

STATE OF MINNESOTA
COUNTY OF CARVER

DISTRICT COURT
PROBATE DIVISION
FIRST JUDICIAL DISTRICT
Court File No.: 10-PR-16-46
Judge Eide

In Re:
Estate of Prince Rogers Nelson,

Deceased.

AFFIDAVIT

STATE OF MISSOURI)
) ss.
COUNTY OF JACKSON)

Before me, the undersigned authority, personally appeared Venita Jackson Leverette, who, being by me duly sworn and deposed as follows:

My name is Venita Jackson Leverette. I am of sound mind, capable of making this affidavit, personally acquainted with the facts herein stated, and they are true and correct to the best of my knowledge.

1. What is your full legal name? **Venita Giselle Jackson Leverette**
2. What is your birth date? **February 2, 1958**
3. Where were you born? **Jackson County, Missouri**
4. Please provide a certified copy of your birth certificate. **Attached as Exhibit A**
5. What are the full names of your biological parents? **Neil Jackson and Alfred B. Jackson, Sr.**
6. Were your biological parents married when you were born? (If yes, answer the subparts below.)
 - a. When were your parents married? **December 8, 1956**
 - b. Where were your parents married? **Jackson County, Missouri**

- c. What was your biological mother's maiden name? **Markham**
 - d. Please provide a certified copy of your parents' marriage certificate or other proof of marriage. **Attached as Exhibit B**
 - e. Were your parents divorced? If so, please provide the date of the divorce and a certified copy of the divorce decree or other proof of divorce. **June 25, 1958, attached as Exhibit C**
7. Were your biological parents married after you were born? (If yes, answer below) **No**
- a. When were your parents married? **Not applicable**
 - b. Where were your parents married? **Not applicable**
 - c. What was your biological mother's maiden name? **Not applicable**
 - d. Did the man who married your biological mother acknowledge his paternity of you in writing filed with a state registrar of vital records? **Not applicable**
 - e. Was the man who married your biological mother named as your father on your birth record with his consent? **Not applicable**
 - f. Was the man who married your biological mother obligated to support you under a written voluntary promise or by court order? **Not applicable**
 - g. Please provide a certified copy of your parents; marriage certificate or other proof of marriage. **Not applicable**
 - h. Were your parents divorced? If so, please provide the date of the divorce and a certified copy of the divorce decree or other proof of divorce. **Not applicable**
8. If your parents were not married when you were born, had they attempted to marry each other by a marriage solemnized in apparent compliance with law, although the attempted marriage is or could be declared void, voidable or otherwise invalid? **Not applicable**
- a. What was the date of the attempted marriage? **Not applicable**
 - b. Where did the attempted marriage take place? **Not applicable**
 - c. Please provide proof of the attempted marriage. **Not applicable**
 - d. If the invalid marriage was terminated by death, annulment, declaration of invalidity, dissolution or divorce, please provide the date of the termination and any proof of such termination. **Not applicable**

9. If your parents did not marry or attempt to marry, did any man receive you into his home and openly hold you out as his biological child? If yes, please name the man and provide details and other evidence (e.g. sworn statements, photographs, documents) to support your answer. **Not applicable**
10. If your parents did not marry or attempt to marry, did any man and your biological mother acknowledge the man's paternity of you in a writing signed by both of them under Minn. Stat § 257.34 (copy attached) and filed with the state registrar of vital records? If yes, please provide a certified copy of such writing. **Not applicable**
11. If your parents did not marry or attempt to marry, did any man and your biological mother execute a recognition of parentage of you pursuant to Minn. Stat § 257.34 (copy attached)? If yes, please provide a certified copy of such recognition of parentage. **Not applicable**
12. Is any other man presumed to be your father under any of the presumptions found in Minn. Stat § 257.34 (copy attached)? If yes, please provide details, and also whether the other man signed a written consent if your father and mother signed a written acknowledgment of paternity under Request No. 10 above. **Not applicable**
13. Was your biological mother married to any man other than your biological father when you were born or within 280 days before your birth? **Not applicable**
14. Does a judgment or order exist determining a parent and child relationship between you and one of more parents: If so, please provide details and a certified copy of such judgment or order. **Not applicable, See Exhibit A, Affiant's birth certificate**
15. Detail the actions taken by you to confirm that the responses to the above requests are true and accurate. **Search of vital records, court records, and knowledge of family history**
16. If you contend additional information is needed or should be considered by the Special Administrator to support your claim to be an heir, please provide such information. The following information also should be considered by the Special Administrator:

I have reason to believe that Prince Rogers Nelson (hereafter "Prince") is my half-brother based on the following. My father, Alfred Jackson, Sr. ("Alfred Sr." or "my father") was married to Mattie Shaw ("Mattie" - biological mother of Prince) on February 19, 1953, in Kansas City, Missouri (See Exhibit D, copy of Jackson-Shaw Marriage License). My half-brother, Alfred Jackson, Jr. ("Alfred Jr." or "my brother") was born in July 1953. I can find no record of Mattie and Alfred Sr. being divorced, but suspect they were at some point after my brother's birth.

Sometime after 1953, Mattie left Kansas City, Missouri and relocated to Minnesota. Mattie returned to Kansas City with Alfred Jr. and requested that my father and grandparents care for him. Mattie returned to Minnesota, and Alfred Jr.

stayed behind in Kansas City and lived primarily with my father and grandparents, Mamie and Ollie Bruce. During the time frame after Alfred Sr. and Mattie were purportedly divorced, my brother recalls seeing Mattie with Alfred Sr. on multiple occasions. Mattie would visit my brother in Kansas City, or my brother would visit Mattie in Minnesota. Alfred Sr. was always present during these visits, and many times the visits were overnight stays. From 1953 to 1992, Mattie and Alfred Sr. maintained communication with each other and saw each other.

My father, Alfred Sr., married my mother, Neil Markham ("Neil"), on December 8, 1956 (See Exhibit B, copy of Jackson-Markham Marriage Certificate) and I was born on February 2, 1958 (See Exhibit A, copy of my birth certificate). After my birth we lived with my grandmother and did not return to the family home. Alfred Sr. and my mother were divorced on June 8, 1958 (See Exhibit C, Divorce Decree). I believe to this day that the reason my parents divorced was because my mother was pregnant with me at the same time Mattie was pregnant with Prince. Prince was born a little more than three months after me on June 7, 1958. I asked my mother many times why she divorced my father, but she refused to discuss it. In the years following my birth, I recall seeing Mattie on several occasions when Mattie visited my brother; and I also recall that Alfred Sr. was always present during those occasions.

Alfred Jr. believed our father was also the biological father of Prince. Alfred Jr. commented that our father and Mattie had a long distance relationship through the years. When we were in our 40s, Alfred Jr. informed me that I needed to know something about our father. Alfred Jr. told me he finally asked Mattie if she could confirm his suspicions about our father. During the conversation, Mattie confided to my brother that our father may also be Prince's father. Mattie also told my brother that he was not to discuss the subject with anyone. Although I saw Mattie after hearing this from Alfred Jr., I never discussed the issue with her.

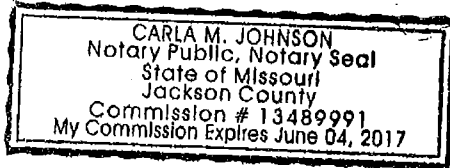
Mattie visited Kansas City and stayed with my brothers, Alfred Jr. and Bruce Jackson, even after our father and my mother died. Alfred Sr. died on August 21, 1992 (See Exhibit E, Alfred Jackson Sr. Death Certificate) and my mother died on January 25, 1997 (See Exhibit F, Neil Jackson Death Certificate). Mattie Shaw died on February 15, 2002.

Although I am very concerned with protecting my privacy, I would like to know if my father was also the biological father of Prince. Not only would it clear up a family mystery, but it would give me an explanation as to why my mother and father divorced shortly after my birth. Finally, it would also afford me the opportunity to protect my legal rights in this matter.

Further, Affiant Sayeth Not. I declare under penalty of perjury that this affidavit is true and correct.

Venita Jackson Leverette
Affiant- Venita Jackson Leverette

In witness whereof I have subscribed my name and affixed my official seal this 16th day
of June, 2016.



