

# NOT AN OFFICIAL DOCUMENT

ONLINE RECORDING

2023-023977

For Private Registration in the House of Brant; Custodia Legis.

STATE OF INDIANA  
LAKE COUNTY

RECORDED AS PRESENTED 12:48 PM 2023 Aug 10

## Declaration of Affidavit of Ownership and Administration

Re: Live Birth Document

Indiana State File Number A2023-0511151421  
US Department of State File Number 23051120-1

State of Indiana Authentication Dated: May 11, 2023  
US Department of State: July 14, 2023

I, John Thomas of the House of Brant, the undersigned owner/affiant, declare that the attached document is a true and correct copy of the authenticated certificate of title which I own, in the form of an official Certificate of Birth, which I have accepted and acknowledged through this Declaration by Affidavit of Ownership and Administration. I, John Thomas of the House of Brant, affirm that I have exercised my natural power of self-determination and free agency by pure trust covenant being a holder in due course and having attained the age of the majority at a date 18 years after the date of my birth. I am familiar with the facts recited and furthermore state that the entity named in said certificate of the title, JOHN THOMAS BRANT, a legal fiction arising out of Civil law, has been reorganized with new administrative powers, and whose character is now administrated by an ecclesiastical administrator, House of Brant, who follows the will of the administration, entered a pure trust agreement for all rights of Title, Interest, and Use with Almighty Yahweh, a foreign Testator who controls the interest of the Private Trust for the benefit of Yahweh's Kingdom.

John Thomas of the House of Brant is now Executor/Administrator who keeps and holds the associated estate/agency with indefeasible title, interest, and use. Furthermore, I John Thomas of the House of Brant voluntarily covenant to serve as agent to the ecclesiastical trust for the benefit of Yahweh's Kingdom.

As an adopted Son of Yahweh, by immersion (Baptism), my statements are of authority and truth. (James 5:12, John 1:12-14, Romans 8:14-17, 1 John 3:1-5)

**I, John Thomas of the House of Brant, declare and affirm that the above Declaration by Affidavit of Ownership and Administration is true and correct to the best of my knowledge, understanding, and belief.**

Executed this 10<sup>th</sup> day of August anno Domini 2023.

Autograph by: John Thomas Brant  
John-Thomas: Brant ©  
without the United States  
in a non-representative capacity

Notary used without prejudice to my rights:

BE IT REMEMBERED, That on this 10<sup>th</sup> day of August in the year of our LORD, two thousand and twenty-three, personally appeared before me, the Subscriber, a Notary Public for the State of Indiana, John-Thomas: Brant, party to this Document, known to me personally to be such, and he acknowledged this Document to be his act and deed. Given under my hand and seal of office, the day and year aforesaid.

Melanie Pociask  
Notary Public Sitting in, and for, The State of Indiana



F

# United States of America



CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

*By John Thomas Grant*

## 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 Indiana, 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, Antony J. Blinken, 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 fourteenth day of July, 2023.

*Antony J. Blinken*  
\_\_\_\_\_  
Secretary of State

By *[Signature]*  
\_\_\_\_\_  
Assistant Authentication Officer,  
Department of State

*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.*

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CERTIFIED TO BE A TRUE &  
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## STATE OF INDIANA SECRETARY OF STATE

*By John Thomas Brant*

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<b>This public document</b> Le présent acte public / El presente document público	
2. has been signed by a été signé par / ha sido firmado por	Alpa Mistry
3. acting in the capacity of agissant en qualité de / quien actúa en calidad de	State Registrar
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	Indiana Department of Health
<b>CERTIFIED</b> Attesté / Certificado	
5. at à / en	Indianapolis, IN
6. this day le / el día	May 11, 2023
7. by par / por	Secretary of State, State of Indiana
8. N° sous n° / bajo el número	A2023-0511151421
9. Seal / Stamp: Sceau / timbre: Sello / timbre:	10. Signature: Signature: Firma:  <i>Diego Morales</i>  Diego Morales



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# NOT AN OFFICIAL DOCUMENT

CERTIFIED TO BE A TRUE & EXACT COPY OF ORIGINAL

*By John Thomas Brant*

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
CERTIFICATE OF LIVE BIRTH

73-097191

Local No. 5602

1. PLACE OF BIRTH a. COUNTY <u>Allen</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Indiana</u>		b. COUNTY <u>Allen</u>	
b. CITY, TOWN, OR LOCATION <u>Fort Wayne</u>		c. CITY, TOWN, OR LOCATION <u>Fort Wayne</u>			
3. NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS <u>27th East Drive</u>			
4. IS PLACE OF BIRTH INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5. IS RESIDENCE INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. NAME First Middle Last <u>John Thomas Brant</u>					
8. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		9. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		10. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
11. NAME First Middle Last <u>Dan Brant</u>		12. DATE OF BIRTH Month Day Year <u>12 13 63</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS <u>26</u>		15. BIRTHPLACE (State or foreign country) <u>Georgia</u>		16. USUAL OCCUPATION <u>Not employed</u>	
17. MAIDEN NAME First Middle Last <u>Mary Ball Brant</u>		18. COLOR OR RACE <u>White</u>		19. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) a. How many other children were born alive but are now dead? <u>2</u>	
20. AGE (At time of this birth) YEARS <u>23</u>		21. BIRTHPLACE (State or foreign country) <u>Indiana</u>		b. How many other children were born alive but are now dead? <u>0</u>	
22. INFORMANT'S SIGNATURE <u>Mary Ball Brant</u>		23. HOW MANY (total) deaths (infants born dead at ANY time after occupation)? <u>0</u>			
24. MOTHER'S MAILING ADDRESS <u>27th East Drive Fort Wayne, Indiana</u>					
25. APPROVE CERTIFY THIS AND SIGN HERE 8:10 PM DST see this state above.		26. SIGNATURE <u>John Johnson</u>		27. ATTENDANT AT BIRTH M. D. <input type="checkbox"/> O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
28. ADDRESS <u>H. Wayne, Ind.</u>		29. SIGNATURE OF HEALTH OFFICER <u>H. Wayne</u>		30. DATE BIRTH <u>13 Dec '63</u>	
31. DATE REC'D. BY HEALTH DEPT. <u>DEC 19 1963</u>		32. SIGNATURE OF HEALTH OFFICER <u>Dr. H. Walton</u>		33. DATE ON WHICH GIVEN NAME ADDED BY	



County Recorder



CERTIFICATE  
State Form 26217 (R2 / 7-09)

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

DEC - 7 2022

*Alpa M. Smith*  
STATE REGISTRAR

Not valid unless machine signed with multi-colored ribbon. It is unlawful to reproduce this record.

492696



# NOT AN OFFICIAL DOCUMENT



## OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307

GINA PIMENTEL  
Recorder

PHONE (219) 755-3730  
FAX (219) 648-6094

### DISCLAIMER

**This document has been recorded as presented.  
It may not meet with State of Indiana Recordation Requirements.**

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10. CUSTOMER IS AWARE DOCUMENT WILL BECOME A PUBLIC RECORD: \_\_\_\_\_
11. OTHER: \_\_\_\_\_

CUSTOMER INITIALS: JB DATE: 8, 10, 23

EMPLOYEE INITIALS: LK DATE: 8, 10, 23