



**AFFIDAVIT
OF
AUTHENTICATED CERTIFICATE OF LIVE BIRTH
i.e. BIRTH RECORD OWNERSHIP**

I, Montgomery: Damon-Ramon, The Grantor, private man, by accommodation for the Private Estate, Montgomery: Damon-Ramon, domiciled c/o near 103 Avery Street, Mount Clemens, MI [48043]; declare that the facts stated below are true, correct, complete, to the best of my knowledge and belief, and that;

1. The Grantor is the Authenticated Register Owner of the property "**Birth Record**" indicated below:

Montgomery: Damon-Ramon, Estate, private, Michigan Republic, Detroit Department of Health, City of Detroit, Michigan Local File #1208944, filed December 30, 1967, to local Registrar, Commissioner of Health. A copy of which is attached as Enclosure; and that;

2. The Grantor is of the age of majority; and that;

3. The Grantor's day of birth is December 30, 1967, the same as stated on "**Birth Record**" indicated above; and that;

4. The Grantor's place of birth is near the geographical location commonly known as Detroit, Michigan, and entity formed within the constitutional republic of the United States of America, in an outlying possession of the United States; and that;

5. The Grantor has authenticated the Montgomery: Damon Ramon Estate "**Birth Record**"; and that;

6. The Grantor holds 100% of interest in the property "**Birth Record**" to which this affidavit relates, and that;

7. The Grantor is authorized to accept, receive, and sign on behalf as the Grantor ownership of 100% and that;

8. The Grantor is the holder of all Estate Investment powers, which includes the power to dispose, or to direct the disposition of properties; and that;

9. The Grantor is using this Affidavit to document the status of authenticated register ownership regarding the account of the "**Birth Record**" indicated above, and that;

10. The Grantor by this Affidavit is acting on the authority of the Montgomery: Damon-Ramon (The Estate) as Grantor defined in the Internal Revenue Manual Cat. No. 32186R (10-01-20100, Section 21.7.13.3.2.2(2); and that;

11. The Grantor authorizes this Affidavit to be provided to any withholding agent that has control, receipt or custody of the profits, proceeds, revenue, or income of which any withholding agent can disburse or make payments of the income to the register owner; and that;

12. The Grantor will submit a new affidavit within 30 days if any certification made on this affidavit becomes incorrect; and that;

13. The Grantor noted this "**Birth Record**" has no Birth No. only a File No., therefore this is not a State register organization entity as presented.

14. The Grantor intends for this claim of interest to supersede and to terminate all other interests, in the property "**Birth Record**" indicated above.

State of Michigan



DEPARTMENT OF STATE NOTARY PUBLIC CERTIFICATION

I, Ruth Johnson, Secretary of State of the State of Michigan and custodian of the Great Seal of the State, hereby certify that, KIMBERLY L SABLE, whose notarization is affixed to the annexed instrument, was on the date thereof the duly elected or appointed and qualified Notary Public in and for the County of WAYNE in this State and all official acts as such should be given full faith and credit in all Courts of Justice and elsewhere.

IN TESTIMONY WHEREOF, I have hereto affixed my signature and Great Seal of the State, at Detroit, this 4th day of August in the year of our Lord two thousand and fifteen.



Ruth A. Johnson

Secretary of State

147854-1-414063-157

This certification attests only to the authenticity of the signature of the official who signed the affixed document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp which the document bears. This certification is not intended to imply that the contents of the document are correct, nor that they have the approval of the State of Michigan.

I again hereby declare under penalty of perjury that the above information is complete, correct, and true to the best of my knowledge and law.

seal

by Montgomery: Damon-Ramon Grantor 8/4/15
Montgomery: Damon-Ramon, Grantor Date



STATE OF MICHIGAN }
COUNTY OF WAYNE } ss

On August 4, 2015 before me KIMBERLY L. SABLE, "Notary Public", personally appeared before me Montgomery: Damon-Ramon, who proved to me on this basis of satisfactory evidence to be the man whose name is subscribed to within this instrument and acknowledged to me that he executed the same in this authorized capacity and that by this his signature on the instrument, the man acted, executed the instrument.

