

Department of Homeland Security

FOR OFFICIAL USE ONLY

THE ATTACHED MATERIALS CONTAIN DEPARTMENT OF HOMELAND SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY," OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE. THE ATTACHED MATERIALS WILL BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH DHS MANAGEMENT DIRECTIVES GOVERNING PROTECTION AND DISSEMINATION OF SUCH INFORMATION.

AT A MINIMUM, THE ATTACHED MATERIALS WILL BE DISSEMINATED ONLY ON A "NEED-TO-KNOW" BASIS AND WHEN UNATTENDED, WILL BE STORED IN A LOCKED CONTAINER OR AREA OFFERING SUFFICIENT PROTECTION AGAINST THEFT, COMPROMISE, INADVERTENT ACCESS AND UNAUTHORIZED DISCLOSURE.

TO BE FORWARDED TO
IMMIGRATION AND NATURALIZATION SERVICE

No. 13612537

DEPARTMENT OF JUSTICE



NATURALIZATION

Petition No. 960112

I.N.S. Registration No. A35 584 207

DUPLICATE

Personal description of holder as of date of naturalization: Date of birth February 20, 19⁴⁹ sex Female
complexion Fair color of eyes Brown color of hair Blonde height 5 feet 7 inches
weight 120 pounds; visible distinctive marks None
Marital status Married Country of former nationality Stateless

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Ivana Marie Trump
(Complete and true signature of holder)



Ivana Marie Trump



UNITED STATES OF AMERICA } s.s.
SOUTHERN DIST. OF NEW YORK }

Be it known that, at a term of the _____ District _____ Court of
The United States
held pursuant to law at _____ New York City _____
on May 25, 1988 the Court having found that
IVANA MARIE TRUMP
then residing at 721 Fifth Avenue, New York, NY
intends to reside permanently in the United States (where so required by the
Naturalization Laws of the United States), had in all other respects complied with
the applicable provisions of such naturalization laws, and was entitled to be
admitted to citizenship, thereupon ordered that such person be and (s)he was
admitted as a citizen of the United States of America.
In testimony whereof the seal of the court is hereunto affixed this 25th
day of May nineteen hundred and 88

RAYMOND F. BURGHARDT

Clerk of the _____ U. S. District _____ Court.
By: *Margaret A. Madon* Deputy Clerk.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE.

FORM N-550
U. S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
(REV. 5-1-84)Y

SIGNATURE OF HOLDER
IS NOT REQUIRED ON THIS
DUPLICATE STUB

DUPLICATE
DO NOT DETACH

No. 13612537

Name TRUMP, IVANA MARIE
residing at 721 Fifth Avenue, New York, NY 10022
Date of birth 49/02/20 Date of order of admission 88/05/25
Date certificate issued May 25 1988 by the
U. S. District Court at New York City, New York
Petition No. 960112 INS Registration No. A35 584 207

Ivana Marie Trump
721 Fifth Avenue
New York, NY 10022

13-1

Petition No. 960112
AR# A35 584 207
Date 4/28/88

You are hereby notified to appear for a hearing on your petition for naturalization before a judge of the naturalization court on MAY 25, 1988

at
United States Court House, 40 Foley Square,
Main Entrance
Room 110, Manhattan, New York City

Please report promptly at 8:30 A.M.

If the judge finds you qualified for naturalization, you will be sworn in as a citizen.

YOU MUST BRING WITH YOU THE ITEMS MARKED BELOW:

- This letter, WITH ALL OF THE QUESTIONS ON THE OTHER SIDE ANSWERED IN INK OR ON A TYPEWRITER.
- Alien Registration Receipt Card.
- Reentry Permit, or Refugee Travel Document.
- Any Immigration documents you may have.
- Your child (children): _____
- Other

Proper attire should be worn in court.

If you cannot come to this hearing, return this notice immediately and state why you cannot appear. In such case, you will be sent another notice of hearing at a later date.

To Petitioner:

In connection with the hearing to be held on your petition for naturalization, answer each of the questions below "Yes" or "No" without giving any further explanation.

The questions refer only to what has happened after the date you appeared and filed your petition for naturalization. They do not refer to anything that happened before that date.

After you have answered every question, sign your name, give your address, and fill in the date and place of signing.

You must BRING THIS COMPLETED LETTER WITH YOU to the hearing and give it to the naturalization examiner, who will question you further on your answers.

After the date you filed your petition:

- 1. Have you married, or been widowed, separated, or divorced?
(If "yes" please bring the proper document, i.e.: marriage certificate, death certificate, divorce decree, separation agreement, etc.) (1) Answer Yes NO
- 2. Have you been absent from the United States? (2) Answer _____
- 3. Have you knowingly committed any crime or offense, for which you have not been arrested; or have you been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, including traffic violations? (3) Answer NO
- 4. Have you joined any organization, including the Communist Party, or become associated or connected therewith in any way? (4) Answer NO
- 5. Have you claimed exemption from military service? (5) Answer NO
- 6. Has there been any change in your willingness to bear arms on behalf of the United States; to perform non-combatant service in the armed forces of the United States; to perform work of national importance under civilian direction, if the law requires it? (6) Answer NO
- 7. The law provides that a petitioner for naturalization shall not be regarded as a person of good moral character who, at any time after the filing of the petition for naturalization, has advocated in polygamy or been a polygamist; received income mostly from illegal gambling; been a prostitute or procured anyone for prostitution; knowingly and for gain encouraged or helped an alien to enter the United States illegally; been an illicit trafficker in drugs or marihuana; or has been a habitual drunkard. Have you been such a person or committed any of these acts? (7) Answer NO AB

I certify that each of the answers shown above were made by me or at my direction, and that they are true and correct.

Signed at Federal district court on May 25th / 1988
southern district, New York (City and State) (Date)

Ivana Marie Trunaj
(Full Signature)

721. Fifth Ave, New York
(Full Address and ZIP Code)
10022
USA

• Authority for collection of the information requested on Form N-445 is contained in Sections 101(f), 316, 332, 335 and 336 of the Immigration and Nationality Act (8 U.S.C. 1101(f), 1427, 1443, 1446 and 1447). The principal purposes for requesting the information are to enable designated examiners of the Immigration and Naturalization Service to determine a petitioner's eligibility for naturalization and to make appropriate recommendations to the naturalization courts. The information requested may, as a matter of routine use, be disclosed to naturalization courts and to other federal, state, local or foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, the Selective Service System, the Department of State, the Department of the Treasury, the Department of Transportation, Central Intelligence Agency, Interpol and individuals and organizations in the processing of any application or petition for naturalization, or during the course of investigation to elicit further information required by the Immigration and Naturalization Service to carry out its functions. Information solicited which indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide all or any of the requested information may result in an unfavorable recommendation as to a petitioner's eligibility for naturalization and denial by the court of a petition for naturalization.

7- 9108

PETITION FOR NATURALIZATION

DUPLICATE

(To accompany
Monthly Report on Form N-4)

Petition No. 960112

CL;MS

U. S. District: Southern District: New York, N. Y. No. A35 584 207

To the Honorable Court for the at

This petition for naturalization, hereby made and filed under section 316 A Immigration and Nationality Act, respectfully shows:

(1) My full, true, and correct name is IVANA MARIE TRUMP (Full, true name, without abbreviations)

(2) My present place of residence is 721 FIFTH AVENUE (Apt. No., Number and street, City or town)

NEW YORK (County), N. Y. (State), 10022 (Zip Code)

(3) I was born on 02-20-49, in CZECHOSLOVAKIA

(4) I request that my name be changed to NONE

(5) I was lawfully admitted to the United States for permanent residence and have not abandoned such residence. 10-23-78

(6) (If petition filed under Section 316(a).) I have resided continuously in the United States for at least five years and continuously in the State in which this petition is made for at least six months, immediately preceding the date of this petition and after my lawful admission for permanent residence, and I have been physically present in the United States for at least one-half of such five year period.

(7) (If petition filed under Section 319(a).) I have resided continuously in the United States in marital union with my present spouse for at least three years immediately preceding the date of this petition, and after my lawful admission for permanent residence, during all of which period my said spouse has been a United States citizen, and have been physically present in the United States at least one-half of such three-year period. I have resided continuously in the State in which this petition is made at least six months immediately preceding the date of this petition.

(8) (If petition is filed under Section 319 (b).) My present spouse is a citizen of the United States, in the employment of the Government of the United States, or of an American institution of research recognized as such by the Attorney General, or an American firm or corporation engaged in whole or in part in the development of foreign trade and commerce of the United States, or subsidiary thereof, or of a public international organization in which the United States participates by treaty or statute, or is authorized to perform the ministerial or priestly functions of a religious denomination having a bona fide organization within the United States, or is engaged solely as a missionary by a religious denomination or by an interdenominational mission organization having a bona fide organization within the United States, and such spouse is regularly stationed abroad in such employment. I intend in good faith upon naturalization to live abroad with my spouse and to resume my residence within the United States immediately upon termination of such employment abroad.

(9) (If petition is filed under Section 328.) I have served honorably in the Armed Forces of the United States for a period or periods aggregating three years. I have never been separated from the Armed Forces of the United States under other than honorable conditions. If not still in service, my service terminated within six months of the filing of my petition.

(10) (If petition is filed under Section 329.) While an alien or noncitizen national of the United States, I served honorably in an active-duty status in the military, air, or naval forces of the United States during either World War I or during a period beginning September 1, 1939, and ending December 31, 1946, or during a period beginning June 25, 1950, and ending July 1, 1955, or during a period beginning February 28, 1961, and ending October 15, 1978, or I was discharged after five years of service under the Act of June 30, 1950 (P.L. 597, 81st Congress). If separated from such service, I was separated under honorable conditions. At the time of enlistment, reenlistment, or induction I was in the United States, the Canal Zone, American Samoa, or Swains Island. If not in any of these places, I was lawfully admitted to the United States for permanent residence subsequent to enlistment or induction. I was never separated from such service on account of alienage; I was not a conscientious objector who performed no military, air, or naval duty whatever or refused to wear the uniform. I have not previously been naturalized on the basis of the same period of service.

(11) I am not and have not been, within the meaning of the Immigration and Nationality Act, for a period of at least 10 years immediately preceding the date of this petition, a member of or affiliated with any organization proscribed by such Act, or any section, subsidiary, branch, affiliate or subdivision thereof, nor have I during such period believed in, advocated, engaged in, or performed any of the acts or activities prohibited by such Act.

(12) I am, and have been during all the periods required by law, a person of good moral character, attached to the principles of the Constitution of the United States and well disposed to the good order and happiness of the United States.

(13) It is my intention in good faith to become a citizen of the United States and take without qualification the oath of renunciation and allegiance prescribed by the Immigration and Nationality Act, and to reside permanently in the United States. I am willing, when required by law, to bear arms on behalf of the United States, to perform noncombatant service in the Armed Forces of the United States, and to perform work of national importance under civilian director (unless exempted therefrom).

(14) I am able to read, write, and speak the English language (unless exempted therefrom), and I have a knowledge and understanding of the fundamentals of the history, and of the principles and form of government of the United States.

(15) Wherefore I request that I may be admitted a citizen of the United States of America. I swear (affirm) that I know the contents of this petition for naturalization subscribed by me, and that the same are true to the best of my knowledge and belief, and that this petition is signed by me with my full, true name. So Help Me God.

(16)

Ivana Marie Trump (Full Name, Without Abbreviations)

WHEN OATH ADMINISTERED BY CLERK OR DEPUTY CLERK OF COURT

WHEN OATH ADMINISTERED BY DESIGNATED EXAMINER

Subscribed and sworn to (affirmed) before me by above-named petitioner in the respective forms of oath shown in said petition and affidavit, and filed by said petitioner, in the office of the clerk of said court at NEW YORK, N. Y.

Subscribed and sworn to (affirmed) before me by above-named petitioner in the respective forms of oath shown in said petition and affidavit at this day of 19

this 27 day of APRIL, 19 88

Designated Examiner.

RAYMOND F. BURGHART Deputy Clerk

I HEREBY CERTIFY that the foregoing petition for naturalization was by petitioner named herein filed in the office of the clerk of said court at this day of 19

[SEAL]

RESULT OF EXAMINATION				COURT ACTION			
English: _____	Speaks _____	Reads _____	Write _____	Classes <u>No</u>	Govt. <u>Yes</u>	Date _____	DENIED
G-325 ID. _____	<u>Yes</u>		G-325B _____			Grounds _____	
G-325 Rec. Bl. _____	<u>Yes</u>		N-426 _____			Examiner _____	
G-325C _____	<u>(If Requested)</u>		Other _____			Cont'd _____	
Eligibility 101 (f): OK <u>OK</u>						Action or documents still required:	
Documents presented: <u>ARC</u> <u>PP</u> <u>MC</u> <u>DD</u> <u>BC</u>							
Investigation waived. Petitioner under oath approved all statements made at the preliminary investigation.							
Recommendation <u>G</u>		<u>Commiss. M. Lewis</u>			<u>APR 27 1988</u>		19
		Preliminary and Designated Examiner			(Date)		
Recommendation _____		Preliminary Examiner			(Date)		19



APPLICATION TO FILE PETITION FOR NATURALIZATION

Mail or take to:
IMMIGRATION AND NATURALIZATION SERVICE

FEE STAMP

(See INSTRUCTIONS. BE SURE YOU UNDERSTAND EACH QUESTION BEFORE YOU ANSWER IT. PLEASE PRINT OR TYPE.)

ALIEN REGISTRATION
(Show the exact spelling of your name as it appears on your alien registration receipt card, and the number of your card. If you did not register, so state.)
Name Ivana Winklmayr-Trump
No. A 35584207

Section of Law 316(a)
(Leave Blank)

Date: _____

- (1) My full true and correct name is Ivana Marie Trump
(Full true name without abbreviations)
- (2) I now live at 721 Fifth Avenue
(Number and street,)
New York, New York, United States 10022
(City, county, state, zip code)
- (3) I was born on 2 20 49 in Gottwaldov Czechoslovakia
(Month) (Day) (Year) (City or town) (County, province, or state) (Country)
- (4) I request that my name be changed to Ivana Marie Trump none (1)
- (5) Other names I have used are: Ivana Winklmayr Zelnikova
(Include maiden name) Sex: Male Female

(b)(6)

- (6) Was your father or mother ever a United States citizen? _____
(If "Yes", specify name and date)
- (7) Can you read and write English? Yes No
- (8) Can you speak English? Yes No
- (9) Can you sign your name in English? Yes No
- (10) My lawful admission for permanent residence was on 10-23-78 under the name of Ivana Marie Trump
(Month) (Day) (Year) (City) (State)
- (11) (a) I have resided continuously in the United States since 10-28-78
(Month) (Day) (Year)
- (b) I have resided continuously in the State of New York since _____
(Month) (Day) (Year)
- (c) During the last five years I have been physically in the United States for a total of sixty - 94 days abroad months.
- (12) Do you intend to reside permanently in the United States? Yes No If "No," explain: 4 57
- (13) In what places in the United States have you lived during the last 5 years? List present address FIRST.

FROM -	TO -	STREET ADDRESS	CITY AND STATE
(a) Feb. 19 84	PRESENT TIME	721 Fifth Avenue	New York, NY
(b) April 19 78	Feb. 19 84	800 Fifth Avenue	New York, NY
(c) April 19 77	April 19 78	641 Fifth Avenue	New York, NY
(d)		<u>NONE</u>	

- (14) (a) Have you been out of the United States since your lawful admission as a permanent resident? Yes No
If "Yes" fill in the following information for every absence of less than 6 months, no matter how short it was.

