

09/06/2024

[Signature]
Inmate 50082501
2nd Seeding
Bowen Greenwood
CLERK OF THE SUPREME COURT
STATE OF MONTANA
Case Number: OP 24-0532

FILED

SEP 06 2024

Bowen Greenwood
Clerk of Supreme Court
State of Montana

Jordaw Kyle, Keefe
Name
700 Conley Lake Rd
Address
Deer Lodge, MT. 59722
City State Zip

IN THE SUPREME COURT OF THE STATE OF MONTANA

No. OP24-0532
[to be assigned by Clerk of
Supreme Court]

<p><u>Jordaw Kyle, Keefe</u>, Petitioner/Appellant, v. <u>State of Montana</u>, Respondent/Appellee.</p>	<p>MOTION TO PROCEED WITHOUT PAYING THE FILING FEE</p>
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I move the Court to allow me to proceed without paying the filing fee in this cause. I am incarcerated and because of my financial condition, I am unable to pay the filing fee. The Clerk of Supreme Court does not require a copy of the trust accounting. I believe I am entitled to legal redress.

DATED this 27th day of Aug, 20 24.

[Signature]
[Signature]

Jordaw Kyle, Keefe
[Print Name]



Name Jordan K. Keefe
Address 700 Conley Lake Rd.
Deer Lodge, MT, 59722
Telephone No. 406-780-2197 (P.O.A.)
Chris

IN THE SUPREME COURT OF THE STATE OF MONTANA

Supreme Court Cause No. _____

Relator

(designation of party),

MOTION AND AFFIDAVIT IN SUPPORT
OF MOTION TO PROCEED
WITHOUT PAYMENT OF FILING FEE

Respondant

(designation of party).

I move this Court to proceed without payment of the filing fee in this cause,
and I submit this Affidavit in support of my motion.

I, Jordan K. Keefe (state your name) being first duly sworn, depose and
say that I am the Relator (designation of party) in the above-
entitled cause; that in support of my application to proceed on appeal without
being required to pay the filing fee, I state that because of my financial condition I
am unable to pay the filing fee; that I believe I am entitled to redress; and that the
issues which I desire to present on appeal are the following:

Fraud, Treason, Capital Murd, Kidnapping of A
Minor Under Age 5, Bribery in Contest, Extrajudicial
Confession MCA 45-5-111 18 US Code § 242, § 249, Tampering
With Evidence, Tampering With Witnesses, + Defective Prosecution
That ive proved merit of a Fundamental Miscarage of Justice

3. Do you own any cash or checking or savings account? If the answer is yes, state the total value of the items owned.

No

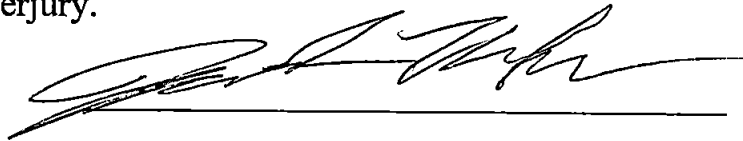
4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? If the answer is yes, describe the property and state its approximate value.

No

5. List the persons who are dependent upon you for support and state your relationship to those persons.

Son Alexander, Riley + Matea Daughters + My daughter Saige who was trafficked in this cause

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.



Subscribed and sworn to before me this 27th day of Aug, 2024.

