

Flint Water Settlement

Generic Barcode Sheet



2. REGISTRANT INFORMATION

In this section, fill in the information about the person who is registering for the Settlement. If you are submitting this form for yourself, then you are the "Registrant." Each person or entity must fill out his, her or its own Registration Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated or minor person. That person is the "Registrant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 3 of this form and provide the information described there.

| | | | |
|---|--|----------------------|--|
| Registrant Name | Last <u>Hulman</u> | First <u>Mary</u> | Middle <u>Ann</u> |
| Social Security Number of Registrant | Date of Birth of Registrant <u>127/70</u> (Month/Day/Year) | | |
| Current Address of Registrant | Street/P.O. Box <u>747 Birchwood Drive</u> | | Apt./Suite |
| | City <u>Flushing</u> | State <u>MI</u> | Zip <u>48433</u> |
| | Dates resided at this address: From <u>2/2017</u> | | To <u>present</u> |
| | | | |
| All Other Registrant Addresses Since April 25, 2014 (if not the same as current address) | Street/P.O. Box <u>1551 Lavender</u> | | Apt./Suite |
| | City <u>Flint</u> | State <u>MI</u> | Zip <u>48504</u> |
| | Dates resided at this address: From <u>12/13</u> | | To <u>2/17</u> |
| | | | |
| Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information. | Street/P.O. Box | | Apt./Suite |
| | City | State | Zip |
| | Dates resided at this address: | | To |
| | | | |
| Registrant's Contact Information. If Registrant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 3 below. | Phone <u>810-487-9063</u> | | <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home |
| | Alt. Phone | | <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home |
| | Email | | |
| | | | |

3. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION
(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

Is this registration being made by a Next Friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person?

YES ☐ NO ☐

If Yes, **complete this section 3.**

Relationship to Registrant

Attach documents proving that you have the relationship to, or the legal appointment for, the Registrant in the box(es) you check. Please review the attached chart that shows the documents you will need to submit.

You must also provide notice to the Registrant's other relatives or court-appointed representatives listed that you are submitting this Registration for the Registrant. For example, if you are the Registrant's sibling, you must notify Registrant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are registering for the Registrant.

Check all that apply:

- ☐ Spouse ☐ Parent ☐ Stepparent
☐ Adult Child ☐ Adult Sibling
☐ Adult Aunt ☐ Adult Uncle
☐ Grandparent
☐ Legal Guardian or other court-appointed representative
☐ Estate Administrator
☐ Other (specify):

Representative's Name

Last

First

Middle

Representative's Address

Street/P.O. Box

Apt./Suite

City

State

Zip

Representative's Social Security Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Representative's Date of Birth

____ / ____ / ____ (Month/Day/Year)

Date of Death of Registrant (if applicable)

