

# Witness Testimony Affirming American State Political Status and Identity

This Witness Testimony verifies the identity of the man/woman shown in this photograph to establish their political status as an American State National or American State Citizen, depending on their choice.



Susan Joyce Mueller  
Name of person appearing in this photo:

11416 Riviera Ct. Boulder City, NV 89005  
Physical address of person appearing in this photo:

Witness: I, Cindy A. Sampson (printed name), know the person shown in the photo above by the name shown, and I know of their family and history, sufficient to know that they were born at the time and place shown on the face of the referenced Birth Certificate or shown on the accompanying United States Naturalization paperwork.

My relationship to the Declarant is:

Friend for 24 years.

This testimony is true, complete, and correct to the best of my knowledge and I make it under Penalty of Perjury under the Public Law of The United States of America:

So affirmed this 8<sup>th</sup> day of June in the year of 2022.

by: Cindy A. Sampson

I may be contacted at: (phone) 702-308-1804

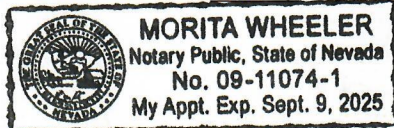
(email) \_\_\_\_\_, or at this mailing address:

## Witness Verification by Public Notary or State Recording Secretary:

Clark County

Nevada State

Today, I was visited by the Witness whose signature appears above, and they were properly identified to me and they did sign this record in my presence for the purposes described above, in witness whereof I affix my signature and seal this 8<sup>th</sup> day of June in the year of 2022.



[Signature]

\_\_\_\_\_

# Witness Testimony Affirming American State Political Status and Identity

This Witness Testimony verifies the identity of the man/woman shown in this photograph to establish their political status as an American State National or American State Citizen, depending on their choice.

Susan Joyce Mueller  
Name of person appearing in this photo:



1646 Riviera Ct. Boulder City, NV 89005  
Physical address of person appearing in this photo:

Witness: I, Robert C. Murphy (printed name), know the person shown in the photo above by the name shown, and I know of their family and history, sufficient to know that they were born at the time and place shown on the face of the referenced Birth Certificate or shown on the accompanying United States Naturalization paperwork.

My relationship to the Declarant is:

Friend of 31 years

This testimony is true, complete, and correct to the best of my knowledge and I make it under Penalty of Perjury under the Public Law of The United States of America:

So affirmed this 8th day of June in the year of 2022.

by: Robert C. Murphy Robert C. Murphy

I may be contacted at: (phone) 702-370-7553.

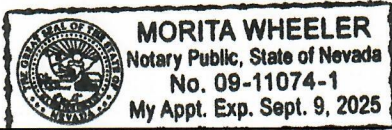
(email) \_\_\_\_\_, or at this mailing address:

## Witness Verification by Public Notary or State Recording Secretary:

Clark County

Nevada State

Today, I was visited by the Witness whose signature appears above, and they were properly identified to me and they did sign this record in my presence for the purposes described above, in witness whereof I affix my signature and seal this 8th day of June in the year of 2022.



[Signature]

\_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

13761

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

CHILD

CERTIFIER/  
ATTENDANT

DEATH UNDER  
ONE YEAR  
OF AGE  
Enter State File  
Number of  
death certifi-  
cate for this  
child.

MOTHER

FATHER

INFORMANT

LOCAL FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

STATE FILE NUMBER

1. CHILD'S NAME <b>Christian Douglas MUELLER</b>			2. DATE OF BIRTH (Month, Day, Year) <b>July 8, 2005</b>		
3. TIME OF BIRTH <b>3:35 PM</b>	4. SEX <b>Male</b>	5. CITY, TOWN OR LOCATION OF BIRTH <b>Henderson</b>			6. COUNTY OF BIRTH <b>Clark</b>
7. PLACE OF BIRTH (Specify) <b>Hospital</b>			8. FACILITY NAME (If not Institution, give street and number) <b>St Rose Dominican Hospital Delima Campus</b>		
9. I certify that this child was born alive at the place and time and on the date stated.  Signature > <i>Linda Ricciardi</i>			10. DATE SIGNED (Month, Day, Year) <b>7/13/05</b>	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print)  NAME <b>Lewis, Michelle M.</b> TITLE <b>M.D.</b>	
12. CERTIFIER'S NAME AND TITLE (Type/Print)  NAME <b>Linda Ricciardi</b> TITLE <b>Service Rep</b>			13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code)  <b>1701 A-3 N. Green Valley Pkwy Henderson, NV 89014</b>		
14. REGISTRAR'S SIGNATURE <i>Nnette Harrington, Deputy</i>				15. DATE FILED BY REGISTRAR (Month, Day, Year) <b>JUL 21 2005</b>	
16a. MOTHER'S NAME <b>Susan Joyce Mueller</b>			16b. MAIDEN SURNAME <b>Green</b>	17. AGE <b>40</b>	
18. BIRTHPLACE (State or foreign country) <b>Arizona</b>	18a. RESIDENCE — STATE <b>Nevada</b>		18b. COUNTY <b>Clark</b>	18c. CITY, TOWN OR LOCATION <b>Henderson</b>	
18d. STREET AND NUMBER <b>492 Landmark Ln</b>			18e. INSIDE CITY LIMITS? <b>Yes</b>	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) <b>89015</b>	
21. FATHER'S NAME <b>Douglas Garry Mueller</b>			22. AGE <b>39</b>	23. BIRTHPLACE (State or foreign country) <b>California</b>	
24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of parent or other informant > <b>Douglas Mueller</b>					

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: JUN 02 2022

Registrar of Vital Statistics

By: *Daniel Lopez*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
**CERTIFICATE OF LIVE BIRTH**

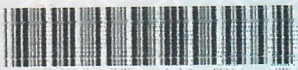
State File Number  
102-1965-007141

1. CHILD'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				
SUSAN, JOYCE, GREEN				
2. SEX	3A. PLURALITY	3B. IF MULTIPLE BIRTH (SPECIFY)	4A. DATE OF BIRTH (MONTH, DAY, YEAR)	4B. TIME OF BIRTH
FEMALE	SINGLE		03/03/1965	UNKNOWN
5A. PLACE OF BIRTH (CITY OR TOWN AND COUNTY)				
, PIMA				
5B. PLACE OF BIRTH				
NOT LISTED				
5C. FACILITY NAME (IF NOT A FACILITY, STREET ADDRESS)				
NOT LISTED				
6. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				
CHARLES, ARTHUR, GREEN				
7. DATE OF BIRTH (MONTH, DAY, YEAR)			8. PLACE OF BIRTH (STATE, US TERRITORY OR FOREIGN COUNTRY)	
NOT LISTED			NOT LISTED	
9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)				
MARIE, ANN, STERNBERG				
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (STATE, US TERRITORY OR FOREIGN COUNTRY)	
NOT LISTED			NOT LISTED	
12A. MOTHER'S USUAL RESIDENCE ADDRESS (CITY OR TOWN, STATE, COUNTY, ZIP)				
NOT LISTED				
12B. STREET ADDRESS AT TIME OF CHILD'S BIRTH				
NOT LISTED				

Date Registered: 03/15/1965

Date Issued: 05/09/2022

VS-21 Rev. 11/2016



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



J3647591

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE