

For your convenience, you may print the creditor's Statement of Claim form shown below and mail it to our office for filing. There is a \$2 fee to file this form. The claim may only be filed into an existing Estate case. Please include the case number or reference number on your claim form. Florida Probate Rule 5.490 requires that the Claim be filed in duplicate with one copy containing an original signature. The clerk will mail the copy of the claim to the Attorney for the Personal Representative.

IN THE CIRCUIT COURT FOR
COLLIER COUNTY, FLORIDA

CASE NO. 11-2022-CP-003062-0001-XX

IN RE: ESTATE OF:

Lynn Edward Baker

Deceased.

STATEMENT OF CLAIM

The undersigned hereby presents for filing against the above estate this Statement of Claim and alleges:

1. The basis of the claim is Class A Member Interests in Advisors Equity LLC - Series B Fund; \$55,000 in Class A Share Units at a price equal to \$16.00 per share.

2. The name and address of the Claimant are James Silva, 2823 139th PI SE, Mill Creek, WA 98012

and the name and address of the claimant's attorney, if any, are _____

3. The amount of the claim is \$ 55,000, which amount is now due, or, if not due, will become due on _____

4. The claim (is) (is not) contingent or unliquidated. If contingent or unliquidated the nature of the uncertainty is Unknown status of funds invested by Advisors Equity LLC - nor investment status of funds provided by James Silva

5. The claim (is) (is not) secured. If secured, the security consists of _____

CLERK'S USE ONLY

I hereby certify that a copy of the Statement Of Claim has been mailed to the foregoing on _____

Attorney

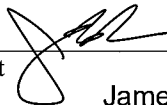
CLERK OF CIRCUIT COURT
COLLIER COUNTY, FLORIDA

By: _____

Deputy Clerk

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on 2/10/2023



Claimant James E Silva

Attorney for Claimant
Florida Bar # _____

Telephone _____