

IN THE SUPREME COURT OF ILLINOIS

Gordon Wayne Watts, Plaintiff,

vs.

Hon. James P. Flannery, Jr.,

and

Hon. Diane M. Shelley, Defendants.

||
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||
||

Docket Number: _____

AFFIDAVIT OF GORDON WAYNE WATTS re Supporting Record

STATE OF FLORIDA

COUNTY OF POLK

Before me, the undersigned Notary, on this _____ day of _____, 2018, personally appeared Gordon Wayne Watts, known to me to be a credible person and of lawful age, who first being duly sworn, upon his oath, deposes and says:

AFFIANT STATEMENT: I, Gordon Wayne Watts, declare (certify, verify, and state) under penalty of perjury under the laws of the United States of America **and the States of Florida and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedures, of the state of Illinois** that the statements set forth in this instrument are true and correct.

FURTHER AFFIANT SAYETH: Pursuant to Rule 328, Supporting Record, I'm filing a Supporting Record with my motion for supervisory judgment: **see Index to Exhibits, above, and the Exhibits, below.** And, pursuant to R.328, I'm submitting this affidavit so that this Supporting Record may be properly authenticated by the the affidavit of the attorney or party filing it. Although some filings lack a court stamp, they are genuine and authentic source files, and the same filing, used in some cases where the court-stamped copy was not purchased (cost issues) and/or because a scanned 'court-stamped' copy is harder to read. My supporting record, and the citation to that which is on file with the court, regarding said record, is genuine and authentic.

FURTHER AFFIANT SAYETH NAUGHT.

Gordon Wayne Watts, Affiant

STATE OF FLORIDA

COUNTY OF POLK

The foregoing instrument was acknowledged, subscribed, **and sworn** before me this ____ day of _____, 2018, by GORDON WAYNE WATTS, Affiant, who (**is / is not**) personally known to me, who (**did / did not**) produce identification as shown below, **and who (did / did not) take an oath.**

IDENTIFICATION TYPE: _____

IDENTIFICATION NUMBER: _____

Notary Public: _____

Date: _____

(Notary Stamp)

My Commission Expires: _____