____ / ____ / ____
 (Month/Day/Year)

Representative's Contact Information


Phone

- ☐ Work
☐ Mobile
☐ Home

Alt. Phone

- ☐ Work
☐ Mobile
☐ Home

Email

| 4. ATTORNEY INFORMATION | | | |
|---|---|---------------------------------|--|
| Did you hire an attorney to represent or assist you? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| If Yes, complete this section 4. | | | |
| Attorney's Name | Last Wilensky | First Neal | |
| Firm Name | Law Firm Neal Wilensky, PC | | |
| Address | Street 6005 W. St. Joseph, Suite 303 | | |
| | City Lansing | State MI | Zip 48917 |
| Phone and Email | Phone 517-325-1111 | Email nealwilensky@gmail.com | |
| 5. DOCUMENT REQUIREMENTS | | | |
| To register, you must submit the following documents to ARCHER Systems, LLC either in the return envelope provided if you received this form in the mail, or complete the Registration Form and upload the supporting documents by going to the website and following the links at: officialflintwatersettlement.com : | | | |
| <input checked="" type="checkbox"/> | This completed and signed Registration Form and attached Authorization to Disclose Blood Lead Level Test Result Data to MDHHS if Registrant intends to make a personal injury claim. MDHHS Authorization is optional for Registrant to sign. However, such Authorization is the only way that MDHHS can provide Registrant's blood lead level test results to the Settlement Claims Administrator to assist with Registrant's future claim. | | |
| <input checked="" type="checkbox"/> | Copy of identification document, such as your State-issued ID card, driver's license, birth certificate, tax return or similar document, unless counsel for Registrant/Next Friend signs and verifies this Registration Form with permission of such Registrant/Next Friend. | | |
| <input type="checkbox"/> | Any documents required if you filled out section 3 of this form for a minor, legally incapacitated or deceased person. | | |
| 6. VERIFICATION | | | |
| I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; the Registrant meets the eligibility criteria above in section 1: all information submitted in support of this Registration, including the information contained within and submitted with this Registration Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 3 above, I have notified all persons who have the identified relationship with the Registrant and who might qualify to act as a Next Friend for the Registrant, that I am submitting this Registration Form on behalf of the Registrant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Registration Form may result in fines, imprisonment, and/or any other remedy available by law. | | | |
| Registrant's or Representative's Signature |  | | DATE 02/19/21 (month) (day) (year) |
| Printed Name | First Mary | MI A | Last Ann |

Instructions to complete this form are attached.

AUTHORIZATION TO DISCLOSE BLOOD LEAD TEST RESULT DATA:

Michigan Department of Health and Human Services

Directions: Type or Print all requested information, with exception of signatures on Page 2.

| | | | |
|---|-------|----------|----------------------------|
| Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.) | | | Individual's Gender |
| Mary Hulman | | | F |
| Street Address | | | Individual's Date of Birth |
| 747 Birchwood Drive | | | 1/27/70 |
| City | State | ZIP Code | Phone |
| Flushing | MI | 48433 | (616) 487-9063 |

I AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) TO SHARE MY HEALTH INFORMATION:

ALL BLOOD LEAD TEST RESULTS ON RECORD AFTER APRIL 1, 2014

MDHHS MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:

| | |
|-----------------------------|------------|
| Name of Person/Organization | |
| Street Address | |
| City, State, ZIP Code | |
| () - | () - |
| Phone Number | Fax Number |

MDHHS WILL SHARE MY BLOOD LEAD TEST RESULTS FOR THE FOLLOWING REASON:

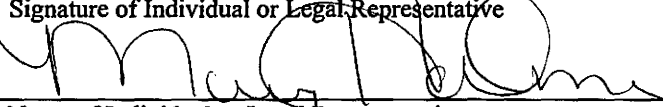
Blood lead test results will be shared with the Claims Administrator to provide proof of blood lead tests for the purpose of making a claim for compensation in the Flint Water Settlement.

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- I do not have to sign this authorization.
- MDHHS Childhood Lead Poisoning Prevention Program will search the blood lead tables based off Name, Date of Birth and Gender provided with this release. The blood lead data tables contain the test result and patient information as reported by the testing facility, unless updated based off of additional resources.
- Other types of information shared under this authorization may be re-disclosed by the person or organization I identified above and may no longer be protected by federal or state law.
- I may change my mind and revoke (take back) this authorization at any time. To revoke this authorization, write to the MDHHS program that maintains your records and include a copy of the front of this form.
- Information that has already been shared based on this authorization cannot be taken back.
- I may request a copy of this signed authorization. If I have not previously revoked this authorization, it will expire on: *(list a date, event or condition)*

Date, Event or Condition

(Authorization will expire one year from the signature date if you leave this section blank.)

| | |
|---|------------------|
| Signature of Individual or Legal Representative  | Date 02/19/21 |
| Name of Individual or Legal Representative | |
| Legal Representative's Relationship to Individual (i.e., Parent, Guardian, Patient Advocate, Authorized Representative, Power of Attorney. Documentation may be required.) | |

**MDHHS USE
ONLY**

| | |
|---------------------------------|------|
| This authorization was revoked: | |
| / / | |
| Signature | Date |

COMPLETION: Is voluntary but required if disclosure is requested.

Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

INFORMATION REGARDING YOUR TEMPORARY LICENSE

If you do not receive your license within 30 days, please contact your local branch office.

LICENSE TYPE

O - Operator
C - Chauffeur

ENDORSEMENTS

CY - Motorcycle
R - Recreational Double
F - Farm

MICHIGAN MI USA



DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION

H 050 587 048 072 **ISS 02-13-2019**
DOB 01-27-1970 **EXP 02-27-2020** 012770

MARY ALICE HOLMAN
747 BIRCHWOOD DR
FLUSHING, MI 48133-1332

Sex F Hgt 505 Eyes BRO
Lic Type O End NONE
Restrictions NONE

DD# 0085602544195 Rev 01-21-2011

_____ of State.

Law office of

Neal J. Wilensky, P.C.

2/22/2021

LANSING

**Neal J. Wilensky
Kelley Collett**

**6005 West Saint Joseph
Suite 303
Lansing, MI 48917
(517) 323-1111
Fax: (517) 323-1113**

**Grand Blanc
(810) 606-0410**

nealwilensky@gmail.com

RE: Flint Water Settlement

Dear Claims Administrator,

Please consider this the next set of registration forms.

1. Thelma Sawyer DOB 1/23/54.
2. Milton Gordon Jr. (the second) DOB 3/3/98 by his mother Levy Gordon DOB 5/23/62.
3. Levi Gordon DOB 5/23/62
4. Paris Tims DOB 1/5/2009 by her Grandmother Alma Hill DOB 6/22/59.
5. Clea Horn DOB 10/9/49.
6. Mary Hulman DOB 1/27/70.
7. Nakiyra Williams DOB 5/14/14 by her mother Mary Hulman DOB 1/27/70.
8. Ny'aria Williams DOB 1/20/13 by her mother Mary Hulman DOB 1/27/70.

Included in the packet is drivers license, registration forms, and proof of exposure. Please note that Mary Hulman and her two children lived with her mother, Cleo Horn, during the exposure period. Claim forms will be filed in approximately six weeks.

Respectfully Submitted,



Neal J. Wilensky

Lansing MI
48917

ETP:3
783971556396
PD:SP:100-V
741-1068FL
770563415-50
G
0272
WATER SETTLEMENT PROGRAM
SUE 200 SAINT JAMES
HOUSTON, TX
B 056 05 33 CM 10 1594957

FROM: (517) 323-1111
NEAL WILENSKY
5880 CHARTRES WAY
East Lansing MI 48823
US

SHIP DATE: 22FEB21
ACTWT: 0.80 LB
CAD: 6991533/SSF02121
DIMMED: 16 X 12 X 1 IN

TO Water Settlement Program

1775 Saint James Place Suite 200

Houston TX 77056

(US)

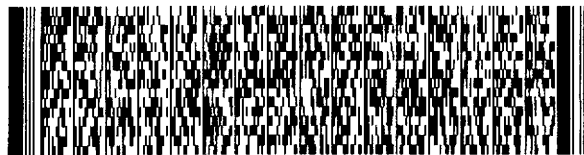
(000) 000-0000

REF:

INV:

PO:

DEPT:



FedEx
Ground



J21112101190104

TRK# 7839 7155 6396

77056

9622 0019 0 (000 000 0000) 0 00 7839 7155 6396



has
17
Sw
/dc

Flint Water Settlement

Generic Barcode Sheet



2. REGISTRANT INFORMATION

In this section, fill in the information about the person who is registering for the Settlement. If you are submitting this form for yourself, then you are the "Registrant." Each person or entity must fill out his, her or its own Registration Form.