I certify under **PENALTY OF PREJURY UNDER** the laws of the State of Michigan that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature Kimberly L. Sable

(Seal)

KIMBERLY L SABLE
Notary Public, State of Michigan
County of Wayne
My Commission Expires 07-16-2021
Acting in the County of _____

State of Michigan



DEPARTMENT OF STATE STATE REGISTRAR CERTIFICATION

I, Ruth Johnson, Secretary of State of the State of Michigan and custodian of the Great Seal of the State, hereby certify that, Glenn Copeland, whose attestation is affixed to the annexed instrument, was on the date thereof the duly elected or appointed and qualified State Registrar and all official acts as such should be given full faith and credit in all Courts of Justice and elsewhere.

*IN TESTIMONY WHEREOF, I have hereto
affixed my signature and Great Seal of the
State, at Lansing, this 21st day of July in
the year of our Lord two thousand and
fifteen.*



A handwritten signature in black ink that reads "Ruth A. Johnson".

Secretary of State

147115-1-412276-OGS

This certification attests only to the authenticity of the signature of the official who signed the affixed document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp which the document bears. This certification is not intended to imply that the contents of the document are correct, nor that they have the approval of the State of Michigan.



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF LIVE BIRTH

Amended

121 - 1208944

State File Number

1. CHILD'S NAME

Damon Ramon Montgomery

2. SEX

Male

3a. PLURALITY - Single, Twin, Triplet, etc. (Specify)

Single

3b. IF NOT SINGLE BIRTH - First, Second, Third, etc. (Specify)

4a. DATE OF BIRTH (Month, Day, Year)

December 30, 1967

4b. TIME OF BIRTH

Not Recorded

5a. CHILD'S BIRTHPLACE (Hospital or Address if other)

St. Joseph Mercy Hospital, Detroit

5b. COUNTY

Wayne County

6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last)

Not Recorded

6b. MOTHER'S FULL NAME BEFORE FIRST MARRIED (First, Middle, Last)

Vanaster Moore

7a. STATE OF BIRTH - Name
Country if not USA

Ohio

7b. DATE OF BIRTH OR AGE

28

7c. COUNTY OF RESIDENCE

Wayne

7g. STATE OF RESIDENCE

Michigan

8a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last)

Earl Montgomery

8b. STATE OF BIRTH - Name
Country if not USA

Louisiana

8c. DATE OF BIRTH OR AGE

28

9a. REGISTRAR'S SIGNATURE

\\S\\ John Hanlon

9b. DATE FILED BY LOCAL REGISTRAR - (Month, Day, Year)

January 8, 1968

Amended 10/07/2005 Child's Name.

I hereby certify that this is a true and correct representation of the birth record facts on file with the Michigan Department of Health and Human Services, Division for Vital Records.

Certified by:

Date Issued: July 21, 2015

AFS: 2951273

Glenn Copeland
State Registrar

SP01302168

Washington State Department of Licensing
Uniform Commercial Code
Debtor Information Search Report

Search number: 2019-121-4397-1S

Name as provided:

Individual Name: MONTGOMERY, DAMON, RAMON (Debtor)

Name searched:

Individual Name: MONTGOMERYDAMONRAMON

Lien type searched: All

Lien status searched: All

Search limited by: File Numbers Searched: 2015-237-7027-6

Search logic used: Standard

Report: 5/1/2019 3:55:46 PM

Through date: 4/30/2019

Copies:

Certification:

The filing office certifies that the attached list (and copies, if any) is a true and exact representation of all financing statements and non-UCC liens for the name searched, as filed with the Department of Licensing, Uniform Commercial Code Program, as of the through date shown above. But a limited search may not reveal all records of the name searched and the searcher bears the risk of relying on such a search.



Teresa Berntsen

Teresa Berntsen, Director, Department of Licensing

1 of 1

Initial Financing Statement File Number: 2015-237-7027-6

Date and time filed: 8/25/2015 3:45:00 PM

Lapse date: 08/25/2020

(D) MONTGOMERY, DAMON, RAMON
103 AVERY STREET
MOUNT CLEMENS, MI 48043 USA

(S) Montgomery, Damon, Ramon
In care of 103 Avery Street
Mount Clemens, MI Near 48043 USA

History:

Type of Record	Date & Time Filed	File#	#PGS
Initial	8/25/2015 3:45:00 PM	2015-237-7027-6	1

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Damon Ramon Montgomery 586-843-6183
B. E-MAIL CONTACT AT FILER (optional) damonmontgomery.dm@gmail.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Damon Ramon Montgomery 586-843-6183 In care of 103 Avery Street Non Domestic Mount Clemens MI USA [48043]

