

Cert MAIL: 7001 2510 0005 2331 7375

To: BOARD OF SUPERVISORS
POTTAWATTAMIE COUNTY
227 SO 6TH ST
COUNCIL BLUFFS, IA 51501

Cert MAIL: 7001 2510 0005 2331 7344

To: Judy Ann Miller, (original)
POTTAWATTAMIE COUNTY TREASURER
227 SO 6TH ST
COUNCIL BLUFFS, IA 51501

To: Marilyn Jo Drake,
POTTAWATTAMIE COUNTY AUDITOR
PO BOX 649
COUNCIL BLUFFS, IA 51502

Cert MAIL: 7001 2510 0005 2331 7368

To: James J. O'Neill
POTTAWATTAMIE COUNTY ASSESSOR
227 SO 6TH ST
COUNCIL BLUFFS, IA 51501

Cert MAIL: 7001 2510 0005 2331 7351

CLAIM BY AFFIDAVIT

REFERENCES:

1. POTTAWATTAMIE COUNTY TAX BILL for SEPTEMBER, 2002 and MARCH 2003, your identification: Parcel 049 049016009015574001000 (attached)
2. DELINQUENT TAX NOTICE, same identification, undated (attached)
3. NOTICE OF DECLARATION OF ASSIGN'S UPDATE OF LAND PATENT, Book 103, Page 47600.
4. CERTIFICATE OF LAND TITLE, Book 103, Page 44486, County public records.
5. QUIT CLAIM DEED, Book 103, Page 44487, County public records.
6. PUBLIC NOTICE, AS A MATTER OF RECORD, AND CLAIM OF DECLARATION OF STATUS, county public records, Book 103, Page 44488, County public records.
7. VERIFIED JUDICIAL NOTICE: CLAIM OF REVOCATION OF PRIVILEGE OF SUFFRAGE, filed with the County Auditor 31 January 2003. For your notice.
8. UCC-3: #P322814, 27 Sep 2001; and #P424640, 23 April 2003.

1. TITLE AND TAXES:

a. I take for value all documents and related endorsements and indorsements, front and back, regarding the parcel account in Ref. 1 above. Documents in Ref. 1 and 2 above - which lack validation, verification, and signature under penalties of perjury - are returned to the TREASURER unless by proof of claim you demonstrate, through the law, that the undersigned -holder in due course/sentient Man - is required to pay such taxes and that the documents in references 3, 4, 5, and 6 above, with their cites of law and precedent are shown to be false or over-ridden by your proof of claim.

b. The land, and appurtenances thereto, to which your documents refer - not withstanding proof of claim to the contrary - are exempt from taxation under the law, specifically since December 16, 1999, when the undersigned, a living sentient Man - not a legal fiction - took lawful possession of the land and appurtenances as Holder In Due Course with absolute title with concurrent establishment of housekeeping and homestead, and who has since updated the land patent ab initio - as from the beginning - as the assign of the original patentees. "CERTIFICATE OF TITLE" (Ref. 4) was formally filed ab initio on January 31, 2003 in the county recorder's office and is effective December 16, 1999 nunc pro tunc (now as then) consistent with possession of the property and homestead date by the undersigned.

c. "NOTICE OF DECLARATION OF ASSIGN'S UPDATE OF LAND PATENT" (Ref 3) was forwarded to and received on February 3, 2003 by the Iowa Secretary of State for his official notice and subsequent notice to the county entity (paragraph 7). No response from the Secretary of State commands tacit agreement and created contract. **YOU ARE NOW NOTICED TO FULFILL YOUR OBLIGATIONS OUTLINED IN THIS DOCUMENT** with particular notice given to paragraphs 3 and 6. The land and appurtenances described therein are to be removed immediately from the "tax rolls" and declared exempt from levy in all of your files and records as of the sixteenth day of December nineteen ninety-nine forward.



CLAIM BY AFFIDAVIT

2. CLAIM:

a. You are directed to refund within 30 days of receipt of this CLAIM BY AFFIDAVIT the four tax payments I made under coercion and duress of threatened loss of property, in the amount of \$11,854.00 as shown below. Copies of receipts are attached.

<u>Receipt No</u>	<u>Date Paid</u>	<u>Amt Paid</u>	<u>*Interest to 4/30/03</u>	<u>Total</u>
25745	12 May 2000	\$1630.00	35.5mo= \$867.97	\$ 2,497.97
28260	28 Mar 2001	\$1771.00	25 mo= \$664.12	\$ 2,435.12
Check #4308	29 Sep 2001	\$1771.00	19 mo= \$504.73	\$ 2,275.73
60390.0	15 May 2002	\$3962.00	11.5mo= \$683.44	\$ 4,645.44
	<u>GRAND TOTAL</u>	<u>\$9134.00</u>	<u>\$2720.26</u>	<u>\$11,854.00 rounded</u>

* Interest is 18% p/a. The same rate you charge for "late payments," and calculated from your "delinquent tax notice" as: Rate= (12 months x interest amt) / (Principal x number of months late(5)). $R = (12 \times 146) / (1945 \times 5) = .18$ or 18%. Interest will continue to run should payment be late.

b. Send cash, money order, or certified check. Also acceptable is twenty-two and one tenth (22.1) ounces of pre-1933 United States of America gold coin, or thirty (30) ounces of post-1933 United States of America gold coin.

3. OATH OF OFFICE. In your oath of office you have sworn to uphold the Constitution of the United States and the Constitution of the State of Iowa. I hereby take for value all of your offers of oath of office as a contract to Me and therefore all constitutional and judicial issues of the above referenced documents must be followed and enforced by you. Thus, you will want to honor all your obligations *in law* outlined both in this affidavit and the documents referenced above, which are herewith made part of this affidavit.

4. NOTICE. The "Declaration of Status" (reference 6) filed for record in Pottawattamie county recorder's office, and containing Notice of Common Law Copyright prohibits the use of both the corporate (legal fiction name, or counterfeit) and the Christian given and family name of the undersigned in documents of record without His permission. The corporate name and birth appellation are His private property. You are noticed by reference to this document found in Book 103, Page 44488, that you are bound by the contractual conditions and fines in this document from this point forward.

5. ACTION: Except for those documents filed for record for public notice, by the undersigned with his autograph, you are directed to provide hard copies (printed) of all other county manual and automated records pertaining to the undersigned or any of His corporate name derivations, such as JOHN N. BECKER, JOHN NIKOLAUS BECKER, KLAUS BECKER, &c. maintained by you, for review of Permission For Use.

6. ACTION: You are hereby directed to remove, within 30 days of receipt of this notice, from the County Assessors web site the designation "BECKER, JOHANN NIKOLAUS GUIDO" as it is a derivative of My corporate name - a legal fiction (all capitals) - and you do not have permission to use it. In those places where organic law (not statute) requires identification by appellation, it will be that of the sentient Man, correctly spelled, and not the corporate fiction.

7. RESPONSE. No response to this affidavit within 30 days command tacit agreement and will initiate default conditions and actions. All communications are to be in writing, signed under penalties of perjury, and forwarded to the Notary (as officer of the court) listed below, as is the refund.

8. The below Affiant's autograph verifies and affirms that He is aware of the facts stated on these three pages entitled "CLAIM BY AFFIDAVIT," and that He has first hand knowledge of the facts herein stated. These facts are true, accurate, and correct to the best of His first hand knowledge. The Affiant

CLAIM BY AFFIDAVIT

knows the penalties of perjury and bearing false witness against his fellow man and this paragraph is a statement of fact.

9. The use of a Notary is by Form and is for certification purposes only and is not to be construed as submission to any foreign jurisdiction or local jurisdiction and is without prejudice and with all rights reserved.

Done this 2nd day of MAY, 2003, by Johann Nikolaus Guido Franciskus Becker
Affiant/ Holder in Due Course/ Holder at Law.