In this section, if you are submitting this form on behalf of a person who is deceased, legally incapacitated, or a minor, fill in the information about that deceased, legally incapacitated or minor person. That person is the "Registrant" for the purpose of this section. If you are filling out this form for a deceased, legally incapacitated, or minor person, then you must also fill out section 3 of this form and provide the information described there.

| | | | |
|--|--|--|------------------------|
| Registrant Name | Last <i>Taim Allah Muhennaw</i> | First <i>Taim Allah</i> | Middle <i>Allah</i> |
| Social Security Number of Registrant | <div> <div>871290599</div> <div> Date of Birth of Registrant <i>3/29/03</i> (Month/Day/Year) </div> </div> | | |
| Current Address of Registrant | Street/P.O. Box <i>3409 Nash St</i> | | Apt./Suite |
| | City <i>Pnd</i> | State <i>Nm</i> | Zip <i>48505</i> |
| | Dates resided at this address: <i>2001</i> | From <i>2001</i> | To <i>Present</i> |
| | | | |
| All Other Registrant Addresses Since April 25, 2014 (if not the same as current address) | Street/P.O. Box | | Apt./Suite |
| | City | State | Zip |
| | Dates resided at this address: | From | To |
| | | | |
| Addresses (if more than one address during relevant time period). If you had additional addresses during this time period, please attach sheet with address information. | Street/P.O. Box | | Apt./Suite |
| | City | State | Zip |
| | Dates resided at this address: | From | To |
| | | | |
| Registrant's Contact Information. If Registrant is a deceased, minor, or legally incapacitated person, do not fill in this contact information section. Instead, put your contact information in section 3 below. | Phone <i>SW</i> <i>515-5653</i> | <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home | |
| | Alt. Phone | <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home | |
| | Email | | |
| | | | |

3. NEXT FRIEND, PERSONAL REPRESENTATIVE, OR GUARDIAN INFORMATION
(Fill out this section only if you are submitting this form on behalf of a minor, legally incapacitated, or deceased person)

Is this registration being made by a Next Friend or court-appointed personal representative or guardian on behalf of a minor, legally incapacitated, or deceased person?

YES ☒ NO ☐

If Yes, complete this section 3.

Relationship to Registrant

Attach documents proving that you have the relationship to, or the legal appointment for, the Registrant in the box(es) you check. Please review the attached chart that shows the documents you will need to submit.

You must also provide notice to the Registrant's other relatives or court-appointed representatives listed that you are submitting this Registration for the Registrant. For example, if you are the Registrant's sibling, you must notify Registrant's other siblings, parents, aunts, uncles, spouse, children, grandparents, and court-appointed representatives (if any are applicable) that you are registering for the Registrant.

Check all that apply:

- ☐ Spouse ☐ Parent ☐ Stepparent
☐ Adult Child ☐ Adult Sibling
☐ Adult Aunt ☐ Adult Uncle
☐ Grandparent
☐ Legal Guardian or other court-appointed representative
☐ Estate Administrator
☐ Other (specify):

| | | | |
|--|---|--|--------------|
| Representative's Name | Last Muhammed | First Johnny | Middle |
| Representative's Address | Street/P.O. Box 3509 North St | | Apt./Suite |
| | City Phx | State Ariz | Zip 48500 |
| Representative's Social Security Number | <div> <div>3</div> <div>6</div> <div>1</div> <div>5</div> <div>6</div> <div>1</div> <div>0</div> <div>1</div> <div>M</div> </div> | | |
| | Representative's Date of Birth | | |
| | 3 / 3 / 1960 (Month/Day/Year) | | |
| Date of Death of Registrant (if applicable) | <div> <div>/</div> <div>/</div> <div></div> </div> (Month/Day/Year) | | |
| Representative's Contact Information | Phone 820 515-5653 | <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Home | |
| | Alt. Phone | <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home | |
| | Email | | |

