

IN RE: ESTATE OF:

LYNN E. 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 purchase of 1.82 Class A Interest at a price equal to \$ 20,000 dollar total. price per unit of interest is 11,000\$

2. The name and address of the Claimant are JANANI GANESAN  
43336 CLAYBROOKE CIRCLE ASHBURN VA 20147

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

3. The amount of the claim is \$ 20,000, 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 1.82 Class A Interests in Advisory Equity Series A fund. It represents 0.74% of Equity in Series A fund. (20000 \$)

5. The claim  (is not) secured. If secured, the security consists of the 1.82 units of Interest owned in Advisory equity LLC Series A fund.

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 03.15.2023

[Signature]  
Claimant

Attorney for Claimant  
Florida Bar # \_\_\_\_\_

Telephone \_\_\_\_\_

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.

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.

JANANI GANESAN

STATEMENT OF CLAIM - AGAINST

LYNN EDWARD BAKER ESTATE

IN THE CIRCUIT COURT FOR  
COLLIER COUNTY, FLORIDA

CASE NO. 22-CP-3062

IN RE: ESTATE OF:

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The name and address of the Claimant are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3. The amount of the claim is \$ \_\_\_\_\_, 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 \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

Claimant  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Claimant  
Florida Bar # \_\_\_\_\_

Telephone \_\_\_\_\_