

Registered Mail Number: RF 241601359 US

**Strawman Adoption Documentation
OF FICTION TRUST: GRANT TREVOR GIBSON**

BY: :grant-trevor :gibson ©

natural man of the land

sui juris, sui generis, in propria persona

private, non-lienable, non-citizen, non-alien

creation of:

: I am competent to manage my affairs.

Contents

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Certificate of Live Birth Original Document Before Apostille - 1 Page

Registered Mail Delivery Confirmation - 1 Page
All Pages Front and Back

Presence of Notary does not change jurisdiction from the land.

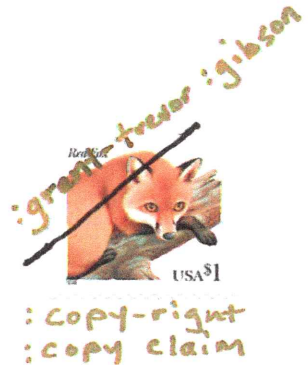
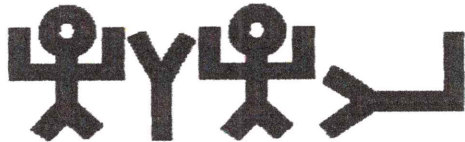
Errors and Omissions Excepted

May be altered by :grant-trevor :gibson© at his discretion at any time for any reason

Without Prejudice

Without Recourse

All Rights Reserved



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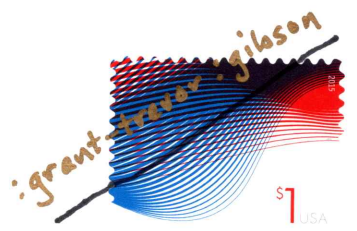
Without Recourse

All Rights Reserved



This is to certify that the above is
a true and exact copy of the original
document in file in the office of the
Recorder, Monroe County, Indiana.
Inst. No. 2018015190

Eric Schmitz 11-9-18
Recorder Date



: copy - right
: copy claim

POWER OF ATTORNEY IN FACT
&
HOLD HARMLESS / INDEMNITY IDENTITY'S

Registered Mail Number: RF 241 601 359 US

KNOW ALL MEN AND WOMEN BY THESE PRESENTS:

GRANT TREVOR GIBSON, herein reference to as PRINCIPAL, in the County of monroe, of sound mind, appoints the living man known as :grant-trevor: gibson; a peaceful, non-belligerent, and non - combatant party, as his true and lawful ATTORNEY IN FACT.

Any and all powers of ATTORNEY IN FACT - NON-ADVERSE, NON-BELLIGERENT, NON-COMBATANT PARTY does supersede any and all former Power of Attorney powers, and furthermore current Powers cures all previous signatures given by principal. In the principal's name, and for the principal's use and benefit, said ATTORNEY IN FACT *has full and complete authorization for the facilitation by the conveyance through any communications in translation for assimilation in account science correction techniques in all facets of interstate, intrastate, domestic, and foreign commerce relations with full protection of Safe Harbour and Sinking Funds Provisions for all accounts, proceeds, products, fixtures, and services such as:*

(1) Sell, exchange, buy, invest, *and / or* reinvest any assets *and / or* property *whether by possession and / or ownership*, which may have income production or non-income production assets and property.

(2) Open, maintain, *and / or* close bank accounts: *with express provisions for; demand deposit (checks, custodial) accounts, term deposit (savings) accounts, and certificates of deposit, brokerage accounts, and other similar accounts with depository and repository and financial institutions.*

(a) Conduct any business with any depository institution, any repository institution, and all financial institution service providers in particular; all issue agents, all transfer agents, and all payout agents with respect to any of principal's accounts. *With express provisions for creation of deposits and withdrawals, acquisition and procurement for all bank statements, passbooks, drafts, money orders, warrants, certificates, stocks, shares, bonds, mortgages, encumbrances, liens, financial obligations, promissory notes, bills of exchange, assigns, hardship claims, abandonment claims, salvage claims, quitclaims, and vouchers; either assignable to, assignable to the order of, payable to, pay to, pay to the order of, or payable to the order of, for the principal by any legal person, body corporate, body politic, body ecclesiastical, and any corporation sole..*

(b) Perform any act necessary to deposit, negotiate, sell, transfer, *or exchange* any legal *and / or* lawful obligation in the style of a note, security, bond, stock, share, of the Treasury of the United States of America, and all Treasuries of every United Nations Member States and all Foreign Governments and their political subdivisions.

