UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

AMERICAN ASSOCIATION OF PEOPLE
WITH DISABILITIES, FEDERATION OF
WOMEN’S CLUBS OVERSEAS, INC., NEW
MEXICO PUBLIC INTEREST RESEARCH
GROUP EDUCATION FUND, and
SOUTHWEST ORGANIZING PROJECT,
Plaintiffs, No. CV-08-702 JOB/WDS

v.

MARY HERRERA, in her capacity as
Secretary of State,
Defendant.

AFFIDAVIT OF PATRICIA LAVEN

Duly sworn, and upon her oath, Patricia Laven states:

1. I am over the age of twenty-one and make these statements upon personal
   knowledge.

2. I am a resident of Bernalillo County, New Mexico.

3. In 2004 our family received a voter registration card for Donald L. Clark from
   the Bernalillo County Clerk

4. Donald L. Clark was my father. At the time when we received the voter
   registration card, he had been dead approximately two and one-half years.

5. The voter registration card contained a different social security number than
   my father’s and also did not correctly state his age.

__________________________
Patricia Laven
STATE OF NEW MEXICO                     
COUNTY OF BERNALILLO                     
                                          ss.

SUBSCRIBED AND SWORN TO before me this 08th day of August, 2008 by Patricia Laven.

[Signature]
NOTARY PUBLIC

My Commission Expires: 07/22/2008
NAME: CLARK Dona

Street Address: 3125 Del Rio NE SW

City: Albuquerque

State: NM

Zip: 87106

Do you certify that you are a citizen of the United States? Yes No

Are you a resident of New Mexico? Yes No

If you checked "No" to any of the questions above, do not complete this form.

I hereby authorize you to cancel my previous registration in the following county and state.

County: City or Township:

Are you 18 years of age or before election day? Yes No

I swear/affirm that I am a citizen of the United States and a resident of the state of New Mexico; that I have not been denied the right to vote by a court of law by reason of mental incapacity; that I am, or will be at the time of the next election, 18 years of age; and, if I have been convicted of a felony, I have completed all conditions of probation or parole, served the entirety of a sentence or have been granted a pardon by the governor. I further swear/affirm that I am authorizing cancellation of any prior registration to vote in this jurisdiction of my prior residence.

SIGN YOUR FULL NAME OR MARK ON THE RED LINE BELOW:

Date: 9-12-04

Name of person who assisted you in filing out this form:

4137681

Month Day Year
CERTIFICATE OF DEATH

NOTE: It is illegal to alter, copy or counterfeit this certificate.

State of New Mexico

State Registrar

Date Issued: Mar. 14, 2002

DECEDENT NAME: DONALD LEON CLARK

DATE OF BIRTH: Mar. 16, 1928
AGE: 73
SEX: MALE
DATE OF DEATH: Mar. 13, 2002
PLACE OF DEATH: Kaseman Presbyterian Hospital

HOSPITAL: Kaseman Presbyterian Hospital

STATE OR COUNTRY OF BIRTH: MAINE, USA
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - SPECIFY: MARRIED
SURVIVING SPOUSE (IF GIVE BIRTH NAME): N.A.
DOMESTIC PARTNER (IF APPLICABLE): NO

OUTDOOR OCCUPATION: Maintenance Supervisor

MAINTENANCE SUPERVISOR

SANDIA MEMORY GARDENS

FUNERAL SERVICES: Sandia Memory Gardens

CERTIFIED SIGNATURE: Celia Ann Schumacher
DATE SIGNED: Mar. 14, 2002

STATE REGISTRAR'S SIGNATURE: Celia Ann Schumacher
DATE FILED: Mar. 14, 2002

CAUSE OF DEATH: Lung Cancer

SHADED AREAS FOR MEDICAL INVESTIGATOR - LEGAL OFFICER USE ONLY

CERTIFIED COPY OF VITAL RECORD
This is a true and exact reproduction of all or part of the document officially registered and filed with the New Mexico Vital Records and Health Statistics, Public Health Division, Department of Health.