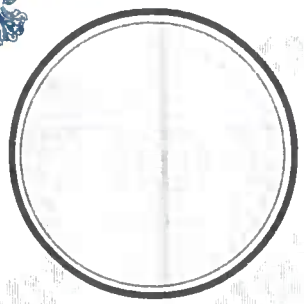
This is to certify that the above is correctly copied from a record on file in my office. Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

ISSUED BY: New Jersey Department of Health Office of Vital Statistics and Registry

DATE ISSUED: February 28, 2017

Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry

Vincent T. Arrisi
SECURADO™ 3



1 NAME OF CHILD (Last, First, Middle)		MIRANDA LYNN PANKOK	
2a DATE OF BIRTH	2b HOUR	2c SEX	2d FLUENTLY
JAN 23, 1990	3:55M	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> OTHER
3a PLACE OF BIRTH			
1 <input checked="" type="checkbox"/> HOSPITAL 2 <input type="checkbox"/> FREESTANDING BIRTHING CENTER			
3b NAME OF FACILITY (If not available, give Street and Number)			
UNDERWOOD-MEMORIAL HOSPITAL			
3c CITY, TOWN, OR LOCATION OF BIRTH			
WOODBURY			
3d COUNTY OF BIRTH			
GLOUCESTER			
3e MOTHER - Maiden Name			
JEANETTE CAROL TIGHE			
3f RESIDENCE - State		3g CITY OR TOWN	
NJ		BRIDGEPORT	
3h MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code Only)			
110 N. MAIN STREET			
BRIDGEPORT NJ			
3i YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3j NAME OF FATHER (Last, First, Middle)			
CARL JOHN PANKOK, SR.			
10a FATHER Name		10b DATE OF BIRTH	
NEW JERSEY		FEB 17, 1957	
10c BIRTHPLACE (State or Foreign Country)			
NEW JERSEY			
11 NAME OF MOTHER (Last, First, Middle)			
JEANETTE PANKOK			
12a MOTHER'S ADDRESS (No. & Street or P.O. Box, City, State, Zip Code)			
600 JESSUP ROAD, WEST DEPTFORD, NJ 08066			
12b DATE OF SIGNATURE			
JAN 23, 1990			
12c DATE RECEIVED			
1/23/90			
13 SIGNATURE			
[Signature]			
14 ATTENDANT			
1 <input checked="" type="checkbox"/> X MD 2 <input type="checkbox"/> DO 3 <input type="checkbox"/> CNM 4 <input type="checkbox"/> OTHER MIDWIFE 5 <input type="checkbox"/> OTHER (Specify)			
STATE USE ONLY			
0002669			

A0012591149