(c) Have access to any safe deposit box *whether in possession and / or by ownership with the express provision for the contents.*

(3) Take any and all legal/*lawful* steps necessary to collect any amount or debt due and/or past due, and/or to settle any claim, whether made against or *from affirmation* on behalf of principal against any other person or entity.

(4) Exercise all stock rights as proxy, *with these express provisions for all rights, privileges, and powers* with respect to stocks, bonds, debentures, *and / or* other investments.

(5) Maintain and/or operate any business, personal property, and *ownership* interests of, with, for, and by principal.

Registered Mail Number: RF 241 601 359 US

(6) Purchase and/or maintain insurance, *re-insurance*, and/or bond rights herein.(7) Enter into *legal and lawful* bound contracts on behalf of principal.

(8) Employ professional and business assistance as may be appropriate.

(9) Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of principal's property whether as current ownership, possession holder, and/or as potential acquisition and procurements of ownership and/or possession placement, with the express provision for real estate, real estate rights, privileges, powers, without limit to the right to remove tenants and/or to recover possession and settlement. This express provision without limit is also for the right to sell and/or to encumber any current homestead possession and/or ownership and / or potential possession and / or ownership.

(10) Transfer any of principal's assets to the trustee of any style of *c'est qui* trust and / or foreign situs trust; whether it be deed of trust, express trust, irrevocable trust, revocable trust, and/or any other legal and/or lawful creation by principal, whether or not said such trust is in existence at the time of such transfer.

(11) Prepare, sign, and file documents with any governmental body or agency, *with the express provision without limit as authorization to implement account science of units of exchange and units of account for all depository and repository events*:

(a) Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

(b) Obtain information *and / or* documents from any government *and / or* its agencies; and negotiate, compromise, *and / or* settle any matter with such government *and / or* agency *for any /all lawful* tax matters.

(c) Prepare applications, provide information, and perform any other act *which is a reasonable request* by any government *and / or* its agencies *whom have either a sworn oath, sworn affirmation, sworn affidavit of appointment, and public bond, lawful insurance provider, and lawful re-insurance provider* in connection with governmental benefits *with the express provision for military benefits, social security benefits, health benefits*.

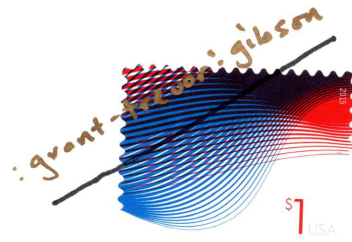
(12) Make gifts from assets to members of family and to such other persons *and / or* charitable organizations with whom principal *does* establish a pattern *to provide gifts*.

The Principal hereby appoints :grant-trevor :gibson, the living man, a peaceful, non-belligerent, and non-combatant party; of bloomington in the Republic of indiana, Country of the Republic of the united states of america as substitute Authorization Representative and for the sole purpose *to provide* gifts of property to said ATTORNEY IN FACT, as *the event does deem to be* appropriate.

(13) Disclaim any interest that might otherwise be *a transfer or distribution* to principal from any other person, estate, trust, *and / or* other entity, as may be appropriate.

Said ATTORNEY IN FACT-in-fact shall not be liable for any loss that results from a judgment error that was made in good faith. Wherein, said ATTORNEY IN FACT *is given grant for* a HOLD HARMLESS and FULL INDEMNITY *stance in law, in good faith performance of duty as active action through* the authority of this Power of ATTORNEY IN FACT.

Principal authorizes said ATTORNEY IN FACT to further indemnify and hold harmless any third party who accepts and acts under good faith to uphold this document.



Registered Mail Number: RF 241 601 359 US :copy-right :copy claim

Herein given through gift and by grant to said ATTORNEY IN FACT full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the current events and their continuation as fully to all intents and purposes as principal might or could do if personally present.

All that said ATTORNEY IN FACT PEACEFUL, NON-ADVERSE, NON-BELLIGERENT, NON-COMBATANT PARTY shall lawfully do or cause to be done under the authority of this power of ATTORNEY IN FACT is *express emergency approval*. ALL VALID BY THE PRESCRIPTION OF THE LAW OF NECESSITY AND THE DOCTRINES OF UNCONSCIONABILITY AND LA MORT SAISIT LE VIF IN ACCORDANCE WITH APPLICABLE LAWS, CARDINAL ORDERS, ORDINAL ORDERS, AND COMMERCIAL STANDARD; PROVIDES FOR FULL ABSOLUTION THROUGH REDEMPTION.