| 4. ATTORNEY INFORMATION | | | | |
|---|---|---------------|---------------|--|
| Did you hire an attorney to represent or assist you? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | |
| If Yes, complete this section 4. | | | | |
| Attorney's Name | Last Wilemsky | First Neil | | |
| Firm Name | Law Firm Neil Wilemsky PC | | | |
| Address | Street 6005 W. 8th Street | | | |
| | City Kansas | State MO | Zip 64510 | |
| Phone and Email | Phone 517-328-1111 | | Email Neil | |
| 5. DOCUMENT REQUIREMENTS | | | | |
| To register, you must submit the following documents to ARCHER Systems, LLC either in the return envelope provided if you received this form in the mail, or complete the Registration Form and upload the supporting documents by going to the website and following the links at: officialflintwatersettlement.com : | | | | |
| <input checked="" type="checkbox"/> | This completed and signed Registration Form and attached Authorization to Disclose Blood Lead Level Test Result Data to MDHHS if Registrant intends to make a personal injury claim. MDHHS Authorization is optional for Registrant to sign. However, such Authorization is the only way that MDHHS can provide Registrant's blood lead level test results to the Settlement Claims Administrator to assist with Registrant's future claim. | | | |
| <input checked="" type="checkbox"/> | Copy of identification document, such as your State-issued ID card, driver's license, birth certificate, tax return or similar document, unless counsel for Registrant/Next Friend signs and verifies this Registration Form with permission of such Registrant/Next Friend. | | | |
| <input type="checkbox"/> | Any documents required if you filled out section 3 of this form for a minor, legally incapacitated or deceased person. | | | |
| 6. VERIFICATION | | | | |
| I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that: I am 18 years of age or older; the Registrant meets the eligibility criteria above in section 1; all information submitted in support of this Registration, including the information contained within and submitted with this Registration Form, is true, correct, accurate, and complete to the best of my knowledge; and, if I completed section 3 above, I have notified all persons who have the identified relationship with the Registrant and who might qualify to act as a Next Friend for the Registrant, that I am submitting this Registration Form on behalf of the Registrant and none of those individuals have advised me of any objection. I understand that false statements or claims made in connection with this Registration Form may result in fines, imprisonment, and/or any other remedy available by law. | | | | |
| Registrant's or Representative's Signature | | | DATE | <u>2 / 12 / 2021</u> (month) (day) (year) |
| Printed Name | First | MI | Last | |

Instructions to complete this form are attached.

AUTHORIZATION TO DISCLOSE BLOOD LEAD TEST RESULT DATA:

Michigan Department of Health and Human Services

Directions: Type or Print all requested information, with exception of signatures on Page 2.

| | | | |
|---|-------|----------|-----------------------------------|
| Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.) | | | Individual's Gender |
| Street Address | | | Individual's Date of Birth / / |
| City | State | ZIP Code | Phone () - |

I AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) TO SHARE MY HEALTH INFORMATION:

ALL BLOOD LEAD TEST RESULTS ON RECORD AFTER APRIL 1, 2014

MDHHS MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:

Claire Achinstein

Name of Person/Organization

Street Address

City, State, ZIP Code

() - () -

Phone Number Fax Number

MDHHS WILL SHARE MY BLOOD LEAD TEST RESULTS FOR THE FOLLOWING REASON:


Blood lead test results will be shared with the Claims Administrator to provide proof of blood lead tests for the purpose of making a claim for compensation in the Flint Water Settlement.

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- I do not have to sign this authorization.
- MDHHS Childhood Lead Poisoning Prevention Program will search the blood lead tables based off Name, Date of Birth and Gender provided with this release. The blood lead data tables contain the test result and patient information as reported by the testing facility, unless updated based off of additional resources.
- Other types of information shared under this authorization may be re-disclosed by the person or organization I identified above and may no longer be protected by federal or state law.
- I may change my mind and revoke (take back) this authorization at any time. To revoke this authorization, write to the MDHHS program that maintains your records and include a copy of the front of this form.
- Information that has already been shared based on this authorization cannot be taken back.
- I may request a copy of this signed authorization. If I have not previously revoked this authorization, it will expire on:
(list a date, event or condition)

Date, Event or Condition

(Authorization will expire one year from the signature date if you leave this section blank.)