Date of Filing : 08/25/2015
Time of Filing : 03:45:00 PM
File Number : 2015-237-7027-6
Lapse Date : 08/25/2020

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 1b. INDIVIDUAL'S SURNAME MONTGOMERY	DAMON	RAMON	
1c. MAILING ADDRESS 103 AVERY STREET	CITY MOUNT CLEMENS	STATE MI	POSTAL CODE 48043
			COUNTRY 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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 2b. INDIVIDUAL'S SURNAME			
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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME Montgomery	Damon	Ramon	
3c. MAILING ADDRESS In care of 103 Avery Street	CITY Mount Clemens	STATE MI	POSTAL CODE Near 48043
			COUNTRY USA

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

All DEBTOR assets, land and personal property, (e.g., equipment, goods, inventory, fixtures, accounts, general intangibles, payment intangibles, instruments and goods, chattel papers, documents, deposit accounts, commercial tort claims, letters of credit rights, investment property, proceeds, future advances, consumer transactions.) Now owned and hereafter acquired now existing and hereafter arising and where ever located described fully in authenticated Security Agreement #DRM19673012SA and pledges are Nunc Pro Tunc. All property is Accepted For Value and Exempt From Levy, pursuant to HJR-192 and UCC § 1-104,

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:

The Parties are governed by UCC §§ 1-102 thru UCC 1-107

4. This FINANCING STATEMENT covers the following collateral:

10-104, 3-419, Public Law; Chapt. 48, 48 Stat, 112; and the orders therefrom are released to DEBTOR to include, all signatures, endorsements, facsimile, copyright, printed, typed, or photocopies of "RECORD OWNERS NAME AND TITLE". RECORD OWNER IS NOT GUARANTOR TO ANY OTHERS ACCOUNT BY EXPLICIT RESERVATION WITHOUT PREJUDICE UCC § 1-308. TOTAL VALUE OF COLLATERAL IN SECURITY AGREEMENT: \$1,000,000,000,000.00



Databases, Tables & Calculators by Subject

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Data extracted on: February 2, 2021 (10:49:20 PM)

CPI for All Urban Consumers (CPI-U)

Series Id: CUUR0000SA0

Not Seasonally Adjusted

Series Title: All items in U.S. city average, all urban consumers, not seasonally adjusted

Area: U.S. city average

Item: All items

Base Period: 1982-84=100

Download:  [xlsx](#)

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	HALF1	HALF2
2010	216.687	216.741	217.631	218.009	218.178	217.965	218.011	218.312	218.439	218.711	218.803	219.179	217.535	218.576
2011	220.223	221.309	223.467	224.906	225.964	225.722	225.922	226.545	226.889	226.421	226.230	225.672	223.598	226.280
2012	226.665	227.663	229.392	230.085	229.815	229.478	229.104	230.379	231.407	231.317	230.221	229.601	228.850	230.338
2013	230.280	232.166	232.773	232.531	232.945	233.504	233.596	233.877	234.149	233.546	233.069	233.049	232.366	233.548
2014	233.916	234.781	236.293	237.072	237.900	238.343	238.250	237.852	238.031	237.433	236.151	234.812	236.384	237.088
2015	233.707	234.722	236.119	236.599	237.805	238.638	238.654	238.316	237.945	237.838	237.336	236.525	236.265	237.769
2016	236.916	237.111	238.132	239.261	240.229	241.018	240.628	240.849	241.428	241.729	241.353	241.432	238.778	241.237
2017	242.839	243.603	243.801	244.524	244.733	244.955	244.786	245.519	246.819	246.663	246.669	246.524	244.076	246.163
2018	247.867	248.991	249.554	250.546	251.588	251.989	252.006	252.146	252.439	252.885	252.038	251.233	250.089	252.125
2019	251.712	252.776	254.202	255.548	256.092	256.143	256.571	256.558	256.759	257.346	257.208	256.974	254.412	256.903
2020	257.971	258.678	258.115	256.389	256.394	257.797	259.101	259.918	260.280	260.388	260.229	260.474	257.557	260.065

U.S. BUREAU OF LABOR STATISTICS Postal Square Building 2 Massachusetts Avenue NE Washington, DC
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