

ORIGINAL

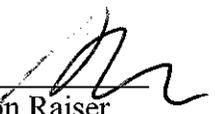
Affidavit of Indengency

12-0791

I, Aaron Raiser, state the following as true under penalty of perjury of the laws of the state of Ohio and California:

- 1. I am Petitioner in this matter.
- 2. I am homeless.
- 3. I am on food stamps in California.
- 4. I have \$135 in the bank with no foreseeable income in the next month.
- 5. I have \$5 in cash.
- 6. I have no other material assets or money other than a car worth about \$1000.
- 7. I work part time contract work when I can find work and make about \$250 per month.

Dated: May 5, 2012

  
 Aaron Raiser

SEE ATTACHED  
ALL-PURPOSE  
ACKNOWLEDGEMENT

I motion for permission to only submit  
 1 copy of every thing, I don't have  
 enough money to print & ship  
 8 copies. See above Affidavit.

X 

RECEIVED  
 MAY 07 2012  
 CLERK OF COURT  
 SUPREME COURT OF OHIO

FILED  
 MAY 07 2012  
 CLERK OF COURT  
 SUPREME COURT OF OHIO

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

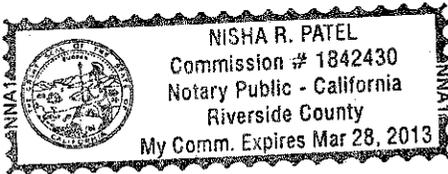
State of California

County of Riverside

On May 5, 2012 before me, Nisha R Patel A Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Acrom E Raiser  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/hers/their authorized capacity(ies), and that by his/hers/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



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

WITNESS my hand and official seal.

Signature: Nisha R Patel A Notary Public  
Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Description of Attached Document

Title or Type of Document: Affidavit of Indigency Number of Pages: \_\_\_\_\_

Document Date: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**  
Top of thumb here

Signer Is Representing: \_\_\_\_\_