GRANT TREVOR GIBSON

Executed this October 16th, 2018

Grant
Trevor
Gibson

By: /s/ :grant-trevor:gibson@

©:grant-trevor :gibson - Living Man;
Jus Soli; Sui Juris
Power of Attorney-In-Fact; Master Account Holder;
Principal Secured Party; Holder-In-Due-Course for
Title, Lien, and Bond of the private property held in
©GRANT TREVOR GIBSON TRUST™

NOTICE

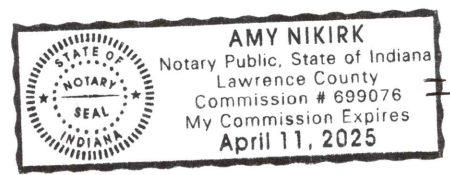
Using a notary on this document does not constitute any adhesion, grant jurisdiction, nor does it in any manner alter any legal status of any of the parties hereto. The purpose of a notary is verification and identification only and not for entrance into any foreign jurisdiction.

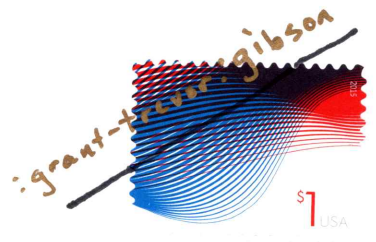
[Dated: this 16 day of October, in the year of 2018 A.D.

Monroe County, Indiana republic State

BEFORE ME, the undersigned authority, on this 16 day of October, 2018, and personal appearance Grant T. Gibson to me known to be the person whose description is found here in and who does autograph and acknowledges to me that he does execute the same freely and voluntarily for the uses and purposes therein expressed. WITNESS my hand and official seal the date aforesaid.

Amy Nikirk
notary public]





Registered Mail Number: RF 241 601 359 US : copy-right : copy claim

"I declare under penalty of perjury under the laws of the United States of America in accordance with 28 U.S. C. § 17 46 (1) that the foregoing facts are true, correct, and complete to the best of my knowledge and ability, but only when litigated with a jury in a court of a state of the Union and not a federal court."

This instrument was prepared by _____

I affirm under penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Name

This is to certify that the above is a true and exact copy of the original document in file in the office of the Recorder, Monroe County, Indiana.
Inst. No. _____

Recorder Date

18035453-1

Registered Mail Number: RF 241 601 359 US

United States of America

copy-right
copy claim

FOR
ADMINISTRATIVE

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*

FOR
ADMINISTRATIVE
USE
ONLY

In testimony whereof, I, Michael R. Pompeo, 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 tenth day of May, 2018.

Michael R. Pompeo
Secretary of State

By Matthew
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.



CERTIFICATE
State Form 26217 (R2 / 7-09)

417911

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

Brian G. Comer
STATE REGISTRAR

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

"I certify as competent Document Holder that this is a true and correct copy of the Birth Certificates and Authentications on file."



Registered Mail Number: RF 241 601 359 US

Witness by Notary does not change Jurisdiction from the Land.

State of Indiana

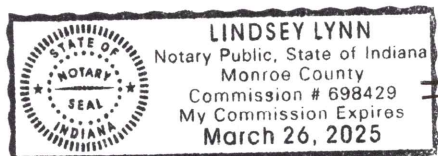
County of Monroe

Signed to and affirmed to before me on the

27th of July, 2018

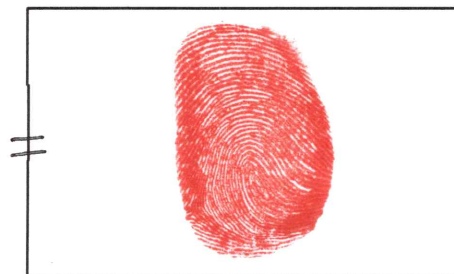
Signature of Notary: Lindsey Lynn

(Seal)



My Commission Expires: 26 MAR 2025

Without Prejudice, All Rights Reserved
By: /s/ [Signature] /© In Propria Persona
American National, Authorized Representative
UCC 1-308, UCC 3-402b1



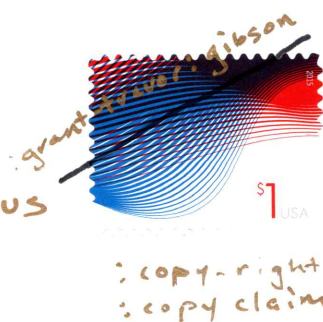
[This document was prepared by Grant - Trevor: Gibson©
I affirm under penalties of perjury of the united States of America that I have taken reasonable care to redact each
social security number in this document, unless required by law.]