DATE DEPARTED	DATE RETURNED	NAME OF SHIP, OR OF AIRLINE, RAILROAD COMPANY, BUS COMPANY, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PLACE OR PORT OF ENTRY THROUGH WHICH YOU RETURNED TO THE UNITED STATES
		* Addendum A	

- (b) Since your lawful admission, have you been out of the United States for a period of 6 months or longer? Yes No
If "No", state "None"; If "Yes", fill in following information for every absence of more than 6 months.

DATE DEPARTED	DATE RETURNED	NAME OF SHIP OR OF AIRLINE, RAILROAD COMPANY, BUS COMPANY, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PLACE OR PORT OF ENTRY THROUGH WHICH YOU RETURNED TO THE UNITED STATES
		<u>6 none</u>	

(15) The law provides that you may not be regarded as qualified for naturalization, if you knowingly committed certain offenses or crimes, even though you may not have been arrested. Have you ever, in or outside the United States:

- (a) knowingly committed any crime for which you have not been arrested? Yes No
 - (b) been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance, including traffic regulations? Yes No
- If you answer "Yes" to (a) or (b), give the following information as to each incident.

WHEN	WHERE (City)	(State)	(Country)	NATURE OF OFFENSE	OUTCOME OF CASE, IF ANY
(a)					
(b)			none		
(c)					
(d)					
(e)					

(16) List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society or similar group in the United States or in any other country or place, and your foreign military service. (If none, write "None.")

(a)	United Cerebral Palsey	19.77	to 19.87
(b)	March of Dimes	19.87	to 19.87
(c)	Preservation Foundation	19.86	to 19.87
(d)	School of American Ballet	19.77	to 19.87
(e)	Boys Town of Italy	19.85	to 19.87
(f)	Womens Sports Foundation	19.86	to 19.87
(g)	AMERICAN CANCER SOCIETY	19.87	to 19. Pres

- (17) (a) Are you now, or have you ever, in the United States or in any other place, been a member of, or in any other way connected or associated with the Communist Party? (If "Yes", attach full explanation) Yes No
- (b) Have you ever knowingly aided or supported the Communist Party directly, or indirectly through another organization, group or person? (If "Yes", attach full explanation) Yes No
- (c) Do you now or have you ever advocated, taught, believed in, or knowingly supported or furthered the interests of Communism? (If "Yes", attach full explanation) Yes No

(18) During the period March 23, 1933 to May 8, 1945, did you serve in, or were you in any affiliated with, either directly or indirectly, any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, citizen unit, unit of the Nazi Party or SS, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, detention camp or transit camp, under the control of or affiliated with:

- (a) the Nazi Government of Germany Yes No
- (b) any Government in any area occupied by, allied with, or established with the assistance or cooperation of, the Nazi Government of Germany? Yes No

(19) During the period March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No

(20) Have you borne any hereditary title or have you been of any order of nobility in any foreign state? Yes No

(21) Have you ever been declared legally incompetent or have you ever been confined as a patient in a mental institution? Yes No

(22) Are deportation proceedings pending against you, or have you ever been deported or ordered deported, or have you ever applied for suspension of deportation? Yes No

(23) (a) My last Federal income tax return was filed 1985 (year) Do you owe any Federal taxes? Yes No

- (b) Since becoming a permanent resident of the United States, have you:
 - filed an income tax return as a nonresident? Yes No
 - failed to file an income tax return because you regarded yourself as a nonresident? Yes No

(If you answer "Yes" to (a) or (b) explain fully.)

(24) Have you ever claimed in writing, or in any other way, to be a United States citizen? Yes No

(25) (a) Have you ever deserted from the military, air, or naval forces of the United States? Yes No

(b) If male, have you ever left the United States to avoid being drafted into the Armed Forces of the United States? Yes No

(26) The law provides that you may not be regarded as qualified for naturalization, if, at any time during the period for which you are required to prove good moral character, you have been a habitual drunkard; advocated or practiced polygamy; have been a prostitute or procured anyone for prostitution; have knowingly and for gain helped any alien to enter the United States illegally; have been an illicit trafficker in narcotic drugs or marijuana; have received your income mostly from illegal gambling, or have given false testimony for the purpose of obtaining any benefits under this Act. Have you ever, anywhere, been such a person or committed any of these acts? (If you answer yes to any of these, attach full explanation.) Yes No

(27) Do you believe in the Constitution and form of government of the United States? Yes No

(28) Are you willing to take the full oath of allegiance to the United States? (See Instructions) Yes No

(29) If the law requires it, are you willing:

- (a) to bear arms on behalf of the United States? (If "No", attach full explanation) Yes No
- (b) to perform noncombatant services in the Armed Forces of the United States? (If "No", attach full explanation) Yes No
- (c) to perform work of national importance under civilian direction? (If "No", attach full explanation) Yes No

(30) (a) If male, did you ever register under United States Selective Service laws or draft laws? Yes No
If "Yes" give date.....; Selective Service No.....; Local Board No.....; Present classification.....

(b) Did you ever apply for exemption from military service because of alienage, conscientious objections, or other reasons? Yes No
If "Yes," explain fully.....

(31) If serving or ever served in the Armed Forces of the United States, give branch.....; from....., 19..... to....., 19....., and from....., 19..... to....., 19.....; inducted or enlisted at.....; Service No.....; type of discharge.....; rank at discharge.....; (Honorable, Dishonorable, etc.)

Reserve or National Guard from....., 19..... to..... (32) My occupation is Senior Executive Vice President - The Trump Organization

List the names, addresses, and occupations (or types of business) of your employers during the last 5 years. (If none, write "None.") List present employment FIRST.

FROM-	TO-	EMPLOYER'S NAME	ADDRESS	OCCUPATION OR TYPE OF BUSINESS
(a)....., 19.77	PRESENT TIME	The Trump Organization,	725 Fifth Ave, NY, NY	(Real Estate Developer)
(b)....., 19....., 19.....			
(c)....., 19....., 19.....			
(d)....., 19....., 19.....	NONE		

(33) Complete this block if you are or have been married. I am Married. The first name of my husband or wife is (was)..... (b)(6)
(Separated, married, divorced, widowed) The Marble Collegiate Church
April 9 1977 New York NY

(34) How many times have you been married?.....1 How many times has your husband or wife been married?.....1 If either of you has been married more than once, fill in the following information for each previous marriage.

DATE MARRIED	DATE MARRIAGE ENDED	NAME OF PERSON TO WHOM MARRIED	SEX	(Check One) PERSON MARRIED WAS	HOW MARRIAGE

(35) I have.....3.....children: (Complete columns (a) to (h) as to each child. If child lives with you, state "with me" in column (h), otherwise give city and State of child's residence.) (b)(6)

(a) Given Names	(b) Sex	(c) Place Born	(d) Date	(e) Date	(f) Port of Entry	(g) Alien	(h) Now Living at

(36) READ INSTRUCTION NO. 6 BEFORE ANSWERING QUESTION (36)

I.....want certificates of citizenship for those of my children who are in the U.S. and are under age 18 years that are named below. (Do) (Do Not)

(Enclose \$35 for each child for whom you want certificates, otherwise, send no money with this application.)

(Write names of children under age 18 years and who are in the U.S. for whom you want certificates)

If present spouse is not the parent of the children named above, give parent's name, date and place of naturalization, and number of marriages.

Signature of person preparing form, if other than applicant. I declare that this document was prepared by me at the request of applicant and is based on all information of which I have any knowledge. SIGNATURE		SIGNATURE OF APPLICANT <i>Trana Marie Trump</i>
ADDRESS: _____ DATE: _____		ADDRESS AT WHICH APPLICANT RECEIVES MAIL
		APPLICANT'S TELEPHONE NUMBER

TO APPLICANT: DO NOT FILL IN BLANKS BELOW THIS LINE.

NOTE CAREFULLY.—This application must be sworn to before an officer of the Immigration and Naturalization Service at the time you appear before such officer for examination on this application.

AFFIDAVIT

I do swear that I know the contents of this application comprising pages 1 to 4, inclusive, and the supplemental forms thereto, No(s) _____, subscribed to by me; that the same are true to the best of my knowledge and belief; that corrections numbered (*I*) to (*II*) were made by me or at my request; and that this application was signed by me with my full, true, and correct name, SO HELP ME GOD.

Trana Marie Trump
(Complete and true signature of applicant)

Subscribed and sworn to before me by applicant at the preliminary investigation (*Albany, NY*) at _____

this *27th* day of *April*, 19*88*

I certify that before verification the above applicant stated in my presence that he/she had (heard) read the foregoing application, corrections therein and supplemental form(s) and understood the contents thereof.

E. Lewis, I.E.
(Naturalization examiner)

I live in Trump Tower
(For demonstration of applicant's ability to write English)

Non Filed _____
(Date, Reasons)

NOTICE TO APPLICANTS:

Authority for collection of the information requested on this form and those forms mentioned in the instructions thereto is continued in Sections 328, 329, 332, 334, 335 or 341 of the Immigration and Nationality Act of 1952 (8 U.S.C. 1439, 1440, 1443, 1445, 1446 or 1452). Submission of the information is voluntary inasmuch as the immigration and nationality laws of the United States do not require an alien to apply for naturalization. If your Social Security number is omitted from a form, no right, benefit or privilege will be denied for your failure to provide such number. However, as military records are indexed by such numbers, verification of your military service, if required to establish eligibility for naturalization, may prove difficult. The principal purposes for soliciting the information are to enable designated officers of the Immigration and Naturalization Service to determine the admissibility of a petitioner for naturalization and to make appropriate recommendations to the naturalization courts. All or any part of the information solicited may, as a matter of routine use, be disclosed to a court exercising naturalization jurisdiction and to other federal, state, local or foreign law enforcement or regulatory agencies, Department of Defense, including any component thereof, the Selective Service System, the Department of State, the Department of the Treasury, Central Intelligence Agency, Interpol and individuals and organizations in the processing of the application or petition for naturalization, or during the course of investigation to elicit further information required by the Immigration and Naturalization Service to carry out its function. Information solicited which indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature may be referred, as routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide any or all of the solicited information may result in an adverse recommendation to the court as to an alien's eligibility for naturalization and denial by the court of a petition for naturalization.

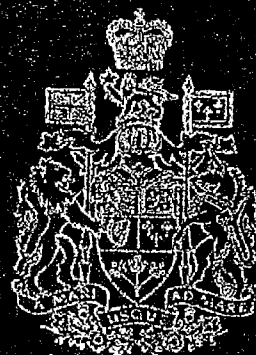
Addendum A
(absences of less than six months)

July 8 - 12	1987	Paris	5
July 5 - 8	1987	Moscow	4
June 21 - 25	1987	London	5
Feb. 13 - 21	1987	Zurich	9
July 31 - Aug 6	1986	Monaco	7
Feb 15 - 28	1986	Zurich	14
July 26 - 28	1985	Monaco	3
July 21 - 26	1985	Paris	6
Feb 20 - 24	1985	Vienna	5
Feb 14 - 20	1985	Zurich	7
July 26 - 27	1984	London	2
July 22 - 26	1984	Paris	5
July 1 - 5	1984	London	5
Mar 15 - 18	1984	Zurich	4
Feb 8 - 10	1984	Uruguay	3
Feb 10 - 15	1984	Argentina	2
Mar 12 - 15	1983	Paris	96 day
Mar 4 - 12	1983	Zurich	
July 25 - 29	1982	Paris	
Dec. 1 - 15	1979	Prague	
May 11 - 15	1978	Montreal	
Jan 25 - 29	1978	Montreal	
Nov. 11 - 18	1977	Montreal	
May 13 - 20	1977	Montreal	
Jan. 16 - 20	1977	Tahiti	

⑥ January 13/16 - 1988 Paris

⑦ none other

CANADA



PASSPORT
PASSEPORT

DESCRIPTION OF BEARER
SIGNALEMENT DU TITULAIRE

N° TV368400 2

NAME - NOM IVANA WINKLMAYR-TRUMP (NEE) (ZELNICKOVA)			
BIRTHDATE - DATE DE NAISSANCE 1949-02-20		BIRTHPLACE - LIEU DE NAISSANCE GOTTWALDOV CZECHOSLOVAKIA	
SEX - SEXE F	HEIGHT - TAILLE 173 CM	HAIR - CHEVEUX BLONDE	EYES - YEUX BROWN
PASSPORT ISSUED AT - PASSEPORT DÉLIVRÉ À NEW YORK USA		CHILDREN - ENFANTS	BIRTHDATE - DATE DE NAISSANCE
ON - LE 1983-04-06			
EXPIRY DATE - DATE D'EXPIRATION 1988-04-06			
SEE PAGE - VOIR PAGE			

See information on page 24 and inside back cover.

Lire les avis on page 24 et couverture arrière.

FOR OFFICIAL USE ONLY
RÉSERVÉ À L'ADMINISTRATION

PHOTOGRAPH OF BEARER
PHOTOGRAPHIE DU TITULAIRE



Ivana Winklmayr-Trump

Ivana Winklmayr-Trump
(Signature of bearer - Signature du titulaire)

3

*Original seen & returned
H. K. Smith*

OBSERVATIONS

4

ISSUED AT THE CANADIAN CONSULATE
GENERAL NEW YORK, UNITED STATES
OF AMERICA.

10001122222



See information on page 24 and inside back cover.
This passport contains 24 pages.

Lire les avis en page 24 et couverture arrière.
Ce passeport contient 24 pages.

ENDORSEMENTS AND LIMITATIONS

This passport is valid for all countries unless otherwise endorsed (subject to any visa or other entry regulations of countries to be visited).

MENTIONS ET RESTRICTIONS

Ce passeport est valable pour tous les pays, sauf indication contraire. (Le titulaire doit également se conformer aux formalités d'entrée des pays où il a l'intention de se rendre.)

See information on page 24 and inside back cover.
This passport contains 24 pages.

Lire les avis en page 24 et couverture arrière.
Ce passeport contient 24 pages.

5

TRANSLATION

Czechoslovak Republic

Archdiocese: Olomouc

Political District: Gottwaldov

Decanate: Napajedla

File No.: 9-3.311

Rom. Catholic Parish Office:
Gottwaldov - Zlín

Inland revenue stamp for Kčs 12.--.