Carla M. Johnson
(Signed)

(Seal)

Exhibit A

KANSAS CITY HEALTH DEPT
VITAL STATISTICS-CLIFF DENNIS
2400 TROOST SUITE 1000
KANSAS CITY MO 64108



MISSOURI DEPARTMENT OF HEALTH
AND SENIOR SERVICES
FEE RECEIPT
BIRTH CERTIFICATION

REGISTRANT(S):

VENITA LEVERETTE
2828 SE BINGHAM CIRCLE
LEES SUMMIT MO 64063

VENITA GISELLE JACKSON
B9999-999999
1 COPY

YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW:				
DATE RECEIVED	TOTAL AMOUNT	AMOUNT THIS REQUEST	PROCESSING FEE REQUIRED	REFUND
04/29/2016	15.00	15.00	0.00	0.00

MO 580-0690 (2-12)

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

MISSOURI

BIRTH CERTIFICATION

DATE FILED: MARCH 6, 1958 STATE FILE NUMBER: 124-58-008082

CHILD'S NAME: VENITA GISELLE JACKSON

DATE OF BIRTH: FEBRUARY 2, 1958 COUNTY OF BIRTH: JACKSON SEX: FEMALE

MOTHER'S MAIDEN NAME: NEIL MARKHAM

MOTHER'S AGE: 31 MOTHER'S STATE OF BIRTH: LOUISIANA

FATHER'S NAME: ALFRED B JACKSON

FATHER'S AGE: 40 FATHER'S STATE OF BIRTH: TEXAS

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: KC HEALTH DEPT

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE
BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

APRIL 29, 2016

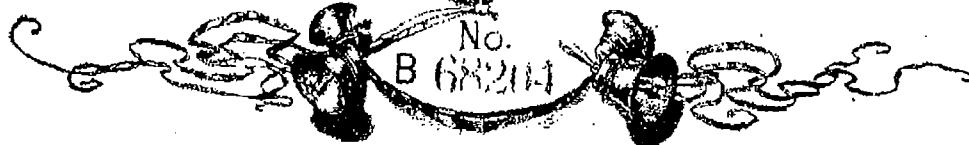
DATE ISSUED: _____

Craig E. Ward
State Registrar of Vital Statistics

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

Exhibit B

MARRIAGE LICENSE



OFFICE OF
RECORDER OF DEEDS
JACKSON COUNTY, MISSOURI,
AT KANSAS CITY.

STATE OF MISSOURI } SS.
COUNTY OF JACKSON

This license authorizes any Judge, licensed
ordained Preacher, of the Gospel, who is a citizen of the United
States, or other person, authorized under the laws of this State to
solemnize marriage between Charles B. Jackson and Ma
of the County of Jackson and State of Mo
the age of twenty-one years, and
Neil Markham of the County of
Jackson and State of Mo
who is over the age of eighteen years

Witness my hand as Recorder with the seal of office hereto
affixed, at my office in Kansas City, Missouri, this 8
day of December, 1956

Nathan Darrin
RECORDER
Josephine Progan
DEPUTY RECORDER

STATE OF MISSOURI } SS.
COUNTY OF JACKSON

This is to certify that the undersigned, a Christian Minister
did in said County and State, on the 8th day of Dec
1956 unite in marriage the above named persons.

SIGNATURE Mrs. Sylvia Smith
PRINT NAME AND ADDRESS ON THIS LINE 3731 Virginia

This license must be returned to the office of Recorder of Deeds by the person solemnizing the marriage within ninety days from the issuing thereof.
THIS LICENSE VOID AFTER TEN (10) DAYS FROM DATE OF ISSUANCE.

License Issued by Y Date of Male Test 12-5-56 Date of Female Test 12-5-56
 STATE OF MISSOURI } ss. 912 Park
 County of Jackson } (AFFIDAVIT OF MALE)
Alfred B. Jackson
 Address _____
 City _____ County _____ State MO
 party of the first part, desiring to procure a license to marry
Neil Markham 2540 Brooklyn
 Address _____
 City _____ County _____ State MO
 party of the second part, do hereby solemnly swear that I am the age of 35 years, that we are not first
 cousins, that I am single and unmarried, and may lawfully contract and be joined in Marriage.
 Color or Race W Date of Birth Aug 31 1924
 Month _____ Day _____ Year _____
 Place of Birth _____
 City _____ State _____ Single Divorced Widowed
 Check One
 (SIGN HERE) Alfred B. Jackson
 Subscribed and sworn to before me this DEC - 5 1956 day of _____, 1956.
Robert Kennedy
 Notary Public

My Commission Expires Sept. 18, 1960

STATE OF MISSOURI } ss.
 County of Jackson } (AFFIDAVIT OF FEMALE)
 I, the undersigned, do hereby solemnly swear that I am the party of the second part,
 named in the above application for a marriage license; that I am the age of 30 years, that we are not first
 cousins, that I am single and unmarried, and may lawfully contract and be joined in Marriage.
 Color or Race _____ Date of Birth Apr 20 1926
 Month _____ Day _____ Year _____
 Place of Birth Shreveport, La.
 City _____ State _____ Single Divorced Widowed
 Check One
 (SIGN HERE) Neil Markham
 Subscribed and sworn to before me this DEC - 5 1956 day of _____, 1956.
Robert Kennedy
 Notary Public

My Commission Expires Sept. 18, 1960

(Consent of Parent or Guardian to the Marriage of a Minor)
 STATE OF MISSOURI } ss.
 County of Jackson } I, the undersigned, do hereby solemnly swear that I am the _____
 of the said party of the _____ part, named in the foregoing application for marriage license, and do
 hereby give my consent to _____ marriage, _____

 (SIGN HERE) _____
 Address _____
 Subscribed and sworn to before me this _____ day of _____, 1956.

Exhibit C

Decree of Divorce

In the Circuit Court of Jackson County, Missouri, at Kansas City:

Before Hon. Richard C. Jensen Judge of Division No. 1
June 25th 1952

Hell Jackson Plaintiff
vs.
Alfred B. Jackson Defendant

No. 606220

On this day came plaintiff in person and by attorney and defendant appeared by attorney.

This cause now coming on for trial is submitted to the court upon the pleadings and after having heard the evidence the court finds that the allegations in plaintiff's petition are true, that plaintiff is the injured and innocent party and entitled to the relief prayed.

Wherefore it is Adjudged and Decreed by the Court, that the bonds of matrimony heretofore contracted between plaintiff and defendant be and the same are hereby dissolved and the rights held and plaintiff forever freed from the obligations therein. That the costs herein be paid by plaintiff and that the mother and mother have custody of the child Vereta Louise Jackson and that the mother be awarded and adjudged by the court sole custody of the child Vereta Louise Jackson and adjudged by the court sole custody of the child Vereta Louise Jackson.

STATE OF MISSOURI

and for the County and State aforesaid, do hereby certify that the above and foregoing is a full true and correct copy of the decree in the above entitled cause, as the same remains on record in my office.
in Book No. 122 at Page No. 10

In Testimony Whereof I have hereunto set my hand and affixed the seal of said Court at office at Kansas City, this 25th day of June 1952.

Richard C. Jensen
Judge

Exhibit D

MARRIAGE LICENSE



OFFICE OF
RECORDER OF DEEDS
JACKSON COUNTY, MISSOURI,
AT KANSAS CITY,

STATE OF MISSOURI }
COUNTY OF JACKSON } SS.

This license authorizes any Judge, licensed or ordained Preacher, of the Gospel, who is a citizen of the United States, or other person authorized under the laws of this State to solemnize marriage between Alfred Jackson of the County of Lancaster and State of Mo who is Alfred Jackson the age of twenty-one years and Walter Shaw of the County of Mo who is Walter Shaw the age of eighteen years.

Witness my hand as Recorder, with the seal of office, at Kansas City, Missouri, this 19 day of Feb 1953.
Jack D. [Signature] RECORDER.
[Signature] DEPUTY RECORDER.

STATE OF MISSOURI }
COUNTY OF JACKSON } SS.
This is to certify that the undersigned, a Magistrate did in said County and State, on the 19 day of Feb A.D. 1953 unite in marriage the above named persons.
Bernard W. [Signature]
1830 Main

The person performing the marriage ceremony will please insert after his signature the place of his office, Church, or Residence.
This license must be returned to the office of Recorder of Deeds by the person solemnizing the marriage, within ninety days from the issuing thereof.

THIS LICENSE VOID AFTER TEN (10) DAYS FROM DATE OF ISSUANCE.

APPLICATION FOR LICENSE TO MARRY

License Issued by R Date of Male Test 2-16-53 Date of Female Test 2-16-53

STATE OF MISSOURI }
County of Jackson } ss.

(AFFIDAVIT OF MALE)

I, Alfred Jackson
of J.C. City Jackson County Jackson State Mo.
Address 912 Park

party of the first part, desiring to procure license to marry
Mattie Shaw
of J.C. City Jackson County Jackson State Mo.
Address 1314 Holmes

party of the second part, do hereby solemnly swear that I am the age of 33 years, that we are not first cousins, that I am single and unmarried, and may lawfully contract and be joined in Marriage.

Color or Race colored Date of Birth Aug 31 1920
Month Day Year

Place of Birth Waco City Texas State Texas Single Divorced Widowed
Check One

(SIGN HERE) Alfred Jackson

Subscribed and sworn to before me this _____ day of _____, 1953

My Commission Expires Sept 18, 1956

Notelle K. Kennedy
Notary Public

STATE OF MISSOURI }
County of Jackson } ss.

(AFFIDAVIT OF FEMALE)

I, the undersigned, do hereby solemnly swear that I am the party of the second part, named in the above application for a marriage license; that I am the age of 22 years, that we are not first cousins, that I am single and unmarried, and may lawfully contract and be joined in Marriage.

Color or Race colored Date of Birth Feb 11 1931
Month Day Year

Place of Birth St. Louis City Missouri State Missouri Single Divorced Widowed
Check One

(SIGN HERE) Mattie Shaw

Subscribed and sworn to before me this _____ day of _____, 1953

My Commission Expires Sept 18, 1956

Notelle K. Kennedy
Notary Public

(Consent of Parent or Guardian to the Marriage of a Minor)

STATE OF MISSOURI }
County of Jackson } ss.

I, the undersigned, do hereby solemnly swear that I am the _____
of the said party of the _____ part, named in the foregoing application for marriage license, and do hereby give my consent to _____ marriage.

(SIGN HERE) _____

Address _____

Subscribed and sworn to before me this _____ day of _____, 1953

Exhibit E

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 124-
REGISTRAR'S NUMBER 972 FILE NUMBER 3588

TYPEPRINT IN PERMANENT INK FOR RECORDS AND HANDBOOK

DECEASED
US 204 Rev. 4-20
4-10-58-005 (4-4)

PARENTS
NAME OF OCCURRENCE

1. DECEASED'S NAME (First, Middle, Last) **Alfred B. Jackson**

2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **August 21, 1992**

4. SOCIAL SECURITY NO. **496-01-7234**

5. AGE - Last Birthday (Month, Day, Year) **08-31-1924**

6. PLACE OF BIRTH (City and State or Foreign Country) **Waco, Texas**

7. HOSPITAL: Inpatient Outpatient Home Other (Specify) Residence Other (Specify)

8. PLACE OF DEATH (Check only one and instructions on other side)

9. WAS OCCURENCE EVER IN U.S. ARMED FORCES? Yes No

10. FACILITY NAME (If and hospital, care street and number)

11. SURVIVING SPOUSE'S NAME (If not give full maiden name)

12. MARRITAL STATUS - Married, Never Married, Widowed, Divorced, Separated

13. RESIDENCE - STATE **Missouri**

14. STREET AND NUMBER **7420 Lydia**

15. CITY, TOWN, OR LOCATION **Jackson**

16. COUNTY **Jackson**

17. ZIP CODE **64131**

18. TYPE OF BUSINESS OR INDUSTRY **TWA Airlines**

19. MOTHER'S NAME (First, Middle, Maiden Surname) **Mamie**

20. FATHER'S NAME (First, Middle, Last) **Willie Jackson**

21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **4338 Northern Ave. Kansas City, Mo. 64133**

22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other) **Forest Hill Cemetery**

23. DATE OF DISPOSITION **08-25-1992**

24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **Lawrence E. Jones & Sons Funeral Chapel**

25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **K.C. MO 64109**

26. FUNERAL ESTABLISHMENT LICENSE NUMBER **000894**

27. PART I. Other (Specify conditions contributing to death but not resulting in the underlying cause given in Part I.)

28. IMMEDIATE CAUSE (If not, disease or condition resulting in death) **Probable Acute Myocardial Infarction**

29. DUE TO (OR AS A CONSEQUENCE OF) **Diabetic Nephropathy**

30. UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) **Diabetic Nephropathy**

31. MANNER OF DEATH

32. DATE OF INJURY (Month, Day, Year) **M**

33. TIME OF INJURY **M**

34. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)