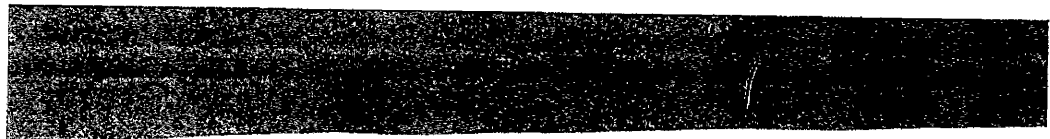
| | |
|---|-------------------|
| Signature of Individual or Legal Representative  | Date 2/12/2021 |
| Name of Individual or Legal Representative John Muhammad | |
| Legal Representative's Relationship to Individual (i.e., Parent, Guardian, Patient Advocate, Authorized Representative, Power of Attorney. Documentation may be required.) Parent | |

**MDHHS USE
ONLY**

| | |
|---------------------------------|------|
| This authorization was revoked: | |
| / / | |
| Signature | Date |

COMPLETION: Is voluntary but required if disclosure is requested.

Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.



THIS DOCUMENT HAS A MULTICOLORED BACKGROUND ON WHITE PAPER

LF 001601



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
**CERTIFICATE OF
LIVE BIRTH**

39

121 -

STATE FILE NUMBER

CF _____

| | | | | |
|--|---|---|--|--|
| 1. CHILD - NAME (FIRST) (MIDDLE) (LAST) Taim Allah Muhammad | | | | |
| 2. SEX Male | 3a. PLURALITY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single | 3b. IF NOT SINGLE - BORN 1ST, 2ND, 3RD, ETC. (SPECIFY) | 4a. DATE OF BIRTH (Month, Day, Year) March 29, 2003 | 4b. TIME OF BIRTH 12:46 |
| 5a. HOSPITAL NAME - (IF NOT HOSPITAL GIVE STREET AND NUMBER) Hurley Medical Center | | 5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH Flint | | 5c. COUNTY OF BIRTH Genesee |
| 6a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE SIGNATURE: <i>Patricia Williams</i> DATE: 3-31-03 | | | 6b. CERTIFIER'S NAME & TITLE (print or type) Patricia Williams, Clerk | |
| 6c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER Larry Young, M.D. | | 6d. MAILING ADDRESS OF ATTENDANT (STREET NO., CITY OR VILLAGE, STATE, ZIP) G-3200 Beecher Rd. Flint, MI 48504 | | |
| 7a. REGISTRAR'S SIGNATURE <i>James J. Can</i> | | 7b. DATE RECEIVED BY LOCAL REGISTRAR - (Month, Day, Year) APR 03 2003 | | |
| 8a. MOTHER'S NAME (FIRST, MIDDLE, LAST) Wanda Kay Phillips | | 8b. SOCIAL SECURITY NUMBER 533-62-2636 | 8c. STATE OF BIRTH - NAME COUNTRY IF NOT USA Illinois | 8d. DATE OF BIRTH (Month, Day, Year) Jan 05, 19 |
| 8e. MOTHER - SURNAME BEFORE FIRST MARRIED Massey | 8f. RESIDENCE (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF Flint | | 8g. COUNTY Genesee | 8h. STATE Michigan |
| 9a. FATHER'S NAME (FIRST, MIDDLE, LAST) Johnny Phillips | | 9b. SOCIAL SECURITY NUMBER 361-56-1014 | 9c. STATE OF BIRTH - NAME COUNTRY IF NOT USA Illinois | 9d. DATE OF BIRTH (Month, Day, Year) Mar 03, 194 |
| 10a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE: <i>Wanda Phillips</i> (PARENT OR OTHER INFORMANT) | | | 10b. THE PARENTS REQUEST THAT INFORMATION ON THE BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMINISTRATION FOR THE PURPOSE OF A SOCIAL SECURITY NUMBER AND CARD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |



From: johnny muhammad <travelingman@gmail.com>

Subject: Paperwork

Date: Feb 16, 2021 at 2:50:48 PM

To: nealwilensky@gmail.com

Instr: 200212240166045 12/26/2002
P: 1 of 1 F: 99.00 2:04PM
Hevin Phillips McGraw T20021044908
Genesee County Register TC

WARRANTY DEED

The Grantor(s): Brenda Purifoy, and Leroy Purifoy, Jr., wife and husband
WHOSE ADDRESS IS:

Convey(s) and Warrant(s) to: Johnny Phillips, A Married Man
whose address is 3909 North Street, Flint, Michigan 48505

the following property located in the CITY OF FLINT, GENESEE COUNTY

Lot 31 of Stewart's Plat No. 2, City of Flint, County of Genesee and State of Michigan, according to the
recorded Plat thereof, as recorded in Plat Liber 3, Page 21, Genesee County Records

Dated: 12/18/02

for the sum of \$50,500.00

which has an address of: 3909 North Street, Flint, Michigan 48505

Subject to easements and building and use restrictions of record
29159

Witnessed by:

Lisa Dotson
Lisa Dotson
Witness
Brenda Purifoy
Brenda Purifoy
Seller
Leroy Purifoy Jr.
Leroy Purifoy, Jr.
Seller

STATE OF MICHIGAN)
COUNTY OF Genesee) ss

Sworn to and acknowledged before me this 12/18/02 by Brenda Purifoy, and Leroy Purifoy, Jr., wife and
husband who
is/are personally known to me or who have/has produced *d. &* as identification

Lisa Dotson
Notary Public LISA DOTSON
State of Michigan
My Commission Expires 10/31/05

Genesee
PREPARED BY, and return to:
Johnny Phillips
3909 North Street, Flint, Michigan 48505

REGORDING FEE: 9.00
STATE TRANSFER TAX: 378.75
COUNTY TRANSFER TAX: 55.55
TAX PARCEL: 07-31-505-032-2

MICHIGAN REAL ESTATE TRANSFER TAX
DEPT. OF TREASURY - GENESEE COUNTY
12/26/2002 County: 55.55
State: 378.75
Stamp: 122070 Rept: 356985

RETURN TO:
TITLEQUEST AGENCY
6-5083 MILLER ROAD
FLINT, MI 48507

3957

Rec'd 01 31 23 03 3
Michigan Real Estate Transfer Tax
to be paid by the grantor(s)
done and acknowledged this

From: johnny muhammad [mailto:johnny.muhammad@gmail.com]
Subject: Paperwork
Date: Feb 16, 2021 at 2:50:48 PM
To: nealwilensky@gmail.com

Instr: 200212260146045 12/26/2002
P: 1 of 1 F: \$9.00 2:54PM
Reelin Phillip McGee T20021044908
Genesee County Register - TC

WARRANTY DEED

The Grantor(s): Brenda Purifoy, and Leroy Purifoy, Jr., wife and husband

WHOSE ADDRESS IS:

Convey(s) and Warrant(s) to: Johnny Phillips, A Married Man
whose address is 3909 North Street, Flint, Michigan 48505

the following property located in the CITY OF FLINT, GENESEE COUNTY.

Lot 31 of Stewart's Plat No. 2, City of Flint, County of Genesee and State of Michigan, according to the recorded Plat thereof, as recorded in Plat Liber 3, Page 21, Genesee County Records.

Dated: 12/18/02

for the sum of: \$50,500.00

which has an address of: 3909 North Street, Flint, Michigan 48505

Subject to easements and building and use restrictions of record
29159

Witnessed by:

Lisa Dotson
Lisa Dotson

Witness

Brenda Purifoy

Seller

Witness

Leroy Purifoy, Jr.