BIRTH- AND BAPTISMAL CERTIFICATE

~~~~~

(Cachet du poste)

APPLICATION FOR A VISA FOR SHORT STA.

Cadre réservé à l'Administration

No. DEMANDE

**-IMPORTANT-**  
This application will be disregarded unless all items have been completed. Please print in capital letters one letter for space.  
Press firmly using ball point pen only.

② LAST NAME ..... T R U M P

③ FIRST NAME ..... L I V I A N A

④ OTHER NAMES: maiden, professional, religious, pseudo-  
nym ..... L Z E L I N I C I E K

⑤ DATE OF BIRTH ..... 20 day 02 month 1949 year

⑥ PLACE OF BIRTH (town) ..... G O T T W A L D O V (country) C Z E C H O S L O V A K I A

⑦ CIVIL STATUS (\*)  married  single  widow(er)  divorced  separated

③  
PHOTOGRAPH

⑧ PRESENT NATIONALITY ..... CZECHOSLOVAKIAN

⑨ NATIONALITY OF BIRTH ..... CZECHOSLOVAKIAN

NATURE DU VISA  
T CS C

⑩ HOME ADDRESS-TELEPHONE  
721 Fifth Avenue  
New York, NY 10022  
212 832-2000

⑪ PRESENT ADDRESS-TELEPHONE:  
721 Fifth Avenue  
New York, NY 10022  
212 832-2000

NOMBRE D'ENTREE(S)  
1 2 P

⑫ OCCUPATION ..... C.E.O.

⑬ EMPLOYER (name: ) ..... The Trump Organization  
OR REFERENCE 725 Fifth Avenue, NY, NY 10022  
Address ..... telephone 212 832-2000

DUREE MAXIMUM  
du, des, de chaque  
séjour (s): ..... JOURS

⑭ Passport Number ..... T V 3 6 8 4 0 0

TRAVEL DOCUMENT

⑮ PLACE OF ISSUE  
-TOWN Montreal  
-COUNTRY Canada

UTILISABLE JUSQU'AU  
J M A

⑯ DATE OF ISSUE: April 6, 1983

⑰ EXPIRATION DATE 06 D 04 M 83 Y

DATE DE DELIVRANCE

⑱ QUESTIONS RELATING TO YOUR STAY(S) IN FRANCE -If overseas departement which one?  
Do you intend entering and leaving French territory several times during your stay there? (\*)  
 YES-How many times? ..... how many days each time? .....  NO

⑲ After your stay in France, do you intend travelling to a country other than the one where you usually reside? (\*)  
 YES-which one? .....  NO

⑳ What is the intended duration of your stay in France? (maximum of 90 days)  
12 DAYS, FROM July 20, 1987 TO July 31, 1987

DROITS PERCUS (FF) .....

No. VISA DELIVRE

㉑ MEANS OF TRANSPORT (\*)  car license plate no.  train  No.  air ticket  boat  coach

Avis et observations du poste

㉒ REASONS for your journey(\*)  tourism  family visit  other reasons  
 professional or business reasons  various events  training course

㉓ Names of person(s) you intend meeting ..... NONE

㉔ Name of organiser ..... NONE

㉕ Name of the firm where the course is to take place ..... NONE

㉖ Address, date and duration:

㉗ Do you intend traveling with the members of your family entered on your passport? (\*) If so, please give their last name, first name and initial.  YES  NO

㉘ Have you ever lived in France? (\*) If so, please state date, duration and place of your previous stay(s)  YES  NO

㉙ Names and full addresses of family connections and of persons known by you in France

1- NONE

2- .....

2- .....

㉚ Address(es) in France during your stay there, conditions of accomodation and means of support

Hotel de Paris Hotel Plaza Athenee  
PI du Casino 25 Avenue Montaigne  
Monte Carlo, Monaco 75008 Paris

**IMPORTANT**  
Ce formulaire est à l'usage exclusif du poste

㉛ I undertake not to accept any employment paid or "au pair" during my stay in France or try to settle there permanently and to leave

㉜ Date and signature of applicant (of legal guardian for minors)

КОНСУЛЬСТВО (консульский отдел посольства) СССР в США  
страна

Дата начала действия визы:  
 Дата окончания действия визы:

Place for  
 photograph

**Questionnaire**  
**ВИЗОВАЯ АНКЕТА**

|                                                                                                                                                                                |                                                                                                                                                   |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Full answers to all questions should be typed<br>Писать четко, обязательно чернилами или на машинке в предназначенных для заполнения графах.                                   | Nationality <b>Czechoslovakian</b>                                                                                                                | Национальность                                                                    |
|                                                                                                                                                                                | Present citizenship / if you ever had USSR citizenship when and why did you lose it? /<br><b>Canada</b>                                           | Гражданство / если Вы имели гражданство СССР, т когда и в связи с чем его утратил |
|                                                                                                                                                                                | Surname (in capital Letters) <b>Trump</b>                                                                                                         | Фамилия                                                                           |
|                                                                                                                                                                                | First and middle names <b>Ivana Marie</b>                                                                                                         | Имя, отчество (имена)                                                             |
|                                                                                                                                                                                | Day, month, year of birth <b>February 20, 1949</b>   Sex <b>F</b>                                                                                 | Дата рождения   Пол                                                               |
|                                                                                                                                                                                | Object of journey, to the USSR <b>Business</b>                                                                                                    | Цель поездки в СССР                                                               |
|                                                                                                                                                                                | USSR, department, / tourists mention "Intourist" / organisations proposed "Intourist" and state to be visited <b>Committee on Foreign Tourism</b> | В какое учреждение                                                                |
|                                                                                                                                                                                | Route of journey (points of destination) <b>New York to Denmark and return to Moscow to Leningrad</b>                                             | Маршрут следования (в пункты)                                                     |
|                                                                                                                                                                                | Date of entry <b>July 5th</b>   Date of departure                                                                                                 | Дата въезда   Дата выезда                                                         |
|                                                                                                                                                                                | Profession <b>Owner Hotel and Casinos</b>                                                                                                         | Профессия                                                                         |
|                                                                                                                                                                                | Position <b>Chief Executive Officer</b>                                                                                                           | Должность                                                                         |
|                                                                                                                                                                                | Place of birth / if born in the USSR, when and where-to emigrated /<br><b>Gottwaldov, Czechoslovakia</b>                                          | Место рождения / если Вы родились в СССР, то куда и когда эмигрировали? /         |
| Passport № <b>TV368400</b> expiration date <b>June 1988</b>                                                                                                                    | Паспорт № действителен до                                                                                                                         |                                                                                   |
| Maiden name <b>Zelnikova</b>                                                                                                                                                   | Девичья фамилия                                                                                                                                   |                                                                                   |
| Husband's name <b>(b)(6)</b>                                                                                                                                                   | Фамилия мужа                                                                                                                                      |                                                                                   |
| Intourist Reference No.                                                                                                                                                        | Подтверждение Интуриста №                                                                                                                         |                                                                                   |
| Dates of previous visits to the USSR <b>N/A</b>                                                                                                                                | Даты Ваших поездок в СССР                                                                                                                         |                                                                                   |
| Place of work or study, its address. <b>Trump's Castle Hotel and Casino office. tel.609-441-8660 Huron Avenue and Brigantine Blvd. рабочий тел Atlantic City, NJ 08401 USA</b> |                                                                                                                                                   |                                                                                   |
| Permanent address <b>721 Fifth Avenue New York, NY 10022 USA</b>                                                                                                               | home.tel. домашний тел. № <b>212-832-2000</b>                                                                                                     |                                                                                   |

|                                             | Surname<br>Фамилия | First name, patronymic<br>Имя, отчество (имена) | Date of birth<br>Дата рождения | Permanent address<br>Адрес местожительства |
|---------------------------------------------|--------------------|-------------------------------------------------|--------------------------------|--------------------------------------------|
| Children under 16 years travelling with you | N/A                |                                                 |                                |                                            |
| Дети до 16 лет, следующие с вами            |                    |                                                 |                                |                                            |
| Relatives in the USSR                       | N/A                |                                                 |                                |                                            |
| Ваши родственники в СССР                    |                    |                                                 |                                |                                            |

I declare that the data given in the Questionnaire are correct and comprehensive  
 Я заявляю, что все данные, указанные в анкете, являются правильными и полными.

Date 17 June, 1987  
 Дата

Personal signature Ivana Trump  
 Личная подпись



**DOCUMENTARY EVIDENCE OF CANADIAN CITIZENSHIP (ORIGINAL ONLY - NO PHOTOCOPIES)**

YOU MUST SUBMIT ONE OF THE CERTIFICATES BELOW AND CHECK BOX

(a) IF YOU WERE BORN IN CANADA

(b) IF YOU WERE BORN OUTSIDE CANADA

BIRTH CERTIFICATE  
REGISTRATION NUMBER DATE OF ISSUE

CERTIFICATE OF CANADIAN CITIZENSHIP OR  
CERTIFICATE OF NATURALIZATION OR  
CANADIAN CERTIFICATE OF REGISTRATION OF BIRTH ABROAD OR  
CERTIFICATE OF RETENTION OF CANADIAN CITIZENSHIP

OR

CERTIFICATE OF CANADIAN CITIZENSHIP

CERTIFICATE NUMBER DATE CITIZENSHIP ACQUIRED

CERTIFICATE NUMBER DATE OF ISSUE

2421073

5/26/78

**HAVE YOU EVER RESIDED OUTSIDE CANADA?**

(WRITE yes or no)

Yes

IF YES, GIVE DATES IN SPACE PROVIDED  
(IF SPACE IS INADEQUATE ATTACH SEPARATE SHEET)

FROM TO FROM TO  
1977 Present

**HAVE YOU THE CITIZENSHIP OF ANOTHER COUNTRY IN ADDITION TO CANADIAN?**

(WRITE yes or no)

Yes

IF YES, GIVE NAME OF COUNTRY AND DATE OF ACQUISITION

COUNTRY DATE OF ACQUISITION

Austria

1972

**MARRIAGE DATA (IF SPACE BELOW IS INADEQUATE, ATTACH A SEPARATE SHEET)**

DATE OF MARRIAGE SPOUSE'S DATE OF BIRTH SPOUSE'S COUNTRY SPOUSE'S CITIZENSHIP BEFORE AT

PREVIOUS MARRIAGE(S)

BY WHAT NAME OR NAMES ARE YOU KNOWN  
IN THE COMMUNITY? (See Instruction 1(c))

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

NAME

ADDRESS

(b)(6)

**WARNING TO ALL APPLICANTS AND GUARANTORS**

Section 58 (2) of the Criminal Code reads "Every one who, while in or out of Canada, for the purposes of procuring a passport for himself or any other person, makes a written or oral statement that he knows is false or misleading is guilty of an indictable offence and is liable to imprisonment for two years."

**DECLARATION OF APPLICANT**

I solemnly declare that:

- a) the statements made in this application are true
- b) the photographs enclosed are a true likeness of me
- c) I am a Canadian citizen
- d) I have known my guarantor personally for at least two years (strike out "d" if completing PPT 132 - Declaration in Lieu of Guarantor)

Dated

83 3 23  
Year Month Day

City Country

New York USA

Signature

*Wanda Winkhays-Turley*  
(Signature of Applicant)

**FEE:** Submit the current fee in one of the following forms and check appropriate box.

- Cash, if presented personally
- Money Order (Postal, Bank, C.N., C.P.)
- Certified Cheque
- Bank Draft

DO NOT MAIL CASH

**12. DECLARATION OF GUARANTOR**

No fee is chargeable for this declaration

Before this declaration is signed, items 1-11 must be completed.

I, the guarantor,

FIRST NAME

LAST NAME

declare that to the best of my knowledge and belief all the statements made in this application are true. I make this declaration from my knowledge of the applicant whose name is

FIRST NAME

I, V, A, N, A

LAST NAME

T, R, U, M, P  
(Name of Applicant)

whom I have known personally for **Two** years and whose photographs I have certified on the reverse side.

Guarantor's address

Inst.

Firm

zation

sity

Busi

Add

Tele

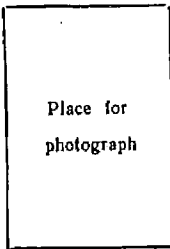
Date

at

Sign

КОНСУЛЬСТВО (консульский отдел посольства) СССР в США  
страна

Дата начала действия визы:  
 Дата окончания действия визы:



**Questionnaire**  
**ВИЗОВАЯ АНКЕТА**

|                                                                                                                                                                   |                                                                                                                                                                                                                                  |  |                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| Full answers to all questions should be typed<br>Писать четко, обязательно чернилами или на машинке в предназначенных для заполнения графах.                      | Nationality <u>Czechoslovakian</u><br>Present citizenship / if you ever had USSR citizenship when and why did you lose it? /<br><u>Canada</u>                                                                                    |  | Национальность<br>Гражданство / если Вы имели гражданство СССР, то когда и в связи с чем его утратили? |  |
|                                                                                                                                                                   | Surname (in capital Letters) <u>Trump</u><br>First and middle names <u>Ivana Marie</u>                                                                                                                                           |  | Фамилия<br>Имя, отчество (имена)                                                                       |  |
|                                                                                                                                                                   | Day, month, year of birth <u>February 20, 1949</u>   Sex <u>F</u>                                                                                                                                                                |  | Дата рождения   Пол                                                                                    |  |
|                                                                                                                                                                   | Object of journey to the USSR <u>Business</u>                                                                                                                                                                                    |  | Цель поездки в СССР                                                                                    |  |
