ORIGINAL

IN THE SUPREME *COURT* OF OHIO

13-0663

AFFIDAVIT OF INDIGENCE

I, Shayne-Richard: Oronoz, Executor/Agent for SHAYNE R. ORONOZ, do hereby state that I am without the necessary funds to pay the costs of this action for the following reasons(s):

I am on a fixed disability income of $ 447 per month after court ordered withholding for child support in the amount of $300 per month and due to my disability status have no means of earning any additional income.

Pursuant to Rule 3.06, of the Rules of Practice of the Supreme Court of Ohio, I am requesting that the filing fee and security deposit, if applicable, be waived.

I certify, verify and state that the facts stated herein in this decree are known to be true by me under oath, under penalty of perjury by the laws of the Republic for the united States of America.

FILED
APR 29 2013
CLERK OF COURT
SUPREME COURT OF OHIO

Shayne R Oro

Shayne-Richard: Oronoz
Sui Juris
Executor/Agent for SHAYNE R. ORONOZ
All Right Reserved
P.O. Box 82251
Columbus, Ohio the state

AKNOWLEDGEMENT OF SIGNATURE

The state, Ohio, County of Franklin:

On this 19th day of April, 2013, before me, the undersigned Notary Public, personally appeared, known to be or satisfactory proven to be the Executor/Agent for the person(s) whose names are subscribed to the above document, and acknowledged that (s)he executed the same for the purposes expressed herein. I attest that the principal appear to be of sound mind, not infant or insane, and **not** under, nor subject to, any apparent threat, duress, fraud, or undue influence. I attest this under penalty of perjury under the laws of the Republic for the united States of America.

8-15-17
My Commission Expires

Megan Barrett
Notary Public

NOTARIAL SEAL
STATE OF OHIO

MEGAN BARRETT
Notary Public, State of Ohio
My Commission Expires 08-15-17