

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 Priscilla Samuels Williams

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

1. What is your full name? Priscilla Samuels Williams
2. What is your birth date? March 4, 1961
3. Where were you born? Birmingham, Alabama
4. Please provide a certified copy of your birth certificate. YES
5. What are the full names of your biological parents? Joseph Wilbur Samuels, Jr. / Martha Lyn ^{Samuels} Perkins
6. Were your biological parents married when you were born? (If yes, answer the subparts below.) YES
 - a. When were your parents married? March 26, 1956
 - b. Where were your parents married? Akron, Ohio
 - c. What was your biological mother's maiden name? PERKINS
 - d. Please provide a certified copy of your parents' marriage certificate or other proof of marriage. YES
 - 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. NO
7. Were your biological parents married after you were born? (If yes, answer the subparts below.) NO
 - a. When were your parents married? NA
 - b. Where were your parents married? NA
 - c. What was your biological mother's maiden name? NA
 - d. Did the man who married your biological mother acknowledge his paternity of you in writing filed with a state registrar of vital records? NA
 - e. Was the man who married your biological mother named as your father on your birth record with his consent? NA
 - f. Was the man who married your biological mother obligated to support you under a written voluntary promise or by court order? NA
 - g. Please provide a certified copy of your parents' marriage certificate or other proof of marriage. NA
 - 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. NA

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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.) NA-no

a. What was the date of the attempted marriage? NA

b. Where did the attempted marriage take place? NA

c. Please provide proof of the attempted marriage. NA

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. NA

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. Na-no

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. NA

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. NA

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. NA

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? NA

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. NA

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

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. Yes

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

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

Dated: 6/13/2016

By: Priscilla Samuels Williams
Affiant

Priscilla Samuels Williams
Printed Name

State of: Mississippi
County of: Adams

Before me this 13th day of June, 2016, Priscilla S Williams appeared before and being sworn,
signed the Affidavit.



Mandy Joek
NOTARY

My Commission expires: Jan 01 2020

EDWARD C. WALKER, Circuit Clerk
Of Adams County Mississippi
And Ex-Officio Notary Public
By Mandy Joek D.C.
My Commission Expires Jan. 01, 2020

Marriage License

NOT VALID After Sixty Days from Date

The State of Ohio, Summit County

To Any Person Equally Authorized to Solemnize Marriages in the State of Ohio:

I, the undersigned,

Vincent Zurz

Judge of the Probate Court within and for the County and State
aforesaid, have ~~licensed~~, and do hereby

License and Authorize

Mr. Joseph Wilbur Samuels, Jr., and

Miss Martha Lyn Perkins

to be joined in Marriage.

In Witness Whereof I have hereunto subscribed my name

and affixed the seal of said Court,

at Akron, Ohio, this 28th

day of March, A. D. 19 56.

VINCENT ZURZ,

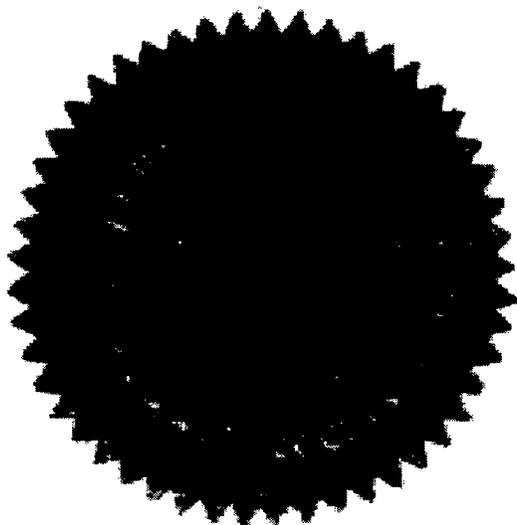
Judge of the Probate Court

By Elizabeth Robbins
Deputy Clerk

The above marriage was solemnized by me this 30th

Rev. Eugene E. Marquis, Jr.

day of March 19 56



ALABAMA

Center for Health Statistics

2322

CERTIFICATE OF LIVE BIRTH

STATE OF ALABAMA

BIRTH NO. 101-015174

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

SEE OTHER SIDE.

1-014

FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK.

ATTENDANT MUST SIGN PERSONALLY.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

1. PLACE OF BIRTH a. County <u>Jefferson</u> b. Beat No. <u>37020</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State <u>Alabama</u> b. County <u>Jeff.</u>	
c. City (If outside city or town limits, write RURAL) <u>Prichard</u>		e. City (If outside city or town limits, write RURAL) <u>Birmingham</u>	
d. Full Name of (If NOT in hospital or institution, give street, address or location) <u>Hughes Hospital</u>		f. Street Address (If rural, give location) <u>432-11. Cant. rd</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Priscilla</u> b. (Middle) <u>Jessica</u> c. (Last) <u>Samuels</u>		4. Sex <u>Female</u> 5a. This Birth <u>Single</u> 5b. If Twin Or Triplet (This child born) 1st () 2nd () 3rd ()	
6. Date (Month) (Day) (Year) <u>3-4-61</u>		FATHER OF CHILD 542	
7. Full Name a. (First) <u>Joseph</u> b. (Middle) <u>Whitten</u> c. (Last) <u>Samuels</u> 8. Color Or Race <u>negro</u>		9. Age (At time of this birth) <u>31</u> Years 10. Birthplace (State or foreign country) <u>Alabama</u> 11. Usual Occupation <u>Physician</u> 11b. Kind of Business or Industry <u>Self Employed</u>	
12. FULL MAIDEN NAME a. (First) <u>Marta</u> b. (Middle) <u>Parkins</u> c. (Last) <u>negro</u>		13. Color Or Race <u>negro</u>	
14. Age (At time of this birth) <u>27</u> Years 15. Birthplace (State or foreign country) <u>Alabama</u>		16. Children Previously Born To This Mother (Do NOT include this child) a. How many <u>11</u> b. How many <u>OTHER</u> children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT (Signature Or Name) <u>Marta Parkins Samuels</u>		18. Date Rec'd by Local Reg. <u>MAR 13 1961</u>	
19. Signature of Attendant <u>R.C. Stewart</u>		20. Signature of Registrar <u>Ferry B Rogers</u>	
21. Address <u>802 N 6th St</u>		22. Date Signed <u>3-4-61</u>	
APPROVED BY PARENT		DATE <u>6-14-61</u>	

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2012-216-235-1

April 17, 2012

Catherine M. Donald
Catherine Melchen Donald