35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE AND UNDER THE CIRCUMSTANCES STATED

36. SIGNATURE AND TITLE **J. Simon Szeto, M.D.**

37. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER **J. Simon Szeto, MD 720 Oak, #200, KCMO 64106**

38. LICENSE NUMBER **B-8666**

39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

40. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) **Aug 24, 1992**

41. DATE OF DEATH (Month, Day, Year) **08-21-1992**

42. TIME OF DEATH **02:12**

43. WAS AN AUTHORITY AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

44. WAS AN AUTHORITY PERFORMED IN THE LAST 90 DAYS? Yes No

45. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

46. HOW INJURY OCCURRED? Unk. Yes No

47. DATE OF DEATH (Month, Day, Year) **08-21-1992**

48. TIME OF DEATH **02:12**

49. WAS AN AUTHORITY AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

50. WAS AN AUTHORITY PERFORMED IN THE LAST 90 DAYS? Yes No

51. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

52. HOW INJURY OCCURRED? Unk. Yes No

53. DATE OF DEATH (Month, Day, Year) **08-21-1992**

54. TIME OF DEATH **02:12**

55. WAS AN AUTHORITY AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

56. WAS AN AUTHORITY PERFORMED IN THE LAST 90 DAYS? Yes No

57. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

58. HOW INJURY OCCURRED? Unk. Yes No

59. DATE OF DEATH (Month, Day, Year) **08-21-1992**

60. TIME OF DEATH **02:12**

61. WAS AN AUTHORITY AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

62. WAS AN AUTHORITY PERFORMED IN THE LAST 90 DAYS? Yes No

63. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

64. HOW INJURY OCCURRED? Unk. Yes No

65. DATE OF DEATH (Month, Day, Year) **08-21-1992**

66. TIME OF DEATH **02:12**

67. WAS AN AUTHORITY AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

68. WAS AN AUTHORITY PERFORMED IN THE LAST 90 DAYS? Yes No

69. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO SECTION OF CAUSE OF DEATH? Yes No

70. HOW INJURY OCCURRED? Unk. Yes No

State of Missouri
City of Kansas City

This is a Certified Copy of an Original Document

I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics, Kansas City, Missouri, Witness my hand as Director of Health, Kansas City, Missouri this date of

DEC 17 1992

5210-007 (8/76)

Richard M. Derry M.D.

Exhibit F

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

124-97-14054-8

REGISTRATION DISTRICT NO.

NEIL JACKSON

REGISTRAR'S NUMBER

500-28-1688

REGISTRATION DISTRICT NO.

NEIL JACKSON

REGISTRAR'S NUMBER

500-28-1688

REGISTRATION DISTRICT NO.

NEIL JACKSON

REGISTRAR'S NUMBER

500-28-1688

REGISTRATION DISTRICT NO.

NEIL JACKSON

REGISTRAR'S NUMBER

500-28-1688

1. DECEASED'S NAME (First, Middle, Last) **NEIL JACKSON**

2. SEX **FEMALE**

3. DATE OF DEATH (Month, Day, Year) **JANUARY 25, 1997**

4. SOCIAL SECURITY NO. **500-28-1688**

5. AGE - Last birthday (Years, Months, Days, Hours, Minutes)

6. DATE OF BIRTH (Month, Day, Year) **04-20-1926**

7. BIRTHPLACE (City and State or Foreign Country) **SHREVEPORT, LOUISIANA**

8. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes No

9. PLACE OF DEATH (Check only one; see instructions on other side)

10. HOSPITAL: Inpatient ER/Outpatient D/OA Other (Specify)

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Single (If wife, give full maiden name)

12. USUAL OCCUPATION (Give kind of work done or profession, occupation, etc. Do not use retired.) **FILE CLERK**

13. RESIDENCE - State, County, City, Town, or Location

14. ZIP CODE **64030**

15. PLACE OF DEATH (Check only one; see instructions on other side)

16. DECEASED'S USUAL OCCUPATION (Give kind of work done or profession, occupation, etc. Do not use retired.) **FILE CLERK**

17. FATHER'S NAME (First, Middle, Last) **CHARLIE MARKHAM**

18. MOTHER'S NAME (First, Middle, Last) **ADDIE MAE WILLIAMS**

19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

20. PLACE OF RESIDENCE (Name of cemetery, burying place, or other) **6800 EAST 121st. STREET GRANDVIEW, MO. 64030**

21. LICENSE NUMBER OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **LAWRENCE A. JONES & SONS FUNERAL CHAPEL**

22. PART I. Enter the disease, injuries, or complication that caused the death. Do not give the mode of respiratory arrest, shock, or heart failure. List one cause on each line.