Registered Mail Number: RF 241 601 359 US

UNITED STATES OF AMERICA

CERTIFICATE OF OFFICE

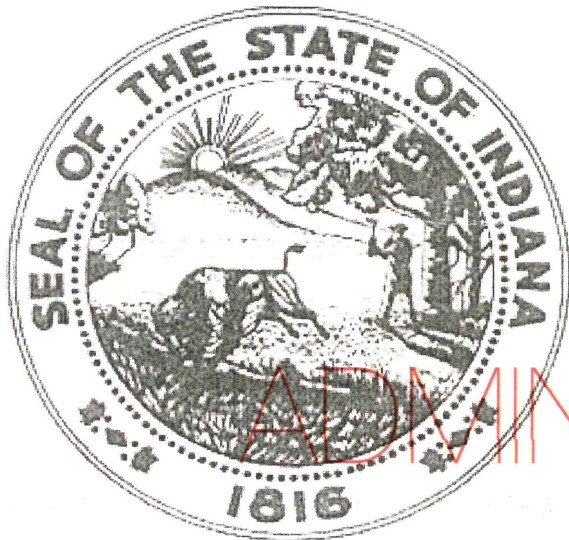
STATE OF INDIANA



ADMINISTRATIVE

I, Connie Lawson, Secretary of State of Indiana, DO HEREBY CERTIFY:

That, according to records on file in my office *Brian J. Carnes* was duly elected or appointed to the office of Special Deputy in and for *March 20, 2018* that to all his/her official acts as said officer, full faith and credit ought to be given in all Courts of Justice and elsewhere. In testimony whereof I have hereunto set my hand and caused to be affixed the Great Seal of the State of Indiana at Indianapolis, this the *Sixteenth* day of *April, 2018*.



Connie Lawson

Connie Lawson

Indiana Secretary of State

By:

Claire Bell

Deputy

Effective May 1, 2003 all apostilles from the Indiana Secretary of State will have an electronically printed seal.
This document was revised March 17, 2012.

11



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

Brian J. Carnes
STATE REGISTRAR

417911

"I certify as competent Document Holder that this is a true and correct copy of the Birth Certificates and Authentications on file."



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State of Indiana

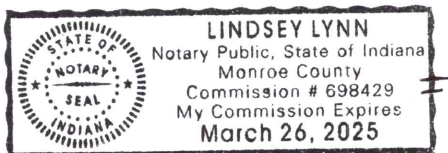
County of Monroe

Signed to and affirmed to before me on the

27th of July, 20 18

Signature of Notary: Lindsey Lynn

(Seal)



My Commission Expires: 26 MAR 2025

By: [Signature] /s/ [Signature] /© In Propria Persona
Without Prejudice, All Rights Reserved
American National, Authorized Representative
UCC 1-308, UCC 3-402b1



[This document was prepared by Grant - Trevor: Gibson©
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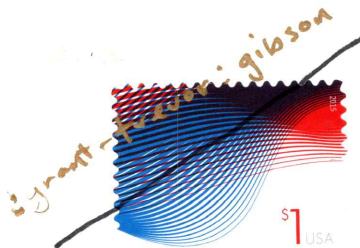
Local No. 84-474