|                                                                                                                                                                   | USSR, department, / tourists mention "Intourist" / organisations proposed "Intourist" and state to be visited <u>Committee on Foreign Tourism</u>                                                                                |  | В какое учреждение                                                                                     |  |
|                                                                                                                                                                   | Route of journey (points of destination) <u>New York to Denmark to Moscow to Leningrad and return</u>                                                                                                                            |  | Маршрут следования (в пункты)                                                                          |  |
|                                                                                                                                                                   | Date of entry <u>July 5th</u>   Date of departure                                                                                                                                                                                |  | Дата въезда   Дата выезда                                                                              |  |
|                                                                                                                                                                   | Profession <u>Owner Hotel and Casinos</u>                                                                                                                                                                                        |  | Профессия                                                                                              |  |
|                                                                                                                                                                   | Position <u>Chief Executive Officer</u>                                                                                                                                                                                          |  | Должность                                                                                              |  |
|                                                                                                                                                                   | Place of birth / if born in the USSR, when and where-to emigrated /<br><u>Gottwaldov, Czechoslovakia</u>                                                                                                                         |  | Место рождения / если Вы родились в СССР, то куда и когда эмигрировали? /                              |  |
|                                                                                                                                                                   | Passport № <u>TV368400</u> expiration date <u>June 1988</u>                                                                                                                                                                      |  | Паспорт № действителен до                                                                              |  |
|                                                                                                                                                                   | Maiden name <u>Zelnikova</u>                                                                                                                                                                                                     |  | Девичья фамилия                                                                                        |  |
|                                                                                                                                                                   | Husband's name [redacted]                                                                                                                                                                                                        |  | Фамилия мужа                                                                                           |  |
|                                                                                                                                                                   | Intourist Reference No.<br>Dates of previous visits to the USSR <u>N/A</u>                                                                                                                                                       |  | Подтверждения Интуриста №<br>Даты Ваших поездок в СССР                                                 |  |
|                                                                                                                                                                   | Place of work or study, its address. <u>Trump's Castle Hotel and Casino office.tel.609-441-8660</u><br>Место работы или учебы, адрес. <u>Huron Avenue and Brigantine Blvd. рабочий тел</u><br><u>Atlantic City, NJ 08401 USA</u> |  |                                                                                                        |  |
| Permanent address <u>721 Fifth Avenue</u> home.tel. <u>212-832-2000</u><br>Адрес постоянного места жительства <u>New York, NY 10022</u> домашний тел.№ <u>USA</u> |                                                                                                                                                                                                                                  |  |                                                                                                        |  |

(b)(6)

|                                                                                 | Surname<br>Фамилия | First name, patronymic<br>Имя, отчество (имена) | Date of birth<br>Дата рождения | Permanent address<br>Адрес местожительства |
|---------------------------------------------------------------------------------|--------------------|-------------------------------------------------|--------------------------------|--------------------------------------------|
| Children under 16 years travelling with you<br>Дети до 16 лет, следующие с вами | N/A                |                                                 |                                |                                            |
| Relatives in the USSR<br>Ваши родственники в СССР                               | N/A                |                                                 |                                |                                            |

I declare that the data given in the Questionnaire are correct and comprehensive  
 Я заявляю, что все данные, указанные в анкете, являются правильными и полными.

Date 17 June, 1987  
 Дата

Personal signature Ivana Trump  
 Личная подпись





State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF GAMING ENFORCEMENT

RICHARD J. HUGHES JUSTICE COMPLEX  
CN 047  
TRENTON, NEW JERSEY 08625

RECEIVED  
IMM.B. SERVICE  
1985 AUG 21 AM 10:14

MAIL ROOM  
NEWARK, NEW JERSEY 07102

IRWIN I. KIMMELMAN  
ATTORNEY GENERAL

MICHAEL R. COLE  
FIRST ASSISTANT  
ATTORNEY GENERAL

THOMAS R. O'BRIEN  
DIRECTOR

ANTHONY J. PARRILLO  
DEPUTY DIRECTOR  
OPERATIONS

JAMES F. FLANAGAN, III  
DEPUTY DIRECTOR  
INVESTIGATIONS

August 16, 1985

Mr. John Scott, Supervising Senior Agent  
U.S. Immigration & Naturalization Service  
970 Broad Street  
Room 305  
Newark, New Jersey 07102

Dear Mr. Scott,

The below captioned individual has applied to the New Jersey Casino Control Commission for licensure as an executive employee of Trump's Castle Associates, which owns and operates a casino/hotel in Atlantic City, New Jersey.

Ivana Marie Trump (Nee: Zelnick)  
D.O.B.: February 20, 1949  
Alien #: A35584207

The subject has disclosed that she was born in Gottwaldov, Czechoslovakia and attended St. Charles University in Prague, Czechoslovakia until 1973. With the completion of her studies, the subject traveled to Westmonte, Quebec, Canada and resided there between 1973 and 1977.

In April 1977, she entered this country through the Port of New York and subsequently acquired the above listed number.

The Division of Gaming Enforcement is requesting your assistance to verify her status in this country. In addition, if there is any other information concerning her, the Division would appreciate receiving same and/or having access to such information.

A copy of the release authorization executed by the subject is attached. Please forward the reply to Agent Joseph G. Janco at the above address.

J. Scott

-2-

August 16, 1985.

Thank you for your cooperation in this matter.

Very truly yours,

*William J. McElroy* /TR 8/19  
William J. McElroy  
Chief, Bureau of Licensing

mjg  
Attachment  
c File

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Institutions, and all Governmental Agencies—federal, state and local, without exception, both foreign and domestic.

I have authorized the New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Division of Gaming Enforcement or the Casino Control Commission.

This authorization shall supercede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Ivana Trump  
IVANA TRUMP  
(Signature)

Sworn and subscribed to before me on

this 13 day of May, 1985.

[Signature]  
\_\_\_\_\_  
F. J. [Signature]

NORMA L. FOERDERER  
NOTARY PUBLIC, State of New York  
No. 31-4743494  
Qualified in New York County  
Commission Expires March 30, 1987

Initials I.T.

APPLICATION BY A LAWFUL PERMANENT RESIDENT FOR AN ALIEN REGISTRATION RECEIPT CARD

(Please read Attached Instructions)

NOTE: If you file in person, bring three photographs that comply with the specifications on the next page of this form.

TYPE OR PRINT IN BLOCK LETTERS WITH A BALLPOINT PEN

RECEIVED - INFORMATION  
AUG 13 1980  
JUN 4 1980  
Immigration and Naturalization Service  
New York, N.Y.

|                                                                                                                                                                                                  |                               |                   |                                                                          |                                        |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|--------------------------------------------------------------------------|----------------------------------------|------------|
| 1. YOUR NAME                                                                                                                                                                                     | FAMILY NAME (Capital Letters) | FIRST             | MIDDLE                                                                   | 3. MY ALIEN REGISTRATION NUMBER        |            |
|                                                                                                                                                                                                  | TRUMP                         | IVANA             | M                                                                        | A 33584207                             |            |
| 2. MAILING ADDRESS IN U.S.                                                                                                                                                                       | (NUMBER AND STREET)           | (Apt. Number)     | (CITY)                                                                   | (STATE)                                | (ZIP CODE) |
|                                                                                                                                                                                                  | 800. Fifth Ave                | # 34.F            | New York                                                                 |                                        | 100 21     |
| 4. NAME USED WHEN YOU BECAME A PERMANENT RESIDENT. (IF SAME AS PRESENT, WRITE "SAME".)                                                                                                           |                               |                   |                                                                          |                                        |            |
| IVANA WINKLMAYR-TRUMP                                                                                                                                                                            |                               |                   |                                                                          |                                        |            |
| 5. DATE of BIRTH (Mo./Day/Yr.)                                                                                                                                                                   |                               | 6. PLACE of BIRTH |                                                                          | 7. MY PHONE NUMBER (Include Area Code) |            |
| 2/20/49                                                                                                                                                                                          |                               | Czechoslovakia    |                                                                          | 212-751-1827                           |            |
| 8. ORIGINALLY ADMITTED TO U.S. AT: (CITY and STATE)                                                                                                                                              |                               |                   | 9. MEANS OF ARRIVAL (Name of Vessel, or Airline and Flight Number, etc.) |                                        |            |
| New York N.Y.C.                                                                                                                                                                                  |                               |                   | Air Canada - Montreal                                                    |                                        |            |
| 10. DESTINATION IN U.S. AT TIME OF ADMISSION                                                                                                                                                     |                               |                   | 11. I THINK MY FILE IS AT THE INS OFFICE IN (City and State)             |                                        |            |
| New York City                                                                                                                                                                                    |                               |                   | N.Y.C.                                                                   |                                        |            |
| 12. DATES OF ABSENCES FROM U.S. OF 1 YEAR OR LONGER, SINCE LAWFUL ADMISSION FOR PERMANENT RESIDENCE                                                                                              |                               |                   |                                                                          |                                        |            |
| MARTIN                                                                                                                                                                                           |                               |                   |                                                                          |                                        |            |
| 13. I NEED A NEW CARD BECAUSE:                                                                                                                                                                   |                               |                   |                                                                          |                                        |            |
| (A) <input checked="" type="checkbox"/> My alien registration receipt card was lost, destroyed, or mutilated. (Attach card)(FEE REQUIRED, SEE INSTRUCTION NUMBER 1) Explain: <u>stolen purse</u> |                               |                   |                                                                          |                                        |            |
| (B) <input type="checkbox"/> My name has been changed. (Attach the decree of the court or the marriage certificate and old card.) (FEE REQUIRED, SEE INSTRUCTION NUMBER 1)                       |                               |                   |                                                                          |                                        |            |
| (C) <input type="checkbox"/> I am required to be registered and fingerprinted after my 14th. birthday. (Attach old card.)(You MUST use the fingerprint card Form FD-258 which we will give you.) |                               |                   |                                                                          |                                        |            |
| (D) <input type="checkbox"/> I am an alien commuter taking up actual permanent residence in the U.S. (Attach old card)                                                                           |                               |                   |                                                                          |                                        |            |
| (E) <input type="checkbox"/> I received an incorrect card. (Attach old card.)                                                                                                                    |                               |                   |                                                                          |                                        |            |
| (F) <input type="checkbox"/> I have never received a card.                                                                                                                                       |                               |                   |                                                                          |                                        |            |
| (G) <input type="checkbox"/> Other (Explain): <u>Subject never signed I-90</u>                                                                                                                   |                               |                   |                                                                          |                                        |            |