23. IMMEDIATE CAUSE (From immediate conditions resulting in death)

24. UNDERLYING CAUSE (Underlying cause of death as such)

25. MANNER OF DEATH (Natural, Accident, Suicide, Homicide, Pending, Pending/Specified, Determined)

26. DATE OF INJURY (Month, Day, Year)

27. TIME OF INJURY (Hour, Minute)

28. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)

29. TO THE BEST OF MY KNOWLEDGE, such occurred at the time, date and place and due to the cause(s) stated.

30. CERTIFYING PHYSICIAN (Signature and Title) **Carol Goldman**

31. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print)

32. NAME AND ADDRESS OF REGISTERING PHYSICIAN (Type or Print)

33. DATE SIGNED (Month, Day, Year) **February 6, 1997**

34. TIME OF DEATH (Month, Day, Year) **5:25 AM**

35. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)

36. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes No

State of Missouri
City of Kansas City

This is a Certified Copy of an Original Document

I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics, Kansas City, Missouri, Witness my hand as Director of Health, Kansas City, Missouri this date of **Feb. 18, 1997**

Richard M. Denny M.D.



STINSON
LEONARD
STREET

June 22, 2016

Via Email

Charles Brown
1100 Main, Ste 1600
Kansas City, MO 64105

Re: Heirship Claim of Venita G. Jackson Leverette

Dear Mr. Brown:

Thank you for submitting the Affidavit of Venita G. Jackson Leverette responding to the Special Administrator's Request for Parentage Information.

With respect to the Protocol adopted by the Court, the Special Administrator's goal is to apply existing Minnesota law equally to all persons claiming to potentially be an heir of the Decedent. Such relevant law includes the Minnesota Probate Code (Minn. Stat. Ch. 524), the Minnesota Parentage Act (Minn. Stat. §§ 257.01 through 257.75) and Minnesota common law.

Under Minnesota law, if it is determined that Decedent is not the father of any living children (or their descendants), then Decedent's siblings and half-siblings (and descendants of any deceased siblings and half-siblings) may be determined to be heirs, in the event no Will is found. Minn. Stat. § 524.2-103(3). To be a sibling or half-sibling, a person must share at least one genetic parent with Decedent. *Id.* Because they were married when Decedent was born, Mattie Della (Shaw) ("Mattie") and John Lewis Nelson ("John") are presumed to be Decedent's genetic parents. Minn. Stat. § 257.55, subd. 1(a).¹ Only a very limited group of persons have standing to challenge that presumption, and, in any event, the time to make such a challenge passed long ago. Minn. Stat. § 257.57, subd. 1(b). As such, there is an irrebuttable presumption that John and Mattie are Decedent's genetic parents. *Id.*; Minn. Stat. § 524.1-201(22) and (23); *see also In re Estate of Jotham*, 722 N.W.2d 447, 455-56 (2006). Thus, to potentially qualify as an heir of Decedent as a sibling or half-sibling, the claimant must be a descendant of either Mattie or John (or both).

Based on the materials submitted by your client, Ms. Jackson Leverette's claim is dependent upon another person other than John being determined to be Decedent's father. But as noted above, the presumption that John is Decedent's genetic father is conclusive and cannot be challenged at this point.

¹ Further, as part of Mattie and John's divorce, a Minnesota court adjudicated that they were Decedent's parents.

Charles Brown
June 22, 2016
Page 2

As such, it is the Special Administrator's determination that the evidence presented by Ms. Jackson Leverette is insufficient to warrant genetic testing.

Very truly yours,

STINSON LEONARD STREET LLP


David R. Crosby

DRC:mp

cc: Laura Krishnan, Esq.