

## AFFIDAVIT OF OWNERSHIP

Donald-Crews:  
c/o 20 S [REDACTED]  
Suite [REDACTED] Trenton  
NJ Republic [REDACTED] Affiant

RE: Birth Certificate # A00 [REDACTED] for DONALD CREWS, Estate

I, the undersigned affiant, of lawful age and being first duly sworn on my 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 certificate of title.

Further affiant sayeth not.

*Crews - Donald: Beneficiary*  
Donald-Crews, Affiant

STATE OF NEW JERSEY )  
COUNTY OF MERCER ) ss.

On this 1st day of November, 2024, before me, the undersigned, a Notary Public in and for said county, personally appeared the above-signed, known to me to be the one whose name is signed on this instrument, and has acknowledged to me that he/she has executed the same.

*Maria M. Santana L.*  
Notary Public Is

MARIA M SANTANA  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2459947  
MY COMMISSION EXPIRES SEPT. 28, 2025

*Sept. 28, 2025*  
My Commission Expires

(seal)

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

TIFFANY DRENNON

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  
TIFFANY DRENNON.



IN TESTIMONY WHEREOF, I HAVE  
HEREUNTO SET MY HAND AND AFFIXED  
MY OFFICIAL SEAL AT TRENTON, THIS  
18TH DAY OF SEPTEMBER A.D. 2024

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

Certificate Number: 145799623

Verify this certificate at  
<https://www.njportal.com/DOR/businessrecords/Validate.aspx>

# STATE OF NEW JERSEY

## REGISTRATION OF BIRTHS - Bureau of Vital Statistics, Trenton, N. J.

REGISTRAR'S No. **109**

1. PLACE OF BIRTH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>N.J.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <b>Trenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <b>Trenton (ct9)</b>	
c. NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION <b>Helene Fuld Hospital</b>		d. STREET ADDRESS <b>41 Yard Ave.</b>	
3. CHILD'S NAME (Type or Print) a. (First) <b>Donald</b>		b. (Middle) <b>Crews</b> c. (Last)	
4. SEX <b>Male</b>	5a. THIS BIRTH Single <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> and <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH <b>Dec. 15, 1966</b>
FATHER OF CHILD			
7. FULL NAME a. (First) <b>[REDACTED]</b>		b. (Middle) <b>[REDACTED]</b> c. (Last) <b>S</b>	
9. AGE (At time of this birth) <b>29</b> YEARS		10. BIRTHPLACE <b>Virginia</b>	
11a. USUAL OCCUPATION <b>--</b>		11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>[REDACTED]</b>		b. (Middle) <b>[REDACTED]</b> c. (Last) <b>[REDACTED]</b>	
14. AGE (at time of this birth) <b>25</b> YEARS		15. BIRTHPLACE <b>Virginia</b>	
17. INFORMANT <b>Mother</b>		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>6</b> b. How many OTHER children were born alive but are now dead? <b>-</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>-</b>	
18a. SIGNATURE <b>Mario Zingarini, MD</b>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS <b>Trenton, N.J.</b>		19. DATE SIGNED <b>12-21-66</b>	
19. DATE REC'D BY LOCAL REG. <b>12-23-66</b>		20. REGISTRAR'S SIGNATURE <b>Elizabeth Meyers</b>	
21. DATE ON WHICH GIVEN NAME ADDED BY <b>(Registrar)</b>			

DATE ISSUED: **09/06/2024**

ISSUED BY: **City of Trenton, Health Division  
Maricarmen Barrientos, Registrar**

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.

*Tiffany Drennon*

Tiffany Drennon  
State Registrar  
Office of Vital Statistics and Registry



REG-42A  
JUL 23



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

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

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# United States of America



## DEPARTMENT OF STATE

*To all to whom these presents shall come, Greetings:*

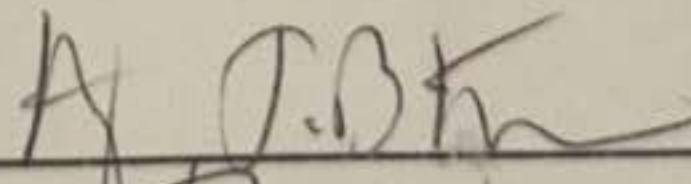
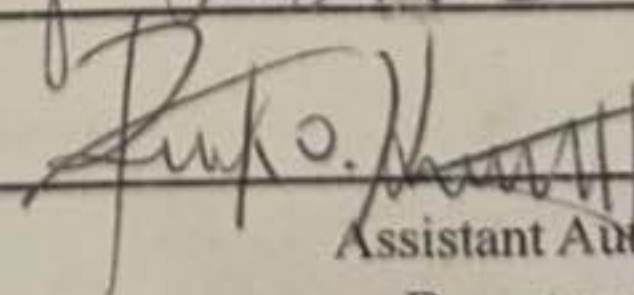
I Certify That the document hereunto annexed is under the Seal of the State(s) of New Jersey, and that such Seal(s) is/are entitled to full faith and credit.\*

*\*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, 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 eighth day of January, 2025.

*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