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Conveyance in Certificated Security

THIS IS A FEE SIMPLE ABSOLUTE TITLE
THE MELANIE E JONES LIVING TRUST
(Landed Estate)

I, the undersigned, being of lawful age and being first duly sworn under oath, depose and state that I am familiar with the facts recited, and the party named in said Birth Certificate is the same party as one of the owners named in said "Certificated Security".

The combination of a duly authenticated "Certificated Security" and attached Claim is what is known as a "counter Security." [From the perspective of *trust law*, I am now the Security holder-in-due course of the Certificated **Security** to the Precedent vested Landed Estate [: MELANIE EMMA PATRICE JONES ;] and from the perspective of *commercial law* I am now the real party in interest and Security holder-in-due course to the Certificated **Security** to the Precedent Vested Landed Estate [: MELANIE EMMA PATRICE JONES ;]. I am an "Equitable owner with Equitable Interest".

REGISTERED OWNER DEFINITION

The Registered Owner means the record holder of the certificated security who receives all dividends, interest, and principal payouts. The Registered Owner refers to the individual listed in the official records as the owner of the Certificated Security. The Registered Owner holds legal title to the security and all associated rights and privileges.

Registered Owner: Melanie E Jones-Rivers

STATEMENT OF FACTS

1. I Melanie E Jones-Rivers being of legal age and capacity of being of sound mind, state for the record under penalty of perjury that, I hereby Donate the Property Attached with the "Certificated Security-In-Trust" in the value of \$200,000,000.00 to **The Melanie E Jones Living Trust** to be placed into **Melanie E Jones Living Trust** as an asset and beneficial, to the Original equitable owner, Melanie E Jones-Rivers and her heirs: Clayton Odell Jawon Jones and Alani Michaela Capri Jones.

Property Legal Description:

MELANIE EMMA PATRICE JONES - Bond Number: 112-1983-6009714

Tax ID: XXX-XX-1824

Place of Birth: Prentice Women's Hospital, Chicago, IL 60611

Date of Birth: March 9th, 1983 at 12:40pm

RIGHT THUMBPRINT IN BOX TO RIGHT (RED ONLY)



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CS
RM

NOT AN OFFICIAL DOCUMENT

2. The United States, Union states and STATE OF ILLINOIS would need to show proof of claim how they have any interest in the Precedent Vested Landed Estate [: MELANIE EMMA PATRICE JONES :]. The United States, Union States and STATE OF ILLINOIS has no contracts with The Melanie E Jones Living Trust and, thereby would make any and **all** charges, claims, judgments, levy's, warrants, indictments or seizures: "fraudulent" and a "trespass" on the property of **The Melanie E Jones Living Trust**. The United States, Union States and STATE OF ILLINOIS therefore cannot file any judgments or any lien on a "Holder-in-Due Course".
3. Therefore, Melanie E. Jones-Rivers demands proof of claim as, **Melanie E Jones Living Trust** is the paramount security interest holder in all property and collateral, both registered and unregistered, corporeal and incorporeal, real property, mixed property and chattel property, all enjoyments belonging to the Precedent vested Landed Estate [: MELANIE EMMA PATRICE JONES :].

[: MELANIE EMMA PATRICE JONES :] Bond#112-1983-6009714 Tax ID# XXX-XX-1824

This Property is now the Property of **Melanie E Jones Living Trust**. This is part of a FEE SIMPLE ABSOLUTE ESTATE and has been conveyed into a **Revocable Trust**. **Melanie E Jones-Rivers is the holder of the equitable Certificated Security and Family of Jones Trust is the beneficiary of the Trust**. This conveyance Must be acknowledged as a Registry to the trust. The Cestui que Trust/Franchise/Individual entity of MELANIE EMMA PATRICE JONES is parcel to **Melanie E Jones Living Trust**.

I Declare under penalty and perjury under the laws of the United States of America that the foregoing is true and correct. 28 USC 1746

Non-citizen National of the United States Native Illinoisian

Date 7-29-24

Signature of Trustee By: Melanie E Jones-Rivers
MELANIE E JONES-RIVERS

Print Name of Trustee Melanie E. Jones-Rivers
MELANIE E JONES-RIVERS

Birth Name (of Estate) MELANIE EMMA PATRICE JONES



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ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of IL

County of Cook

On 29 day, July 2024 before me, Andrea L. Lurry Starks (Insert Name and title of the officer), personally Appeared Melanie E. Jones-Rivers who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of IL that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Andrea L. Lurry-Starks
Signature _____ (Seal)



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IDPH DIVISION OF VITAL RECORDS
SPRINGFIELD, ILLINOIS

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

DATE ISSUED 2/15/2023

112-1983 6009714

CHILD'S NAME MELANIE EMMA PATRICE JONES		DATE OF BIRTH MARCH 09, 1983	
SEX FEMALE	CITY OR TOWN CHICAGO	COUNTY OF BIRTH COOK	TIME OF BIRTH 12:40 PM
FACILITY NAME (If not institution, give street and number) NORTHWESTERN MEMORIAL HOSPITAL - PRENTICE			
MOTHER/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: VALERIE JONES			
DATE OF BIRTH OR AGE AT TIME OF BIRTH 24		BIRTHPLACE ILLINOIS, UNITED STATES	
RESIDENCE OF MOTHER/PARENT'S - STATE ILLINOIS	COUNTY COOK	CITY OR TOWN CHICAGO	
STREET AND NUMBER 11652 S WENTWORTH		APT. NO.	ZIP CODE 60628
FATHER/PARENT'S CURRENT LEGAL NAME:			
DATE OF BIRTH OR AGE AT TIME OF BIRTH		BIRTHPLACE	
DATE FILED BY REGISTRAR MARCH 22, 1983			

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS-SPRINGFIELD, ILLINOIS

1442191

This is to certify that this is a true and correct copy from the official birth record filed with the Illinois Department of Public Health.

Sameer Vohra
Sameer Vohra, MD, JD, MA
State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK



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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9. CUSTOMER INSISTING DOCUMENT BE RECORDED: _____
10. CUSTOMER IS AWARE DOCUMENT WILL BECOME A PUBLIC RECORD: _____
11. OTHER: _____

CUSTOMER INITIALS: njr DATE: 8, 2, 24

EMPLOYEE INITIALS: Rm DATE: 8, 12, 24