

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

SECURITIES AND EXCHANGE)	
COMMISSION,)	
)	
Plaintiff,)	CIVIL ACTION FILE NO.
)	1:13-CV-01817-WSD
v.)	
)	
DETROIT MEMORIAL PARTNERS, LLC)	
and MARK MORROW,)	
)	
Defendants.)	

DECLARATION OF MICHAEL D. MILLIKIN

Before the undersigned authority personally appeared MICHAEL D. MILLIKIN, who, after being duly sworn, deposes and states as follows:

1. My name is Michael D. Millikin. I am over the age of 18 and competent to give this declaration, which is based on my personal knowledge.
2. My address is 340 La Veta Avenue, Encinitas, California 92024, and I lived at this address during the period August 1, 2014 through the date of this Declaration.
3. I declare under penalty of perjury that I did not receive delivery of a Proof of Claim Declaration packet from the Receiver in connection with this case prior to September 2016.

4. Prior to being notified of the filing of the Receiver's Motion to Approve Plan of Distribution in this case, I was not aware that a Proof of Claim Declaration form for the Detroit Memorial Partners receivership existed, nor that I needed to complete such a form in order to submit a claim to the Receiver.

5. Along with this Declaration, I have submitted to the Receiver a completed Proof of Claim Declaration with supporting documents, and I declare under penalty of perjury that such information is true and correct to the best of my knowledge.

FURTHER DECLARANT SAYETH NOT.



Michael D. Millikin

Sworn to and subscribed before me
This 22 day of SEPTEMBER, 2016.

Notary Public

My commission expires:

*** PLEASE SEE NOTARY ATTACHMENT**

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

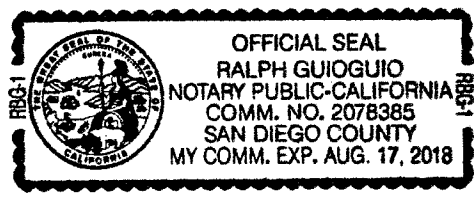
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me
 on this 22 day of SEPTEMBER, 2016
 by _____ Date Month Year
 (1) MICHAEL D. MILLIKIN
 (and (2) _____
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(e) who appeared before me.

Signature Ralph Guioguo
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
 Title or Type of Document: DECLARATION OF MICHAEL D. MILLIKIN Document Date: 09-22-2016
 Number of Pages: _____ Signer(s) Other Than Named Above: _____