| ACTION BLOCK (FOR Use by An Immigration or Consular Officer.) This applicant was interviewed by me under oath on _____ (Date) at _____ (City).                                                   |                               |                   |                                                                          |                                        |            |
| REMARKS:                                                                                                                                                                                         |                               |                   |                                                                          |                                        |            |
| Serial Number of new I-151, if any _____ (Signature and Title)                                                                                                                                   |                               |                   |                                                                          |                                        |            |
| <input checked="" type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> MAILED <input type="checkbox"/> DELIVERED                                                   |                               |                   |                                                                          |                                        |            |
| DATE of ACTION _____                                                                                                                                                                             |                               |                   |                                                                          |                                        |            |
| DD _____                                                                                                                                                                                         |                               |                   |                                                                          |                                        |            |
| DISTRICT _____                                                                                                                                                                                   |                               |                   |                                                                          |                                        |            |
| Signature of Immigration Officer _____                                                                                                                                                           |                               |                   |                                                                          |                                        |            |
| NEW YORK                                                                                                                                                                                         |                               |                   |                                                                          |                                        |            |

Signature of Applicant and Date Aug 15/80

X Ivana Trump

Signature and Date of person preparing the Form if other than Applicant \_\_\_\_\_

Fingerprint card forwarded to the FBI to comply with Section 262 b \_\_\_\_\_ (Initials and Date)

Call-In Letter Sent \_\_\_\_\_ (Date)

I-89 to Production Facility \_\_\_\_\_ (Date)

|             |           |                   |             |
|-------------|-----------|-------------------|-------------|
| RECEIVED    | TRANS. IN | RET'D. TRANS. OUT | COMPLETED   |
| JUN 18 1980 | SEP 5     | 7/8/80            | Jul 20 1980 |



United States Department of Justice  
Immigration and Naturalization Service

970 Broad Street, Newark, N.J. 07102

File No. A35 584 207  
Date: October 28, 1985  
NEW850541


State of New Jersey  
Department of Law and Public Safety  
Division of Gaming Enforcement  
Richard J. Hughes Justice Complex  
CNO47  
Trenton, New Jersey 08825

SUBJECT: Ivana Marie Trump (nee; Zelnick)

Your request was received in this office on 8/21/85; please note the paragraph(s) checked below:

1.  The requested record or information is enclosed.
2.  We have made a complete search for the records that relate to your request and none were found.
3.  Requests for information which is not yet a matter of record (such as the final determination or the current status of a pending action) are not within the purview of the Freedom of Information Act/Privacy Act. Therefore, the information you requested within this category cannot be provided.
4.  ~~XXXXXX~~ The records of this Service reflect that Ivanan Marie Winklmaye-Trump, date of birth 2/20/49 in Czechoslovakia, was admitted to the US at NYC on 10/23/78 as a lawful permanent resident. Her alien registration number is A35 584 207.
5.  Your request comes within the jurisdiction of the office shown below:
  - You should send your request directly to that office.
  - Your request has been sent to that office for consideration and direct reply to you. All further correspondence should be sent to that office.
6.  Response to your request has been delayed. We expect a determination to be made by \_\_\_\_\_  
We seek your patience and understanding during the delay which is due to:
7.  A fee is required in the amount of \$\_\_\_\_\_. Fee must be paid by money order or check made payable to the "Immigration and Naturalization Service." **THE ENCLOSED COPY OF THIS LETTER SHOULD BE RETURNED WITH YOUR REMITTANCE.**
8.  Your payment of \$\_\_\_\_\_ is returned.
  - No fee is required at this time.
  - An incorrect fee was submitted.
  - Please resubmit the fee with the enclosed application.
9.  You may elect to treat this interim response as a denial of your Freedom of Information Act/Privacy Act request and file an appeal in writing to the Assistant Attorney General, Attn: Office of Privacy and Information Appeals, Office of Legal Policy, U. S. Department of Justice, Washington, DC 20530. However, we ask that you withhold your decision to file an appeal until we have completed action on your request.
10.  Other remarks:

Sincerely,

  
James W. Pomeroy  
District Director



NOTE: THIS APPLICATION MUST BE SUBMITTED IN PERSON BY THE APPLICANT AT THE NEAREST IMMIGRATION OFFICE OR PORT OF ENTRY TO THE UNITED STATES

A 35 584 207 TRUMP IVANA MARIE  
 ALIEN NUMBER LAST NAME FIRST NAME MIDDLE NAME

IN CARE OF  
 ADDRESS  
 NUMBER/STREET  
 CITY STATE ZIP CODE

(b)(6)

MOTHER'S FIRST NAME FATHER'S FIRST NAME CITY/TOWN/VILLAGE OF BIRTH

New York City N.Y.C. N.Y.C.  
 CITY OF RESIDENCE WHEN CITY OF DESTINATION AT LOCATION OF CONSULATE  
 APPLYING FOR THIS STATUS TIME OF ORIGINAL ADMISSION OR IMMIGRATION OFFICE  
 TO THE UNITED STATES WHERE ADJUSTED  
Feb 20/49 N.Y.C. Feb 22/77 Czechoslovakia  
 DATE OF BIRTH PORT OF ENTRY DATE OF ENTRY COUNTRY OF  
 OR ADJUSTMENT BIRTH

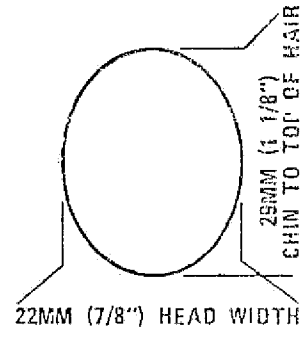
COLOR PHOTOGRAPH SPECIFICATIONS



PLAIN PHOTOGRAPH

HEAD SIZE (INCLUDING HAIR) MUST FIT INSIDE OVAL

SUBMIT <sup>TW</sup> ~~THREE~~ (2) COLOR PHOTOS MEETING THE FOLLOWING SPECIFICATIONS



- PHOTOGRAPH MUST SHOW THE SUBJECT IN A 3/4 FRONTAL PORTRAIT AS SHOWN ABOVE
- RIGHT EAR MUST BE EXPOSED IN PHOTOGRAPH FOR ALL APPLICANTS, HATS MUST NOT BE WORN
- PHOTOGRAPH OUTER DIMENSION MUST BE LARGER THAN 1 1/4" W x 1 3/4" H, BUT HEAD SIZE (INCLUDING HAIR) MUST FIT WITHIN THE ILLUSTRATED OVAL (OUTER DIMENSION DOES NOT INCLUDE BORDER IF ONE IS USED)
- PHOTOGRAPH MUST BE COLOR WITH A WHITE BACKGROUND EQUAL IN REFLECTANCE TO BOND TYPING PAPER
- SURFACE OF THE PHOTOGRAPH MUST BE GLOSSY
- PHOTOGRAPH MUST NOT BE STAINED, CRACKED, OR MUTILATED, AND MUST LIE FLAT
- PHOTOGRAPHIC IMAGE MUST BE SHARP AND CORRECTLY EXPOSED; PHOTOGRAPH MUST BE UN-RETOUCHED
- PHOTOGRAPH MUST NOT BE PASTED ON CARDS OR MOUNTED IN ANY WAY
- <sup>2</sup> ~~THREE (3)~~ PHOTOGRAPHS OF EVERY APPLICANT, REGARDLESS OF AGE, MUST BE SUBMITTED
- PHOTOGRAPHS MUST BE TAKEN WITHIN THIRTY (30) DAYS OF APPLICATION DATE
- SNAPSHOTS, GROUP PICTURES, OR FULL LENGTH PORTRAITS WILL NOT BE ACCEPTED
- USING CRAYON OR FELT PEN, TO AVOID MUTILATION OF THE PHOTOGRAPHS, LIGHTLY PRINT YOUR NAME (AND ALIEN REGISTRATION RECEIPT NUMBER IF KNOWN) ON THE BACK OF ALL PHOTOGRAPHS
- IMPORTANT NOTE - FAILURE TO SUBMIT PHOTOGRAPHS IN COMPLIANCE WITH THESE SPECIFICATIONS WILL DELAY THE PROCESSING OF YOUR APPLICATION



SPORT ACME PHOTOGRAPHERS  
650 FIFTH AVENUE  
NEW YORK, N. Y. 10111

*Jana Windman*  
MAY 30 1980

|                                                |                               |          |                           |                            |
|------------------------------------------------|-------------------------------|----------|---------------------------|----------------------------|
| NAME (LAST IN CAPS)<br><b>WINKLMAYR TRUMP,</b> | (FIRST)<br><b>IVANA MARIE</b> | (MIDDLE) | SNDX CODE<br><b>W-524</b> | NO.<br><b>A-35-584-207</b> |
|------------------------------------------------|-------------------------------|----------|---------------------------|----------------------------|

ALIAS  
**NEE ZELNICKOVA,-**

|                                        |                           |                                  |                               |                        |                 |
|----------------------------------------|---------------------------|----------------------------------|-------------------------------|------------------------|-----------------|
| WAIVER                                 | P.O.E. CODE<br><b>NYC</b> | DATE OF ENTRY<br><b>10-23-78</b> | CODE                          | TYPE ADM<br><b>I 1</b> | QUOTA AREA CODE |
| MO-DAY-YR. OF BIRTH<br><b>02-20-49</b> | AGE<br><b>29</b>          | COUNTRY OF BIRTH<br><b>CZECH</b> | CODE<br><b>1 6</b>            | OCCUPATION CODE        | CERT. CODE      |
| COUNTRY LAST RES CODE<br><b>574</b>    | M-S-W-D-SEP. CODE         | SEX                              | NATIONALITY CODE<br><b>8C</b> | STATE/AREA CODE        |                 |

STREET ADDRESS (City, State, and Zip Code)  
**800 FIFTH AVE. PT 34F NEW YORK, NY 10021**

|                   |                         |     |      |     |      |                  |                    |
|-------------------|-------------------------|-----|------|-----|------|------------------|--------------------|
| FCO<br><b>NYC</b> | DATE<br><b>01-30-79</b> | FCO | DATE | FCO | DATE | FCO<br><b>65</b> | DATE<br><b>129</b> |
| FCO               | DATE                    | FCO | DATE | FCO | DATE | FCO              | DATE               |

FACSIMILE TRANSMISSION LOG

[Redacted] Acting  
District Director  
New York

(b)(6) (b)(7)(c)

[Redacted] Associate Regional  
Commissioner, Operations, Eastern

|                            |                |                   |                     |
|----------------------------|----------------|-------------------|---------------------|
| Additional Copies Sent To: | Time Sent:     | Number of Copies: | Date Sent/Received: |
|                            | Time Received: |                   |                     |
|                            | Operator:      |                   |                     |

Description of Material Sent/Received (charts, memos, wires, etc.)

(b)(6) (b)(7)(c)

Fax # [Redacted]

Form G-669  
(2-15-77)

UNITED STATES DEPARTMENT OF JUSTICE-Immigration and Naturalization Service

GPO 914-354

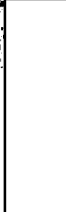
[Redacted]

5/90

US 914

700

5/90



(b)(6) (b)(7)(c)

(including this page)

PRIORITY CLASSIFICATION:  
RR PP

TITLE OF DOCUMENT:

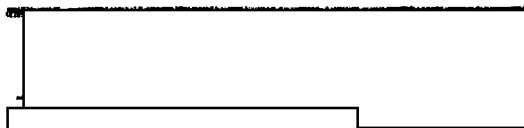
Newsarticle-Ivana Trump

SPECIAL INSTRUCTIONS:  
(If outside INS use, other  
Agency name & address)

DATE: 3/1/90

(b)(6) (b)(7)(c)

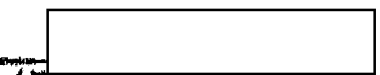
PLEASE DELIVER IMMEDIATELY



*By [Signature]*

Associate Regional Commissioner

FXED TO:



(PRECISE NUMBER)

CONFIRMED:



(b)(6) (b)(7)(c)

FAX to ARC [redacted] ero  
for what enter action he  
deems appropriate.

3/1/90

e 6-A The SUNDAY EXPRESS-NEWS, San Antonio, February 25, 1990 F

PEOPLE

# Ivana's first husband has his say

The first husband of Ivana Trump, who lives in Australia, told a London newspaper that he is still friends with his former wife, the young New York billionaire Donald Trump for \$1 billion.

Austrian immigrant Alfred Winklmayr, 42, Collaroy, told the London Daily Mail how he is very much alive despite some newspaper reports that he had died several years ago. He also was amused by reports that he was "rich industrialist" who was 37 years older than Ivana.

His marriage of convenience to Ivana, which was never consummated and reportedly arranged so she could escape to the West from Czechoslovakia, ended 17 years ago. Winklmayr immigrated to Australia where he sells real estate.

"We are still friends. I've been trying to follow events, but it's not easy to keep up with everything this far away. She's certainly come a long way since I knew her.

"Ivana's been receiving a lot of criticism

lately, but I can tell you she's not the kind of person to take it without a fight," he told the Daily Mail.

He was working as a ski instructor in the United States at the time he was asked to marry Ivana Zelnicekova for "what some have said was the price of a pair of skis," the Daily Mail report said.

They were married in Prague, Czechoslovakia, in November 1971 and divorced in Los Angeles in 1972.

(b)(7)(c)

(b)(6)

NAME OF PUBLICATION EXPRESS  
CITY OF PUBLICATION SAN ANTONIO, TX  
DATE 2/26/90

IMMIGRATION & NATIONALITY SECTION  
LAW FIRM - LAURIER B. McDONALD, ESQ.  
600 S. HIGHWAY 281  
EDINBURG, TEXAS 78539 U.S.A.

CENTRALIZATION AND NATURALIZATION SERVICE  
36 FEDERAL PLAZA ROOM  
NEW YORK NY 100070000

MAR 06 1990

NYC900893

STANLEY H. WALLENSTEIN, ESQUIRE  
233 BROADWAY, SUITE 1966  
NEW YORK, N.Y. 10279  
635 584 207(SJ)

*Reviewed 3/9/90  
make copies  
call to pick up  
Copies picked up  
by 3/11/90*

SUBJECT : IVANA TRUMP (REVIEW)

DEAR REQUESTER:

YOUR REQUEST WAS RECEIVED IN THIS OFFICE ON 03/06/90.

(b)(6) WE HAVE THE RECORDS RELEVANT TO YOUR REQUEST. PLEASE CALL THIS NUMBER [REDACTED] TO ARRANGE AN APPOINTMENT TO REVIEW THEM.

YOU MAY ASK AT THAT TIME FOR COPIES OF SELECTED DOCUMENTS WHICH WILL BE DUPLICATED AND PROVIDED DIRECTLY OR MAILED TO YOU. FEES WILL BE CHARGED FOR DUPLICATION AT THE RATE OF \$.16 PER COPY, ONLY AFTER THE FIRST 100 COPIES, AND THEN ONLY IF THE COST FOR DUPLICATING THE REMAINING COPIES IS MORE THAN \$8.00. YOU WILL BE ADVISED OF THE COST, WHICH MUST BE PAID PRIOR TO RELEASE OF DOCUMENTS.

SINCERELY,

J. Scott Blackman  
Acting District Director(VS)

900879

|                                                                                                                                            |                                                   |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|
| 1. Type of Request:                                                                                                                        |                                                   |                                                          |
| <input checked="" type="checkbox"/> Freedom of Information Act (FOIA)                                                                      |                                                   | <input type="checkbox"/> Privacy Act (PA)                |
| 2. Type or print below, the name, address and telephone number of the person to whom the information should be returned.                   |                                                   |                                                          |
| Name                                                                                                                                       | Telephone number (Area code)                      |                                                          |
| Stanley H. Wallenstein, Esq.                                                                                                               | (212) 693-0010                                    |                                                          |
| Address (Street number and name)                                                                                                           | (Apartment number)                                |                                                          |
| 233 Broadway, Suite 1066                                                                                                                   |                                                   |                                                          |
| (City)                                                                                                                                     | (State)                                           | (ZIP Code)                                               |
| New York                                                                                                                                   | NY                                                | 10279                                                    |
| 3. Action Requested:                                                                                                                       |                                                   |                                                          |
| <input type="checkbox"/> Amendment (Privacy Act only)                                                                                      |                                                   | <input type="checkbox"/> Copy                            |
|                                                                                                                                            |                                                   | <input checked="" type="checkbox"/> Personal Review      |
| 4. Information needed to search for record(s):                                                                                             |                                                   |                                                          |
| Specific information, document(s), or record(s) desired.                                                                                   |                                                   |                                                          |
| ALL IMMIGRATION RELATED DOCUMENTS.                                                                                                         |                                                   |                                                          |