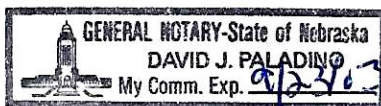
Autograph: Johann Nikolaus Guido Franciskus Becker

Nebraska state)
county of Douglas)

The above man personally appeared before me on this 2 day of May 2003 and identified to me by proper identification, did verify and autograph the preceding document entitled: CLAIM BY AFFIDAVIT; thereby witness my hand and seal:

My commission expires: 9/23/03

SEAL:



David J. Paladino
Notary Public

Mr. David J. Paladino, Notary Public
c/o 101 North 38th Avenue
Omaha, Nebraska [68131]

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

COUNCIL BLUFFS IA 51501

Postage	\$ 1.06
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.11



Sent To JUDY ANN MILLER, TREASURER
Street, Apt. No.; or PO Box No. 227 S. 6th Street
City, State, ZIP+4 COUNCIL BLUFFS, IOWA 51501

PS Form 3800, January 2001 See Reverse for Instructions

Total Postage & Fees \$5.11

Sent To MAUREEN JO PRAKE
Street, Apt. No.; or PO Box No. PO BOX 649
City, State, ZIP+4 COUNCIL BLUFFS, IOWA 51502

PS Form 3800, January 2001 See Reverse for Instructions

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

COUNCIL BLUFFS IA 51501

Postage	\$ 0.83
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$4.88



Sent To JAMES J. O'NEILL - POTTAWATTAMIE COUNTY ASSESSOR
Street, Apt. No.; or PO Box No. 227 S. 6th Street
City, State, ZIP+4 COUNCIL BLUFFS, IOWA 51501

PS Form 3800, January 2001 See Reverse for Instructions

Total Postage & Fees \$4.88

Sent To CHAIRMAN - BOARD OF SUPV. POTTAWATTAMIE COUNTY
Street, Apt. No.; or PO Box No. 227 So. 6th Street
City, State, ZIP+4 COUNCIL BLUFFS, IOWA 51501

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>A. Received by (Please Print Clearly) B. Date of Delivery <i>Becky Lenihan</i></p> <p>C. Signature <input checked="" type="checkbox"/> <i>Becky Lenihan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;"><i>Judy Ann Miller, Treasurer</i> <i>POTTAWATTAMIE COUNTY</i> <i>227 S. 6th Street</i> <i>COUNCIL BLUFFS, IOWA</i> <i>51501</i></p> <p><i>CLAIM BY AFFIDAVIT</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p>	<p style="font-size: 1.2em; text-align: center;">7001 2510 0005 2331 7344</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p> <p><i>+ AFV - TAX NOTICE (del)</i></p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>A. Received by (Please Print Clearly) B. Date of Delivery <i>Teri Higgins</i></p> <p>C. Signature <input checked="" type="checkbox"/> <i>Teri Higgins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;"><i>JAMES J. O'NEILL</i> <i>POTTAWATTAMIE COUNTY ASSESSOR</i> <i>227 S. 6th Street</i> <i>COUNCIL BLUFFS, IOWA</i> <i>51501</i></p> <p><i>CLAIM BY AFFIDAVIT</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p>	<p style="font-size: 1.2em; text-align: center;">7001 2510 0005 2331 7351</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <i>Gary Herman</i> B. Date of Delivery <i>5-8-03</i>	
1. Article Addressed to: <i>MARILYN JO DRAKE, AUDITOR</i> <i>POTTAWATTAMIE COUNTY</i> <i>P.O. Box 649</i> <i>Council Bluffs, Iowa 51502</i>		C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) 7001 2510 0005 2331 7368		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
CLAIM BY AFFIDAVIT			

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to: <i>CHAIRMAN, BOARD OF SUPERVISORS</i> <i>POTTAWATTAMIE COUNTY</i> <i>257 So. 6 street</i> <i>Council Bluffs, Iowa</i> <i>51501</i>		C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) 7001 2510 0005 2331 7375		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
CLAIM BY AFFIDAVIT			

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952