Seller

STATE OF MICHIGAN
COUNTY OF Genesee

Sworn to and acknowledged before me this 12/18/02 by Brenda Purifoy, and Leroy Purifoy, Jr., wife and husband who is/are personally known to me or who have/has produced id as identification.

Notary Public LISA DOTSON

State of Michigan

My Commission Expires: 10/31/05

PREPARED BY, and return to:

Johnny Phillips

3909 North Street, Flint, Michigan 48505

RECORDING FEE: 9.00

STATE TRANSFER TAX: 378.75

COUNTY TRANSFER TAX: 55.55

TAX PARCEL: 07-31-305-032-2

MICHIGAN REAL ESTATE TRANSFER TAX

DEPT. OF TAXATION - GENESEE COUNTY

12/26/2002 County's 55.55

State's 378.75

Stamp: 122070 Rpt: 356985

LISA DOTSON

Notary Public, Genesee County, MI

My Commission Expires 04/31/2005

RETURN TO:

TITLEQUEST AGENCY

65085 MILLER ROAD

FLINT, MI 48507

29159

Page: 01 31 35 05 2

There are no other taxes payable to the state or county.

NO NAME

THIS ORDERED

12 The name of the following persons are

From

Johnny Phillips

Wanda Kay Phillips

John

Johnny Phillips

Wanda Kay Phillips

It is the policy of the State of Texas to provide for the education of all children who are residents of this State.

THE STATE OF TEXAS

COUNTY OF DALLAS

City of Dallas

I, MICHAEL J. CARR, Clerk

of the County of Dallas, do hereby certify that the foregoing is a true and correct copy of the original record as the same appears in the public records of the County of Dallas, Texas.

Law office of

Neal J. Wilensky, P.C.

2/17/2021

LANSING

**Neal J. Wilensky
Kelley Collett**

**6005 West Saint Joseph
Suite 303
Lansing, MI 48917
(517) 323-1111
Fax: (517) 323-1113**

**Grand Blanc
(810) 606-0410**

nealwilensky@gmail.com

RE: Flint Water Settlement


Dear Claims Administrator,

Please consider this the second set of registration forms.

1. Johnny Muhammad for Quadriyah Muhammad
DOB 2/3/2001, Johnny is Quadriyah's father.
2. Johnny Muhammad for Taim Allah Muhammad
DOB 3/29/03, Johnny is Taim's father.
3. Johnny Muhammad for Dhakirah Muhammad
DOB 5/9/2005, Johnny is Dhakirah's father.
4. Johnny Muhammad DOB 3/3/1960.

Included in the packet is driver's license, registration forms, and proof of exposure. The claims form will be duly filed in approximately six weeks. Please note that Johnny Muhammad had his name changed after purchasing the property on North Street from Johnny Philips to Johnny Muhammad, the name change form is included.

Respectfully submitted,



Neal J. Wilensky

Neal J Wilensky
6005 W St Joseph
Lansing, Mich
48917

FROM: (810) 252-9591
Neal Wilensky
6005 W St Joseph
Lansing MI 48917
US

SHIP DATE: 17FEB21
ACTWGT: 0.35 LB
CAD: 6991534/SSF02121
DIMMED: 15 X 12 X 1 IN

SSD/2/250B/FE49

TO Flint Water Settlement Program

1775 SAINT JAMES PL STE 200

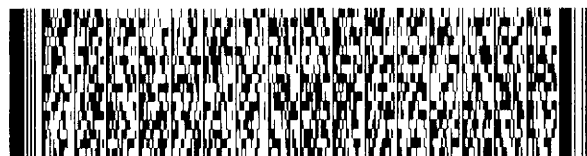
HOUSTON TX 77056

(US)

(000) 000-0000
INV:
PO:

REF:

DEPT:



FedEx
Ground



J211121011901uv

TRK# 7838 2197 1345

77056

9622 0019 0 (000 000 0000) 0 00 7838 2197 1345

