

In the Matter of the Estate of Prince Rogers Nelson
First Judicial District
Carver County
Case No. 10-PA-16-46

FILED
JUN 21 2016
CARVER COUNTY COURTS

AFFIDAVIT OF April Seward

Under oath, I respond to the questions below as follows:

1. What is your full name? April Lashawn Seward
2. What is your birth date? April 10, 1985
3. Where were you born? Birmingham, Alabama
4. Please provide a certified copy of your birth certificate.
5. What are the full names of your biological parents? Lorraine Seward & Frank Samuels
6. Were your biological parents married when you were born? (If yes, answer the subparts below.) NO
 - a. When were your parents married? N/A
 - b. Where were your parents married? N/A
 - c. What was your biological mother's maiden name? Seward
 - d. Please provide a certified copy of your parents' marriage certificate or other proof of marriage. N/A
 - 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. N/A
7. Were your biological parents married after you were born? (If yes, answer the subparts below.) N/A
 - a. When were your parents married? N/A
 - b. Where were your parents married? N/A
 - c. What was your biological mother's maiden name? N/A
 - d. Did the man who married your biological mother acknowledge his paternity of you in writing filed with a state registrar of vital records? N/A
 - e. Was the man who married your biological mother named as your father on your birth record with his consent? N/A
 - f. Was the man who married your biological mother obligated to support you under a written voluntary promise or by court order? N/A
 - g. Please provide a certified copy of your parents' marriage certificate or other proof of marriage. N/A
 - 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. N/A

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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? (If yes, answer the subparts below.) N/A

a. What was the date of the attempted marriage? N/A

b. Where did the attempted marriage take place? N/A

c. Please provide proof of the attempted marriage. N/A

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. N/A

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. N/A

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. N/A

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. § 257.75 (copy attached)? If yes, please provide a certified copy of such recognition of parentage. N/A

12. Is any other man presumed to be your father under any of the presumptions found in Minn. Stat. § 257.55 (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. N/A

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? N/A

14. Does a judgment or order exist determining a parent and child relationship between you and one or more parents? If so, please provide details and a certified copy of such judgment or order. N/A

15. Detail the actions taken by you to confirm that the responses to the above requests are true and accurate. N/A

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.

Response: I am a descendant of Virginia Nelson Thompson, the sister of Clarence Nelson, the great grandfather of the Decedent.

Under penalties for perjury, I declare that I have read this document and I know or believe its representations are true and complete.

Dated: 6-9-2016

By: April Seward
Affiant

April Seward
Printed Name

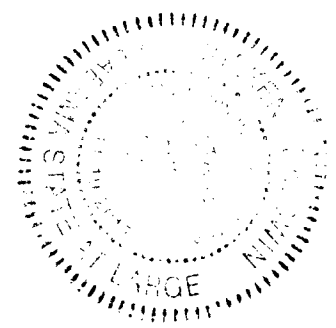
State of: Alabama
County of: Jackson

Before me this 9th day of June, 2016, April Seward appeared before and being sworn,
signed this Affidavit.

SEAL

Shelena Baldwin
NOTARY

My Commission expires: 11/19/2017



ALABAMA

Center for Health Statistics

759

J. Seward
003750

STATE OF ALABAMA CERTIFICATE OF LIVE BIRTH

-85 18046

STATE FILE NUMBER 101-

TYPE OR PRINT IN PERMANENT INK. DO NOT USE GREEN OR RED INK.

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRATION WITHIN FIVE (5) DAYS AFTER BIRTH.

SEE OTHER SIDE.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

003803

1. NAME First Middle Last April LaShaun SEWARD			2. DATE OF BIRTH (Month, Day, Year) April 10, 1985	3. TIME OF BIRTH 6:29 PM
4. SEX Female	5a. THIS BIRTH - Single, Twin, Triplet, etc. (Specify) Single	5b. IF NOT SINGLE BIRTH - This child born first, second, etc. (Specify)	6a. COUNTY OF BIRTH Jefferson	
6b. CITY OR TOWN OF BIRTH Birmingham		6c. INSIDE CITY LIMITS? YES () NO ()	7. HOSPITAL - NAME (If not in hospital, give street and number) University Hospital 16	
8. MOTHER - MAIDEN NAME First Middle Last Lorraine Seward			8. MOTHER - STATE OF BIRTH (If not in U.S.A., name country) New York 33	11. COLOR OR RACE Black 2
12a. USUAL RESIDENCE - State Alabama		12b. COUNTY Jefferson	12c. CITY OR TOWN Birmingham 037020	
12d. STREET ADDRESS (If rural, give location) 612 26th Street, S. W.				
13. FATHER - FULL NAME First Middle Last			14. FATHER - STATE OF BIRTH (If not in U.S.A., name country)	15. AGE YEARS
17a. SIGNATURE OF EITHER PARENT I certify that the personal information provided is correct. <i>Lorraine Seward</i>			17b. DATE SIGNED (Month, Day, Year) 4-11-85	
18a. SIGNATURE OF ATTENDANT <i>Richard Davis</i>		18b. ATTENDANT AT BIRTH M.D. () Midwife () Other (Specify) 1		18c. COLOR OR RACE
18c. TYPED NAME AND ADDRESS Richard Davis MD 619 19th Street Sq, Birmingham Ala 35233		18d. DATE SIGNED (Month, Day, Year) 4-10-85		
19a. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) APR 15, 1985		19b. REGISTRAR'S SIGNATURE <i>Felver</i>		STATE AMENDMENT NO.

Corrected by Parent on 4-29-85
DVS Notification Form

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-225-090-0

Catherine M. Donald

April 20, 2009

Catherine Molchan Donald
State Registrar of Vital Statistics