| Purpose for which desired. (You are not required to state the purpose for your request. Doing so <i>may</i> assist the INS in responding.) |                                                   |                                                          |
|                                                                                                                                            |                                                   |                                                          |
| 5. Data for Identification of Personal Record (*Records normally cannot be located unless provided.)                                       |                                                   |                                                          |
| *Family Name                                                                                                                               | Given Name                                        | Middle Name                                              |
| TRUMP                                                                                                                                      | Ivana                                             | Marie                                                    |
| *Other Names used, if any                                                                                                                  | *Name used at time of entry into United States    |                                                          |
| ZENICKOVA, WINKLMAYR                                                                                                                       | Ivana TRUMP Ivana Winklmayr - Trump               |                                                          |
| *Alien Registration number                                                                                                                 | *Place of birth                                   | *Date of birth                                           |
| A35 584 207                                                                                                                                | Czechoslovakia                                    | February 20, 1949                                        |
| Port abroad from which left for United States                                                                                              | Port of entry into United States                  | Date of entry                                            |
| Montreal                                                                                                                                   | New York                                          | October 23, 1978                                         |
| Manner of entry (air, sea, land, etc.)                                                                                                     | Name of carrier (airline or vessel if applicable) |                                                          |
| Air                                                                                                                                        |                                                   |                                                          |
| *Name on Naturalization Certificate                                                                                                        | Certificate number                                | Naturalization date                                      |
| Ivana Marie TRUMP                                                                                                                          | 13612537                                          | May 25, 1988                                             |
| Address at time of Naturalization                                                                                                          |                                                   |                                                          |
| 721 Fifth Avenue, New York, New York 10022                                                                                                 |                                                   |                                                          |
| Naturalization Court and location                                                                                                          |                                                   |                                                          |
| U.S. District Court, Southern District of New York                                                                                         |                                                   |                                                          |
| 6. Verification of identity:                                                                                                               |                                                   |                                                          |
| <input checked="" type="checkbox"/> In person with ID                                                                                      |                                                   | <input type="checkbox"/> Notarized Affidavit of identity |
|                                                                                                                                            |                                                   | <input type="checkbox"/> Other (specify)                 |
| 7. Authorization/Consent (Usually required if requesting records about another person.)                                                    |                                                   |                                                          |
| <input checked="" type="checkbox"/> I consent to allowing the person named below to see my record                                          |                                                   |                                                          |
| <input type="checkbox"/> Authorization letter/G-28/Power of Attorney/Other (specify)                                                       |                                                   |                                                          |
| Name of person authorized to see record                                                                                                    | Signature of person giving consent                |                                                          |
| Stanley H. Wallenstein                                                                                                                     | Ivana Trump                                       |                                                          |
| 8. Fees: I agree to pay all costs incurred for search, duplication and review of materials up to \$25.00, when applicable.                 |                                                   |                                                          |
| Signature of requester                                                                                                                     | Date                                              | Telephone number (Area code)                             |
| <i>Stanley H. Wallenstein</i>                                                                                                              | March 2, 1990                                     | (212) 693-0010                                           |



**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

|                                                              |                                             |
|--------------------------------------------------------------|---------------------------------------------|
| In re:<br><br><p align="center"><b>Ivana Marie TRUMP</b></p> | DATE<br><p align="center">March 2, 1990</p> |
| FILE NO.<br><p align="center">A35 584 207</p>                |                                             |

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

|                                                                                                                                    |                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| NAME<br><p align="center">Ivana Marie TRUMP</p>                                                                                    | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Beneficiary<br><input checked="" type="checkbox"/> Applicant |
| ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)<br><p align="center">721 Fifth Avenue, New York, New York 10022</p> |                                                                                                                              |
| NAME<br>                                                                                                                           | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Beneficiary<br><input type="checkbox"/> Applicant            |
| ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)                                                                     |                                                                                                                              |

*Check Applicable Item(s) below:*

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia<br><p align="center">UNITED STATES SUPREME COURT</p> <p align="center"><small>(Name of Court)</small></p> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. |
| <input type="checkbox"/>            | I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>            | I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. <i>(If you check this item, also check item 1 or 2 which ever is appropriate.)</i>                                                                                                                                                                                                                                         |
| <input type="checkbox"/>            | Others (Explain fully.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SIGNATURE                           | Atty ID No. 001606                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| COMPLETE ADDRESS                    | 233 Broadway, Suite 1066<br>New York, New York 10279                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NAME (Type or Print)                | TELEPHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| STANLEY H. WALLENSTEIN              | (212)693-0010                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Stanley H. Wallenstein, Esq.

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

ALL MATERIAL IN MY INS FILE.

|                                                                      |                                                                                  |                                             |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|
| NAME OF PERSON CONSENTING<br><p align="center">Ivana Marie Trump</p> | SIGNATURE OF PERSON CONSENTING<br><p align="center"><i>Ivana Marie Trump</i></p> | DATE<br><p align="center">March 2, 1990</p> |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|

*(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)*

# APPLICANT:

BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

| COMPLETE THIS BOX (Family name) | (Given name) | (Middle name) | (Alien registration number) |
|---------------------------------|--------------|---------------|-----------------------------|
| Trump                           | Ivanã        | Marie         | A 35584207                  |
| (OTHER AGENCY USE)              |              |               | INS USE (Office of Origin)  |
|                                 |              |               | OFFICE CODE: ALB            |
|                                 |              |               | TYPE OF CASE: N-400         |
|                                 |              |               | DATE: 3/28/88               |

Immigration and Naturalization Service

For sale by the Superintendent of Documents  
U.S. Government Printing Office  
Washington, D.C. 20402 (Per 100 copies)  
Stock No. 027-082-00170-2

**BIOGRAPHIC INFORMATION**

|                                                                                                          |                              |                               |                                                                             |                                                 |                                                    |                                                    |
|----------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| (Family name)<br><b>Trump</b>                                                                            | (First name)<br><b>Ivana</b> | (Middle name)<br><b>Marie</b> | <input type="checkbox"/> MALE<br><input checked="" type="checkbox"/> FEMALE | BIRTHDATE (Mo.-Day-Yr.)<br><b>Feb. 20, 1949</b> | NATIONALITY<br><b>Czech</b>                        | ALIEN REGISTRATION NO.<br>(If any) <b>35584207</b> |
| ALL OTHER NAMES USED (Including names by previous marriages)<br><b>Ivana Winklmayr Zelnickova (b)(6)</b> |                              |                               | CITY AND COUNTRY OF BIRTH<br><b>Gottwaldov, Czechoslovakia</b>              |                                                 | SOCIAL SECURITY NO.<br>(If any) <b>089-66-3514</b> |                                                    |

|                                              |            |           |                          |                                           |  |
|----------------------------------------------|------------|-----------|--------------------------|-------------------------------------------|--|
| FORMER HUSBANDS OR WIVES (If none, so state) |            |           |                          |                                           |  |
| FAMILY NAME (For wife, give maiden name)     | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE | DATE AND PLACE OF TERMINATION OF MARRIAGE |  |
| <del>721 Fifth Avenue</del>                  |            |           |                          |                                           |  |

| APPLICANT'S RESIDENCE LAST FIVE YEARS: LIST PRESENT ADDRESS FIRST |          |                   |         | FROM  |      | TO           |      |
|-------------------------------------------------------------------|----------|-------------------|---------|-------|------|--------------|------|
| STREET AND NUMBER                                                 | CITY     | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH        | YEAR |
| 721 Fifth Avenue                                                  | New York | New York          | USA     | Feb   | 84   | PRESENT TIME |      |
| 800 Fifth Avenue                                                  | New York | New York          | USA     | April | 78   | Feb          | 84   |
|                                                                   |          |                   |         |       |      |              |      |
|                                                                   |          |                   |         |       |      |              |      |

| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR: |           |                   |         | FROM  |      | TO    |      |
|---------------------------------------------------------------------------|-----------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER                                                         | CITY      | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| 4948 Maissoneuve West                                                     | Westmonte | Quebec            | Canada  |       | 1974 |       | 1977 |

| APPLICANT'S EMPLOYMENT LAST FIVE YEARS: (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST |                      |       | FROM |       | TO   |              |
|-------------------------------------------------------------------------------------------|----------------------|-------|------|-------|------|--------------|
| FULL NAME AND ADDRESS OF EMPLOYER                                                         | OCCUPATION (SPECIFY) | MONTH | YEAR | MONTH | YEAR |              |
| The Trump Organization                                                                    | Exec. VP             |       | 1977 |       |      | PRESENT TIME |
|                                                                                           |                      |       |      |       |      |              |
|                                                                                           |                      |       |      |       |      |              |

Show below last occupation abroad if not shown above. (Include all information requested above.)

|                                                                 |                                               |                                                                                                                |             |
|-----------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|
| <b>Jay Peak, Vermont</b>                                        | <b>Ski Instructor</b>                         | <b>1974</b>                                                                                                    | <b>1977</b> |
| THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:      |                                               | SIGNATURE OF APPLICANT OR PETITIONER                                                                           |             |
| <input checked="" type="checkbox"/> NATURALIZATION              | <input type="checkbox"/> ADJUSTMENT OF STATUS | X <i>Ivana Marie Trump</i>                                                                                     |             |
| <input type="checkbox"/> OTHER (SPECIFY):                       |                                               |                                                                                                                |             |
| Are all copies legible? <input checked="" type="checkbox"/> Yes |                                               | IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE: |             |

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

|                                  |              |               |                             |
|----------------------------------|--------------|---------------|-----------------------------|
| COMPLETE THIS BOX: (Family name) | (Given name) | (Middle name) | (Alien registration number) |