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF LIVE BIRTH

113 84-028228

CHILD	1 CHILD—NAME FIRST GRANT MIDDLE TREVOR LAST GIBSON	2 SEX MALE	3a DATE OF BIRTH 5/3/84	3b HOUR 2:46P
CERTIFIER	4a HOSPITAL—NAME BLOOMINGTON HOSPITAL	4b CITY, TOWN OR LOCATION OF BIRTH BLOOMINGTON	4c COUNTY OF BIRTH MONROE	
	5a CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE		5b DATE SIGNED 5/3/84	5c ATTENDANT—M.D. P.D. MIDWIFE, OTHER MD
	5d SIGNATURE Wm R Anderson		5e MAILING ADDRESS 421 W 5th St Bloomington IN	
	5f HEALTH OFFICER—SIGNATURE Thomas A. Hayes		5g DATE RECEIVED BY LOCAL HEALTH OFFICER 5-22-84	
MOTHER	6a MOTHER—MAIDEN NAME FIRST MONA MIDDLE MARCENE LAST WHITE		6b AGE 30	6c STATE OF BIRTH CALIFORNIA
	6d RESIDENCE—STATE INDIANA	6e COUNTY MONROE	6f CITY, TOWN OR LOCATION BLOOMINGTON	6g STREET AND NUMBER OF RESIDENCE 1634 E. SMITHVILLE RD.
	6h MOTHER'S MAILING ADDRESS 47401		6i INSIDE CITY LIMITS NO	
FATHER	7a FATHER—NAME FIRST DIRK MIDDLE CAMERON LAST GIBSON		7b AGE 30	7c STATE OF BIRTH ILLINOIS
	7d I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief		7e RELATION TO CHILD MOTHER	

FOR
ADMINISTRATIVE
USE
ONLY



: copy-right
: copy claim

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

MAY 20 2010

Brian G. Connor
STATE REGISTRAR



CERTIFICATE
State Form 26217 (R2 / 7-09)

417909

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It is unlawful to reproduce this record.]

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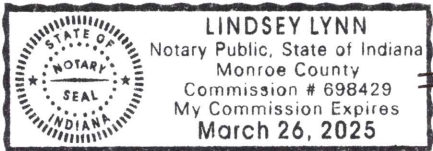
State of Indiana

County of Monroe

Signed to and affirmed to before me on the
27th of July, 2018

Signature of Notary: Lindsey Lynn

(Seal)




My Commission Expires: 26MAR2025

Without Prejudice, All Rights Reserved
By: /s/ A-T-Gibson ©
Authorized Representative



[This instrument was prepared by Grant - Trevor: Gibson©
I affirm under penalties of perjury of the united States of America that I have reasonable
care to redact each social security number in this document, unless required by law.]

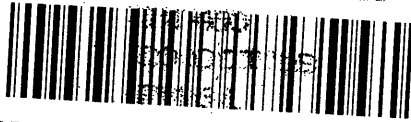
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; color: purple;">: grant-trevor : gibson@</p> <p style="font-size: 1.2em; color: purple;">c/o 7671 South Patton road</p> <p style="font-size: 1.2em; color: purple;">Bloomington non-domestic</p> <p style="font-size: 1.2em; color: purple;">indiana (near 47401)</p> <div style="text-align: center;">  <p>9590 9402 2670 6336 1367 77</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">RF 241 601 359 US</p>	<p>A. Signature</p> <p style="font-size: 1.2em; color: purple;">X : grant-trevor : gibson@</p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="font-size: 1.2em; color: purple;">: grant-trevor : gibson@</p> <p>C. Date of Delivery</p> <p style="font-size: 1.2em; color: purple;">10/20/2018</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Registered No.		Date Stamp
RF241601359US		0807 02
To Be Completed By Post Office	Reg. Fee	\$3.75
	Handling Charge	\$11.90
	Postage	\$2.75
	Received by	\$0.00
	Total \$18.40	
Customer Must Declare Full Value \$0.00		Domestic Insurance up to \$25,000 is included based upon the declared value. International indemnity is limited. (See Reverse).
OFFICIAL USE		
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	BLOOMINGTON, IN 47408
	TO	: grant-trevor : gibson@
	TO	c/o 7671 South Patton road
	TO	Bloomington non-domestic (near 47401)
indiana		: grant-trevor : gibson@
c/o 7671 South Patton road		Bloomington non-domestic (near 47401)
indiana		indiana

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
 January 2014 (7530-02-000-9051) (See Information on Reverse)
 For domestic delivery information, visit our website at www.usps.com®

USPS TRACKING # 015



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

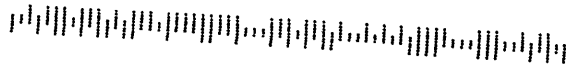
9590 9402 2670 6336 1367 77

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

: grant - trevor : gibson@
c/o 7671 south patton road
bloomington non-domestic (near 47401)
indiana

1-933371



: grant : gibson ©



: copyright
: copyright