Notary Public for the State of Montana

Residing at _____

My Commission expires _____

SEAL

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)
surefire1@gmail.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Jordan Kyle Keefe AO# 3006975
700 Conley Lake Road
Deer Lodge, Mt 59722

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Print **Reset**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
STATE OF MONTANA

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

444 NORTH CAPITOL STREET NW 301 WASHINGTON DC 20001

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

Knudsen Austin Miles
P.O. Box 201401 Helena, MT MT 59620-1401

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

Keefe Jordan Kyle
P.O. Box 1681 Thompson Falls MT 59873-1681

4. COLLATERAL: This financing statement covers the following collateral:
The municipal Bond No: DA 22-0381 and any/all of it's Securities, derivatives therefrom issued on or about May 24, 2022 by agents of this UCC1 filing: 1 DEBTOR's; 1a, et al; Said bond(s) collateral location is the principle/estate: JORDAN KYLE KEEFE; The holder-in-due-course of said bond(s) is the SECURED PARTY of this UCC1 filing and holds primary Security interest; A;; Principle; interest and dividends therefrom said Bond(s), from their inception, is now due and payable to the BENEFICIARY of the said principle/estate.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box: Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: Said 4: Collateral pending a New York State UCC 1 filing.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Jordaw K. Keefe

(b) County of Residence of First Listed Plaintiff 400 Cowley Lake Rd.
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Pro Se.

DEFENDANTS

Warden Jim Salmonson

County of Residence of First Listed Defendant Powell
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known) Austin Miles Kundsau

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- 1 U.S. Government Plaintiff
- 2 U.S. Government Defendant
- 3 Federal Question (U.S. Government Not a Party)
- 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input checked="" type="checkbox"/> 320 Assault, Libel & Slander		INTELLECTUAL PROPERTY RIGHTS	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employers' Liability		<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine		<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability		<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle	LABOR	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 880 Defend Trade Secrets Act of 2016	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 720 Labor/Management Relations	SOCIAL SECURITY	<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability		<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise		<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 850 Securities/Commodities/Exchange
		<input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	IMMIGRATION	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 462 Naturalization Application	FEDERAL TAX SUITS	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment		<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 896 Arbitration
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/Accommodations			<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment			<input type="checkbox"/> 950 Constitutionality of State Statutes
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other			
	<input type="checkbox"/> 448 Education			
	PRISONER PETITIONS			
	<input type="checkbox"/> 463 Alien Detainee			
	<input checked="" type="checkbox"/> 510 Motions to Vacate Sentence			
	<input type="checkbox"/> 530 General			
	<input type="checkbox"/> 535 Death Penalty			
	Other:			
	<input type="checkbox"/> 540 Mandamus & Other			
	<input type="checkbox"/> 550 Civil Rights			
	<input type="checkbox"/> 555 Prison Condition			
	<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- 1 Original Proceeding
- 2 Removed from State Court
- 3 Remanded from Appellate Court
- 4 Reinstated or Reopened
- 5 Transferred from Another District (specify)
- 6 Multidistrict Litigation - Transfer
- 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
18 USC § 742 & 249 MCA 45-5-111
Brief description of cause:
Death Caused By Mixed Medication by County Sheriff

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ #500,000,000 CHECK YES only if demanded in complaint: JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE James A. Maxwell DOCKET NUMBER DC 14-16

DATE _____ SIGNATURE OF ATTORNEY OF RECORD _____

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

[Signature]
[Signature]

Jordan Kyle Keefe
[Print name]

VERIFICATION UPON OATH OR AFFIRMATION

STATE OF MONTANA)
County of St. Powell : ss.
Sawto)

I swear that everything stated in this petition is true and correct to the best of my knowledge.

DATED this 26th day of Aug, 2024.

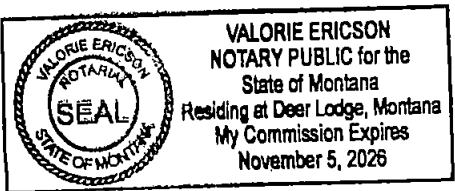
[Signature]
[Signature]

Jordan Kyle Keefe
[Print name]

Signed and sworn to or affirmed before me on this date by

Jordan Keefe

[Seal]



Valorie Ericson
[Signature of Notary Public]

VALORIE ERICSON
[Typed or printed name]

Notary
[Title]

Deer Lodge, MT
[Residing at]

My Commission expires: 11/5/24