| <b>Trump</b>                     | <b>Ivana</b> | <b>Marie</b>  | <b>A 35584207</b>           |

|                    |                                                                               |
|--------------------|-------------------------------------------------------------------------------|
| (OTHER AGENCY USE) | INS USE (Office of Origin)                                                    |
|                    | OFFICE CODE: <i>ALW</i><br>TYPE OF CASE: <i>N-400</i><br>DATE: <i>3/25/89</i> |

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME Ivana MIDDLE NAME Marie

381114125203

SIGNATURE OF PERSON FINGERPRINTED

*Ivana Marie Trump*

ALIASES AKA

None

D  
R  
I

NYINSNY00  
USINS  
NEW YORK NY

DATE OF BIRTH DOB

Months Day Year  
2 20 1949

RESIDENCE OF PERSON FINGERPRINTED

721 Fifth Avenue N.Y.N.Y.

CITIZENSHIP CTZ

CANADA

SEX

F

RACE

Cau 5'8"

HGT.

WGT.

EYES

Brn

HAIR

Bld

PLACE OF BIRTH POB

Czechoslovakia

DATE

3/28/84

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

*[Signature]*

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

089 66 3514

MISCELLANEOUS NO. MNU

LEAVE BLANK 555 123

SM 13-1

CLASS

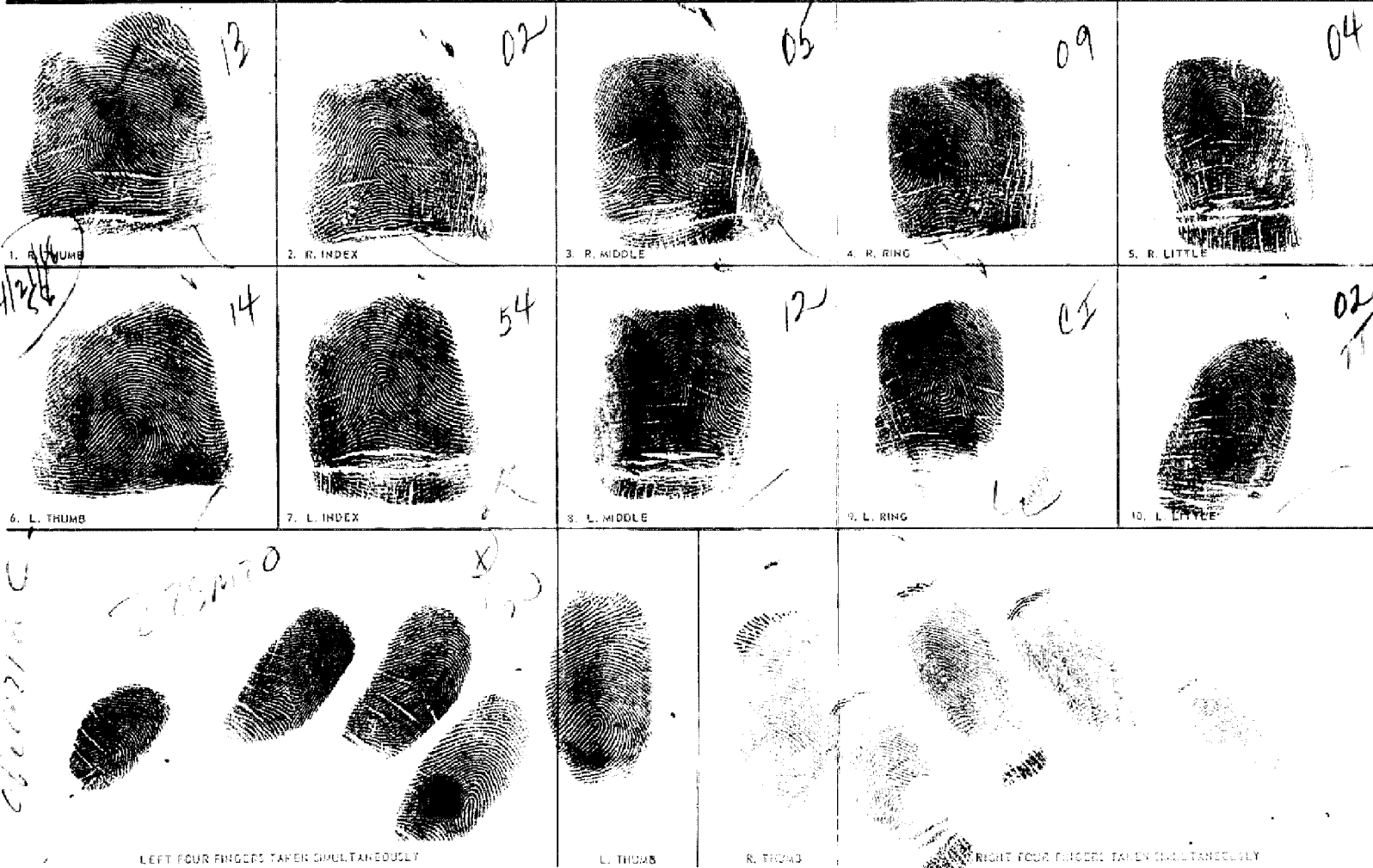
13 M 1 U III 4  
M 2 R TOT

REF.

REASON FINGERPRINTED

Citizenship

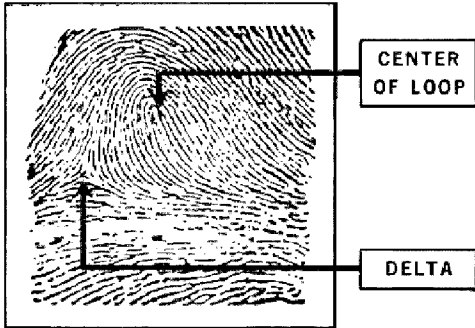
A 55 554-207



**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20537**

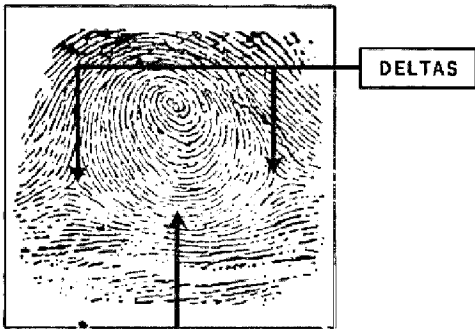
**APPLICANT**

**1. LOOP**



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

**TO OBTAIN CLASSIFIABLE FINGERPRINTS:**

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

**INSTRUCTIONS:**

- \*1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  - \*\*3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA.).

LEAVE THIS SPACE BLANK

7743

**NO ARREST RECORD**

**APR 21 1988**

**IDENTIFICATION DIVISION  
FBI**

**RETURN PRINT  
RECORDED  
APR 20 1988  
IDENT. DIV. 84**

Boyers, PA



(b)(6)

*File Copy*

IVANA Marie Trump  
721 FIFTH AVENUE  
NEW YORK, N.Y. 10022

Petition No. 960112  
AR# A35 584207  
Date 4/28/88

You are hereby notified to appear for a hearing on your petition for naturalization before a judge of the naturalization court on May 25, 1988

at  
United States Court House, 40 Foley Square,  
Main Entrance  
Room 110, Manhattan, New York City.  
Please report promptly at 8:30 AM.

If the judge finds you qualified for naturalization, you will be sworn in as a citizen.

YOU MUST BRING WITH YOU THE ITEMS MARKED  BELOW:

- This letter, WITH ALL OF THE QUESTIONS ON THE OTHER SIDE ANSWERED IN INK OR ON A TYPEWRITER.
- Alien Registration Receipt Card.
- Reentry Permit, or Refugee Travel Document.
- Any Immigration documents you may have.
- Your child (children): \_\_\_\_\_
- Other

Proper attire should be worn in court.

If you cannot come to this hearing, return this notice immediately and state why you cannot appear. In such case, you will be sent another notice of hearing at a later date.

*mailed  
4/28/88*

U.S. Department of Justice  
Immigration and Naturalization Service

To Petitioner:

In connection with the hearing to be held on your petition for naturalization, answer each of the questions below "Yes" or "No" without giving any further explanation.

The questions refer only to what has happened after the date you appeared and filed your petition for naturalization. They do not refer to anything that happened before that date.

After you have answered every question, sign your name, give your address, and fill in the date and place of signing.

You must BRING THIS COMPLETED LETTER WITH YOU to the hearing and give it to the naturalization examiner, who will question you further on your answers.

After the date you filed your petition:

1. Have you married, or been widowed, separated, or divorced?  
(If "yes" please bring the proper document, i.e.: marriage certificate, death certificate, divorce decree, separation agreement, etc.) (1) Answer \_\_\_\_\_
2. Have you been absent from the United States? (2) Answer \_\_\_\_\_
3. Have you knowingly committed any crime or offense, for which you have not been arrested; or have you been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, including traffic violations? (3) Answer \_\_\_\_\_
4. Have you joined any organization, including the Communist Party, or become associated or connected therewith in any way? (4) Answer \_\_\_\_\_
5. Have you claimed exemption from military service? (5) Answer \_\_\_\_\_
6. Has there been any change in your willingness to bear arms on behalf of the United States; to perform non-combatant service in the armed forces of the United States; to perform work of national importance under civilian direction, if the law requires it? (6) Answer \_\_\_\_\_
7. The law provides that a petitioner for naturalization shall not be regarded as a person of good moral character who, at any time after the filing of the petition for naturalization, has advocated in polygamy or been a polygamist; received income mostly from illegal gambling; been a prostitute or procured anyone for prostitution; knowingly and for gain encouraged or helped an alien to enter the United States illegally; been an illicit trafficker in drugs or marihuana; or has been a habitual drunkard. Have you been such a person or committed any of these acts? (7) Answer \_\_\_\_\_

I certify that each of the answers shown above were made by me or at my direction, and that they are true and correct.

Signed at \_\_\_\_\_, on \_\_\_\_\_  
(City and State) (Date)

\_\_\_\_\_  
(Full Signature)

\_\_\_\_\_  
\* (Full Address and ZIP Code)



Authority for collection of the information requested on Form N-445 is contained in Sections 101(f), 316, 332, 335 and 336 of the Immigration and Nationality Act (8 U.S.C. 1101(f), 1427, 1443, 1446 and 1447). The principal purposes for requesting the information are to enable designated examiners of the Immigration and Naturalization Service to determine a petitioner's eligibility for naturalization and to make appropriate recommendations to the naturalization courts. The information requested may, as a matter of routine use, be disclosed to naturalization courts and to other federal, state, local or foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, the Selective Service System, the Department of State, the Department of the Treasury, the Department of Transportation, Central Intelligence Agency, Interpol and individuals and organizations in the processing of any application or petition for naturalization, or during the course of investigation to elicit further information required by the Immigration and Naturalization Service to carry out its functions. Information solicited which indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide all or any of the requested information may result in an unfavorable recommendation as to a petitioner's eligibility for naturalization and denial by the court of a petition for naturalization.

APR 27 1989

1/ Who is the Vice President of the U.S.?

2/ Who is the Governor of New York?

3/ What do the 13 stripes represent on the flag?

4/ How many U.S. Senators are from New York?

5/ How many stars are on the American flag?

6/ Who is the mayor of New York City?

7/ Who makes the laws for the U.S.?

8/ What is the capital of New York?

9/ What is the capital of the U.S.?

10/ When is Independence Day?

Ivana Marie TRUMP  
NAME OF APPLICANT OR PETITIONER

PETITION NUMBER

A33 584 207  
FILE NUMBER

THE FOLLOWING IS A DEMONSTRATION OF THE ABILITY OF THE ABOVE-NAMED APPLICANT OR PETITIONER TO MEET THE REQUIREMENTS FOR NATURALIZATION.

TEST Writing

A. ATTEMPT OF PETITIONER OR APPLICANT

- 1. His occupation is CEO of Trump Organization;
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

B. EXAMINER'S REQUEST

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

APR 27 1988

DATE

Connie M. Lewis

Examiner

U.S. NATURALIZATION EXAMINER

Ivana M. Trump  
SIGNATURE OF PETITIONER OR APPLICANT



U.S. Department of Justice

Immigration and Naturalization Service

26 Federal Plaza  
New York, NY 10278  
NYC 71/41  
A35 584 204

April 21, 1988

Ivana M. Trump  
Trump's Castle Hotel and Casino  
Huron Avenue and Brigantine Boulevard  
Atlantic City, New Jersey 08401

Dear Ms. Trump:

Reference is made to your Application to File a Petition for Naturalization (Form N-400), submitted to the Immigration and Naturalization Service in Albany on or about March 28, 1988.

Because your place of residence is within the jurisdiction of the United States District Court, Southern District of New York, your administrative file has been forwarded to me for appropriate action. Please contact me by telephone  or in writing, in order to schedule an appointment for you to be interviewed at this office.

(b)(6)

Your cooperation in this matter is appreciated.

Sincerely,

*Christine E.R. Petersen*

Christine E.R. Petersen  
Assistant District Director  
Examinations

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

TRUMP IVANA Marie

SIGNATURE OF PERSON FINGERPRINTED  
X IVANA Marie Trump

ALIASES AKA

NYINSALOO  
USINS  
ALBANY NY

RESIDENCE OF PERSON FINGERPRINTED  
721 F. 4th Ave N.Y. N.Y.

DATE OF BIRTH DOB  
Month Day Year  
2-20-49

DATE 3/25/88 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS  
[Signature]

CITIZENSHIP CTZ  
CANADA  
YOUR NO OCA

SEX F RACE CAU HGT 5'8" WGT  EYES BLU HAIR BLK

PLACE OF BIRTH POB  
CZECHOSLOVAKIA

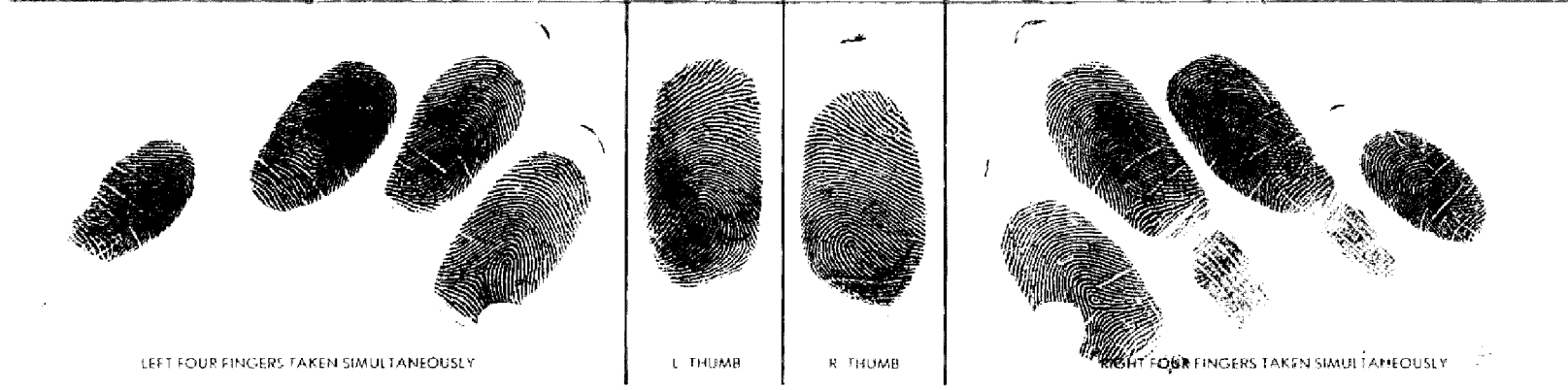
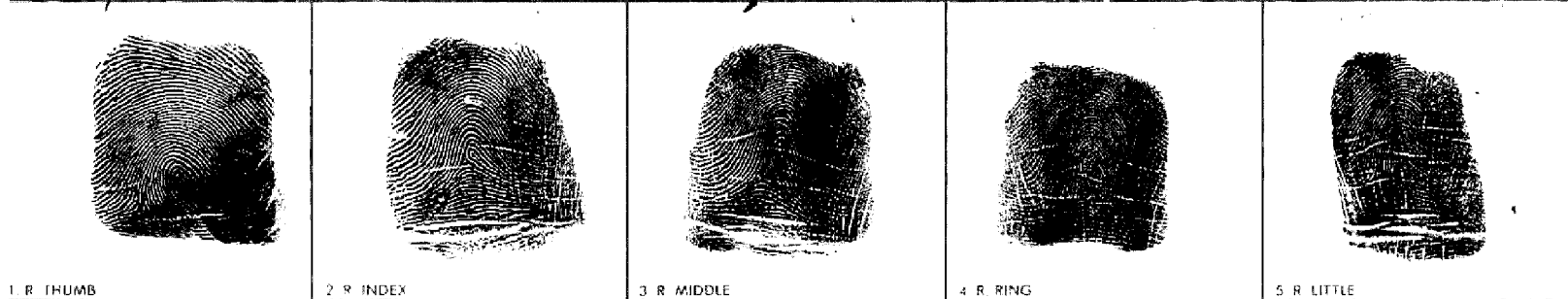
EMPLOYER AND ADDRESS  
TRUMP ORGANIZATION  
725 F. 4th Ave  
New York N.Y.

FBI NO FBI  
ARMED FORCES NO MNU

LEAVE BLANK  
CLASS \_\_\_\_\_  
REF \_\_\_\_\_

REASON FINGERPRINTED  
CITIZENSHIP  
A-35-584-207

SOCIAL SECURITY NO. SOC  
089-66-7514  
MISCELLANEOUS NO MNU

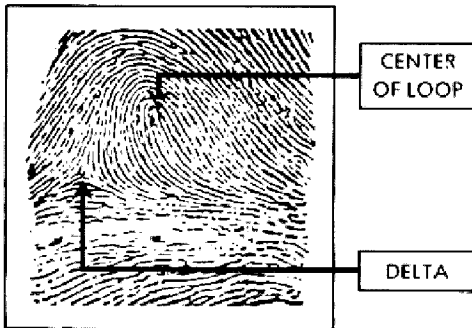


**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE**

**WASHINGTON, D. C. 20537**

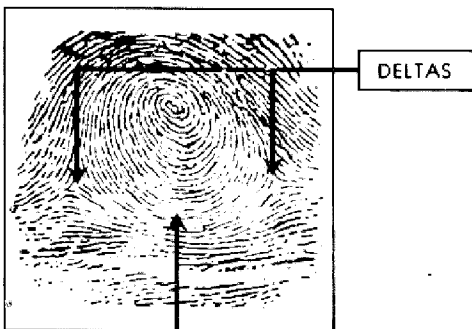
**APPLICANT**

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**2. WHORL**



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

**3. ARCH**



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- MISCELLANEOUS NO. ; RECORD OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

*Extra set of prints*

Immigration and Naturalization Service

For sale by the Superintendent of Documents  
U.S. Government Printing Office  
Washington, D.C. 20402 (Per 100 copies)  
Stock No. 027-002-00170-2

**BIOGRAPHIC INFORMATION**

|                                                                                                   |                              |                               |                                                                             |                                                |                                                    |                                                    |
|---------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|-----------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| (Family name)<br><b>Trump</b>                                                                     | (First name)<br><b>Ivana</b> | (Middle name)<br><b>Marie</b> | <input type="checkbox"/> MALE<br><input checked="" type="checkbox"/> FEMALE | BIRTHDATE(Mo.-Day-Yr.)<br><b>Feb. 20, 1949</b> | NATIONALITY<br><b>Czech</b>                        | ALIEN REGISTRATION NO.<br>(If any) <b>35584207</b> |
| ALL OTHER NAMES USED (Including names by previous marriages)<br><b>Ivana Winklmayr Zelnickova</b> |                              |                               | CITY AND COUNTRY OF BIRTH<br><b>Gottwaldov, Czechoslovakia</b>              |                                                | SOCIAL SECURITY NO.<br>(If any) <b>089-66-3514</b> |                                                    |

| FORMER HUSBANDS OR WIVES(if none,so state) |            |           |                          |                                           |
|--------------------------------------------|------------|-----------|--------------------------|-------------------------------------------|
| FAMILY NAME (For wife, give maiden name)   | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE | DATE AND PLACE OF TERMINATION OF MARRIAGE |
| <del>721-Fifth Avenue--</del>              |            |           |                          |                                           |

| APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST. |          |                   |         | FROM  |      | TO           |      |
|--------------------------------------------------------------------|----------|-------------------|---------|-------|------|--------------|------|
| STREET AND NUMBER                                                  | CITY     | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH        | YEAR |
| 721 Fifth Avenue                                                   | New York | New York          | USA     | Feb   | 84   | PRESENT TIME |      |
| 800 Fifth Avenue                                                   | New York | New York          | USA     | April | 78   | Feb          | 84   |

| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR |           |                   |         | FROM  |      | TO    |      |
|--------------------------------------------------------------------------|-----------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER                                                        | CITY      | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| 4948 Maissonneuve West                                                   | Westmonte | Quebec            | Canada  |       | 1974 |       | 1977 |

| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST |                      |       | FROM |       | TO           |  |
|--------------------------------------------------------------------------------------------|----------------------|-------|------|-------|--------------|--|
| FULL NAME AND ADDRESS OF EMPLOYER                                                          | OCCUPATION (SPECIFY) | MONTH | YEAR | MONTH | YEAR         |  |
| The Trump Organization                                                                     | Exec. VP             |       | 1977 |       | PRESENT TIME |  |

Show below last occupation abroad if not shown above. (Include all information requested above.)

|                   |                |      |      |
|-------------------|----------------|------|------|
| Jay Peak, Vermont | Ski Instructor | 1974 | 1977 |
|-------------------|----------------|------|------|

|                                                                                                                                                                                                             |                                                                                                                |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|
| THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:<br><input checked="" type="checkbox"/> NATURALIZATION <input type="checkbox"/> ADJUSTMENT OF STATUS<br><input type="checkbox"/> OTHER (SPECIFY): | SIGNATURE OF APPLICANT OR PETITIONER<br><i>Ivana Marie Trumpy</i>                                              | DATE |
| Are all copies legible? <input checked="" type="checkbox"/> Yes                                                                                                                                             | IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE: |      |

(b)(6)

IMMIGRATION AND NATURALIZATION SERVICE  
970 BROAD STREET NEWARK NJ 7102

NEW850541

STATE OF NEW JERSEY  
DEPT OF LAW & PUBLIC SAFETY  
DIVISION OF GAMING ENFORCEMENT  
CN047  
TRENTON NEW JERSEY  
08625

SUBJECT : IVANA MARIE TRUMP (ZELNICK)

DEAR REQUESTOR:

WE RECEIVED YOUR REQUEST FOR INFORMATION FROM THE IMMIGRATION AND  
NATURALIZATION SERVICE ON 08/21/85.

YOUR REQUEST IS BEING CONSIDERED UNDER THE PROVISIONS OF THE  
FREEDOM OF INFORMATION ACT AND/OR THE PRIVACY ACT, AS APPROPRIATE.  
WE HAVE ASSIGNED YOUR REQUEST THE FOLLOWING FOIA/PA CONTROL NUMBER:  
NEW850541. PLEASE REFER TO THIS NUMBER ON ANY FURTHER COMMUNICATION  
REGARDING THIS REQUEST.

WE WILL ANSWER YOUR REQUEST AS QUICKLY AS POSSIBLE. HOWEVER, DUE TO  
MANY CIRCUMSTANCES IT MAY TAKE LONGER TO COMPLY WITH YOUR REQUEST  
THAN WE CAN DETERMINE AT THIS TIME.

FEES MAY BE CHARGED FOR SEARCHING FOR RECORDS AND/OR REPRODUCING  
COPIES. THE FEE RATES ARE \$1.00 PER QUARTER HOUR (CLERICAL TIME)  
AND \$2.00 PER QUARTER HOUR (NON-CLERICAL TIME) TO SEARCH FOR RECORDS.  
THE COST FOR COPIES IS \$.10 PER PAGE. FEES ARE WAIVED WHENEVER THE  
TOTAL COSTS ARE UNDER \$3.00.

WE WILL ASSUME THAT YOU ARE WILLING TO PAY FEES UP TO \$25.00. IF NOT  
PLEASE CONTACT US IMMEDIATELY. IF IT IS ANTICIPATED THAT FEES WILL  
EXCEED \$25.00, WE WILL NOTIFY YOU AND GET YOUR AUTHORIZATION BEFORE  
PROCEEDING FURTHER WITH YOUR REQUEST.

SINCERELY,



STATE OF NEW JERSEY  
970 BRAD STREET NEWARK NJ 07102

NEWS56541

STATE OF NEW JERSEY  
DEPT OF LAW & PUBLIC SAFETY  
DIVISION OF PAROLE ENFORCEMENT  
CP547  
TRENTON NEW JERSEY  
08635

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NEWS56541. PLEASE REFER TO THIS NUMBER ON ANY FURTHER COMMUNICATION  
REGARDING THIS REQUEST.

WE WILL ANSWER YOUR REQUEST AS QUICKLY AS POSSIBLE. HOWEVER, DUE TO  
MANY CIRCUMSTANCES IT MAY TAKE LONGER TO COMPLY WITH YOUR REQUEST  
THAN WE CAN DETERMINE AT THIS TIME.

FEES MAY BE CHARGED FOR SEARCHING FOR RECORDS AND/OR REPRODUCING  
COPIES. THE FEE RATES ARE \$1.00 PER QUARTER HOUR (CLERICAL TIME)  
AND \$2.00 PER QUARTER HOUR (NON-CLERICAL TIME) TO SEARCH FOR RECORDS.  
THE COST FOR COPIES IS \$.10 PER PAGE. FEES ARE WAIVED WHENEVER THE  
TOTAL COSTS ARE UNDER \$3.00.

WE WILL ASSUME THAT YOU ARE WILLING TO PAY FEES UP TO \$25.00. IF NOT  
PLEASE CONTACT US IMMEDIATELY. IF IT IS ANTICIPATED THAT FEES WILL  
EXCEED \$25.00, WE WILL NOTIFY YOU AND GET YOUR AUTHORIZATION BEFORE  
PROCEEDING FURTHER WITH YOUR REQUEST.

SINCERELY,

UNITED STATES DEPARTMENT OF JUSTICE  
 IMMIGRATION AND NATURALIZATION SERVICE  
 26 Federal Plaza  
 New York, New York 10007

NAME AND ADDRESS OF APPLICANT/PETITIONER

Irena T. P.  
 300 Fifth Avenue, 140  
 New York, NY 10001

|                         |
|-------------------------|
| NAME OF BENEFICIARY     |
| DATE<br>7-9-80          |
| FILE NO.<br>A35 584 307 |

PLEASE NOTE OR COMPLY WITH THE BELOW CHECKED  INSTRUCTIONS.

- 1. The above application/petition and its supporting documents are attached.
- 2. The above application/petition and its supporting documents have been forwarded to your attorney or representative.
- 3. Please complete the blocks on your enclosed application/petition which are checked  in red.
- 4. Furnish the required fee of \$ \_\_\_\_\_.
- 5. Furnish the birth or baptismal certificate of \_\_\_\_\_.
- 6. Furnish the marriage certificate of \_\_\_\_\_.
- 7. Furnish proof of death or legal termination of marriage of \_\_\_\_\_.
- 8. All foreign language documents must be accompanied by English translations thereof, including certification as to accuracy of translation and competency of translator.
- 9. Furnish the date and port of each of your entries into the United States and the name of the ship, plane, or other vehicle on which you traveled.
- 10. Attached are Department of Labor Forms and instructions. Please comply and return your petition or application to us with the proper attachments.
- 11. You have indicated that you do not intend to seek employment. You must furnish evidence that you have sufficient funds or other means of maintaining yourself in this country.
- 12. Furnish two photographs, 1/2 x 1/2" with distance from top of head to point of chin 1/4". Machine-made photos not acceptable.
- 13. It will be necessary for blood tests to be made of the following person(s) to help establish relationship.

The person(s) being tested must follow the instructions contained on the attached Forms G-620. It is to be understood that the government is to incur no liability in connection with the tests and expenses thereof must be paid by you.

- 14. You may now apply for adjustment of status for yourself and the below listed persons on the attached forms.
- 15. Your proof of status document has been checked and is attached. Your application/petition is being processed and will be completed in the near future.
- 16. This application must be submitted IN PERSON by the applicant along with the attached form ER-530. Also carefully note the instructions concerning photographs on this form. Two color photographs of every applicant, regardless of age, must be submitted.

Report to the 3rd floor ("White Area") of the federal building located at 26 Federal Plaza, New York City between 7:30 AM-9:30 AM Monday through Friday.  
 You must sign I-90.

ENCLOS: I-90  
 ER-530

29

11075160

*J* 4-18

*NYC*

IV 5584207

UNITED STATES OF AMERICA  
**IMMIGRANT VISA AND ALIEN REGISTRATION**

THE IMMIGRANT  
 HAS  HAS NOT  
BEEN PREVIOUSLY IN  
THE UNITED STATES

OF: (Family Name) **WINKLMAYR, TRUMP** (First Name) **Ivana** (Middle Name) **Marie**

I & NS FILE NUMBER, IF KNOWN

ACTION BY IMMIGRANT INSPECTOR  
*NYC* U. S. IMMIGRATION  
OFFICE - MONTREAL  
**030030**  
**OCT 23 1978**  
**IR-1**

THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA

**EA 547**  
(Name of vessel or flight no. of arrival)

SEC. 212(a)(14) LABOR CERTIFICATION

NOT APPLICABLE  
 STATUTORY EXEMPT  
 ATTACHED  
 NOT REQUIRED

INELIGIBILITY FOR VISA WAIVED UNDER SECTION

212(e)  212(h)  
 212(g)  212(i)

MO. DAY-YR. OF BIRTH: 02-20-49 COUNTRY OF BIRTH: Czechoslovakia OCCUPATION: Modeler COUNTRY OF LAST RESIDENCE: USA MARITAL STATUS:  M  S  W  D  SEP SEX:  F  M NATIONALITY: Canadian

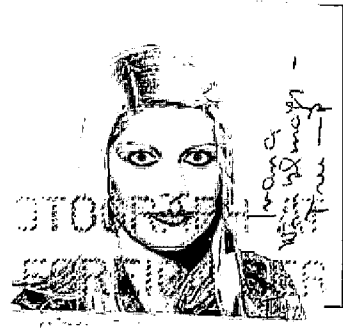
FINAL ADDRESS IN THE UNITED STATES: STREET ADDRESS: 800 Fifth Ave. Apt 34F CITY, STATE, AND ZIP CODE, IF AVAILABLE: New York, NY 10021

ACTION OF S.I.O. ACTION ON APPEAL U.S.P.H.S.

This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the bearer to enter the United States if at the time he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.

CONSULATE GENERAL OF THE UNITED STATES OF AMERICA  
*AMERICAN*  
AT MONTREAL, CANADA  
*Anthony Benesch*  
ANTHONY BENESCH  
VICE CONSUL OF THE UNITED STATES OF AMERICA  
of the United States of America.

**IMMIGRANT CLASSIFICATION**  
CLASSIFICATION SYMBOL: IR-1 **000**  
FOREIGN STATE/OTHER AREA LIMITATION  
IMMIGRANT VISA NO. **6100**  
ISSUED ON: 23 October 1978  
THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF: 22 February 1979



**PASSPORT**  
NO. HJ539991  
OR OTHER TRAVEL DOCUMENTS (Describe)  
ISSUED TO: Ivana Winklmayr-Trump (nee Zelnickova)  
BY: The Department of External Affairs, Ottawa, Canada

ON May 26, 1978  
EXPIRES May 26, 1983  
IV 5584207

Tariff Item No. 21  
Fee Paid \$20  
Local Cy Equiv. gm

OPTIONAL FORM 230 (English) (Rev. 4-77)  
(Formerly FS-510)  
DEPT. OF STATE  
50230-103

## APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

**INSTRUCTIONS:** This form must be filled out in **DUPLICATE** by typewriter, or if by hand in legible block letters. All questions must be answered, if applicable. Questions which are not applicable should be so marked. If there is insufficient room on the form, answer on separate sheets, in duplicate using the same numbers as appear on the form. Attach the sheets to the forms. **DO NOT SIGN** this form until instructed to do so by the consular officer. The fee for filing this application for an immigrant visa is \$5.00. The fee should be paid in United States dollars or local currency equivalent or by bank draft, when you appear before the consular officer.

**WARNING:** Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be grounds for your prosecution and/or deportation.

① 1. Family name WINKLMAYR - TRUMP First name IUANA Middle name MARIE WINKLMAYR

② 2. Other names used, or by which known (If married woman, give maiden name) Dr. Iuana Winklmayr - nee ZELNICKOVA

③ 3. Full name in native alphabet (If Roman letters not used) NA

4. Date of birth (Day) (Month) (Year) 20 2 1949 5. Age 29 6. Place of birth (City or town) (Province) (Country) Gottwaldov Czechoslovakia

7. Nationality CANADA 8. Sex  Male  Female 9. Marital status  Single (never married)  Married  Widowed  Divorced  Separated Including my present marriage, I have been married Two times.

10. Occupation Model 11. Present address 4998. Maisonneuve W # 1502 Mont.

12. Name, address and date of last visit to United States (b)(6)

13. Names, addresses, dates and places of birth of all children.

14. Person(s) named in 12 and 13 who will accompany or follow me to the United States (b)(6) 15. Final address in the United States 800. Fifth Ave # 34F  
New York, N.Y.C 10021

16. Person you intend to join (Give name, address and relationship if any) 17. Name and address of sponsoring person or organization (If different from 16) (b)(6) Same

18. Personal description (a) Color of hair blond (c) Height 5 feet 8 inches 19. Marks of identification (b)(6) NONE

(b) Color of eyes brown (d) Complexion white 20. Purpose in going to the United States Marriage

21. Length of intended stay (If permanently, so state) (b)(6) 22. Intended port of entry JFK N.Y.C 23. Do you have a ticket to final destination? (b)(6) yes Car Travel

24. Personal financial resources

- (a) Cash .....
- (b) Bank deposits 150,000
- (c) Real estate (value) Trump village Commodore Hotel
- (d) Other (describe) Beach houses apartments

27. Name, address and relationship of next of kin in home country (If neither parent is living)

(10) NA

(b)(6)

28. List all places of residence for 6 months or more since your sixteenth birthday

| City or town   | Province | Country    | Dates (From-To) | Calling or occupation |
|----------------|----------|------------|-----------------|-----------------------|
| Czechoslovakia |          | Gottwaldov | birth - 1970    | student               |
| Austria        |          | Wien       | 1970 - 1973     | model                 |
| CANADA         |          | Montreal   | 1973 - 1978     | model                 |

29. List all organizations you are now or have been a member of or affiliated with since your sixteenth birthday (Include professional, vocational, social and political organizations)

| Name and address  | Dates (From-To) | Type of membership and office held, if any |
|-------------------|-----------------|--------------------------------------------|
| Ski Club Prague   | 1965 - 1968     | member                                     |
| Wien              | 1968 - 1972     | member                                     |
| Jet Pack Ski Club | 1973 - 1976     | ski instructor                             |

30. List all languages, including your own, that you can speak, read and write

| Language                | Read                                | Speak                               | Write                               |
|-------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Germany, Czech, English | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

31. Inclusive dates of previous residence in or visits to the United States (Give type of visa or status) (If never, so state)

1975 - 1978 visits  
1977 - 1978 ski instructor Jet Pack - working visa

32. Have you ever been treated in a hospital, institution or elsewhere for a mental disorder, drug addiction or alcoholism? (If answer is Yes, explain) Yes  No

33. Have you ever been arrested, convicted or confined in a prison, or have you ever been placed in a poorhouse or other charitable institution? (If answer is Yes, explain) Yes  No

34. Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? (If answer is Yes, explain) Yes  No

9/73 B2 Prague  
3/73 B2 Prague (Feb 74 & 12/75 H-2 Montreal) (BCC 12/75 MTL)

35. Have you ever applied for a visa to enter the United States? (If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa and whether the visa was issued or refused) Yes  No

Montreal B2 6/72, 3/74, 3/75 (C-1, 6/73 MTL)

36. Have you been refused admission to the United States during the last 12 months? (If answer is Yes, explain) Yes  No

37. Have you ever registered with a draft board under United States Selective Service Laws? (If answer is Yes, explain) Yes  No

38. Have you ever applied for relief from training and service in the United States armed forces or departed from or remained outside the United States to avoid or evade military service? (If answer is Yes, explain) Yes  No

39. Do you intend to enter the United States from Canada, Mexico or an island adjacent to the United States within two years after arrival in Canada, Mexico or such adjacent island? (If answer is Yes, give the name of the transportation company by which you entered or intend to enter Canada, Mexico or such island) Yes  No

40. United States laws governing the issuance of visas require each applicant to state whether or not he is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below. You should read carefully the following paragraphs; your understanding of their content and the answers you give the questions that follow will assist the consular officer to reach a decision on your eligibility to receive a visa.

EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE INELIGIBLE TO RECEIVE AN IMMIGRANT VISA:

(a) Aliens who are mentally retarded, insane, or who have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, a mental defect, narcotic drug addiction, chronic alcoholism, or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars, or vagrants; aliens convicted of a crime involving moral turpitude or who admit committing the essential elements of such a crime, or who have been sentenced to confinement for at least five years in the aggregate for conviction of two or more crimes; aliens who are polygamists, or who practice or advocate polygamy; aliens who are prostitutes, or who have engaged in, benefited financially from, procured or imported persons for the purpose of prostitution, or who seek entry to the United States to engage in prostitution or other commercialized vice, or any immoral sexual act; aliens who seek entry to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor; and aliens likely to become a public charge in the United States.

Do any of the foregoing classes apply to you? Yes  No  (If answer is Yes, explain)

(b) Aliens who seek re-entry within one year of their exclusion from the United States, or who have been arrested and deported from the United States, or removed at Government expense in lieu of deportation, or removed as an alien in distress or as an alien enemy; aliens who procure or attempt to procure a visa or other documentation by fraud or willful misrepresentation; aliens who are not eligible to acquire United States citizenship, or who have departed from or remained outside the United States to avoid United States military service in time of war or national emergency; aliens who have been convicted for violating or for conspiring to violate certain laws or regulations relating to narcotic drugs or marihuana, or who are known or believed to be, or to have been, an illicit trafficker in narcotic drugs or marihuana; aliens seeking entry from foreign contiguous territory or adjacent islands within two years of their arrival therein on a non-signatory carrier; aliens who are unable to read and understand some language or dialect; aliens who, knowingly and for gain, have encouraged or assisted any other alien to enter, or attempt to enter, the United States in violation of law; aliens who are former exchange visitors who have not fulfilled the two-year foreign residence requirement; and aliens who are graduates of foreign medical schools destined to the United States to perform medical services are ineligible for a visa unless they have passed parts I and II of the NBME Exam or an equivalent exam as determined by the Department of Health, Education, and Welfare.

Do any of the foregoing classes apply to you? Yes  No  (If answer is Yes, explain)

(c) Aliens who are, or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who advocate or teach, or who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (1) opposition to organized government, (2) the overthrow of government by force and violence, (3) the assaulting or killing of government officials because of their official character, (4) the unlawful destruction of property, (5) sabotage, or (6) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; and aliens who seek to enter the United States to engage in prejudicial activities or unlawful activities of a subversive nature.

Do any of the foregoing classes apply to you? Yes  No  (If answer is Yes, explain)

41. Were you assisted in completing this application? (If answer is Yes, give name and address of person assisting you indicating whether relative, friend, travel agent, attorney or other) Yes  No

| Name | Address | Relationship |
|------|---------|--------------|
|      |         |              |

(b)(6)

42. The following documents are submitted in support of this application:

- Passport
- Birth certificate
- Police certificate(s)
- Marriage certificate
- Death certificate
- Divorce decree
- Military record
- Evidence of own assets
- Affidavit of support
- Offer of employment
- Medical record(s)
- Photographs
- Other (describe) Transl. of BC
- Birth Certificate of Spouse
- Birth Certificates of unmarried children under age 21 who will not be immigrating at this time (list those for whom birth certificates are not available or whose birth certificates are being submitted at this time in connection with a visa application.)

DO NOT WRITE BELOW THE FOLLOWING LINE

The consular officer will assist you in answering parts 43 and 44

43. I claim to be exempt from ineligibility to receive a visa and exclusion under item ..... in part 40 for the following reasons:

- |                                                    |                             |                                            |                                 |
|----------------------------------------------------|-----------------------------|--------------------------------------------|---------------------------------|
| 212(a)(14)                                         | Beneficiary of Waiver under | <input type="checkbox"/> 212(a)(28)(I)(i)  | <input type="checkbox"/> 212(e) |
| <input checked="" type="checkbox"/> Not Applicable |                             | <input type="checkbox"/> 212(a)(28)(1)(ii) | <input type="checkbox"/> 212(g) |
| <input type="checkbox"/> Attached                  |                             | <input type="checkbox"/> 212(b)(1)         | <input type="checkbox"/> 212(h) |
|                                                    |                             | <input type="checkbox"/> 212(b)(2)         | <input type="checkbox"/> 212(i) |

44. I claim to be a

- ..... preference immigrant subject to the numerical limitation for ..... (foreign state or dependent area)
  - Special immigrant not subject to limitation
  - Immediate relative of a United States citizen SPOUSE OF A USC
- My claim is based on the following facts:
- I am (my ..... is) the beneficiary of a ..... petition.
  - I am a returning resident alien.
  - I derive foreign state chargeability under Section 202(b) through my .....
  - Other (specify) .....

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application have been made by me, including the answers to parts 32 through 41 inclusive, and are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to, or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

fp., taken 10-23-78

*to Inara W. Trump*  
 \_\_\_\_\_  
 (Signature of Applicant)

The relationships claimed in items 12 and 13 verified by documentation submitted to consular officer except as noted:

CONSULATE GENERAL OF THE  
 UNITED STATES OF AMERICA  
 MONTREAL, P. Q. CANADA

Subscribed and sworn to before me this 23rd day of October, 1978 at .....

TARIFF ITEM NO. 20 sb

THE CORRECTIONS MADE THROUGH 172  
 ARE A RESULT OF THE .....  
 .....

*Anthony Benesch*  
 \_\_\_\_\_  
 ANTHONY BENESCH (ficer)  
 VICE CONSUL OF THE  
 UNITED STATES OF AMERICA



DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

CERTIFICATE REGARDING DOCUMENTS REQUIRED BY 22 CFR 42.111(b)  
WHICH ARE UNOBTAINABLE

I, the undersigned Vice Consul of the United States of America in and for the consular district of Montreal, Canada have determined that the document(s) indicated below is (are) unobtainable by Ivana TRUMP an applicant for an immigrant visa, for the following reasons:

- The document(s) is (are) considered to be unobtainable because it (they) cannot be procured without causing to the applicant or a member of his family actual hardship, other than normal delay or inconvenience.
- He (she) does not wish to attempt to obtain such document(s) from the present Communist or Communist-controlled government of his (her) native country, for personal and/or political reasons.

There is attached in lieu of the required document(s):

- (a)  A certificate from the appropriate authority showing that in this particular case the missing document was never properly recorded, together with:
- (b)  (describe the secondary evidence and give your reasons for accepting it)

October 23, 1978

Date \_\_\_\_\_

Anthony Benesch  
(signature)

ANTHONY BENESCH  
VICE CONSUL OF THE  
UNITED STATES OF AMERICA

(SEAL)



Unobtainable documentation:  Birth certificate  Police certificate(s)  
from Czechoslovakia

Military record  Marriage certificate  Death certificate

Divorce decree  (other, describe) \_\_\_\_\_

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



PETITION TO  
CLASSIFY STATUS OF  
ALIEN RELATIVE FOR  
ISSUANCE OF  
IMMIGRANT VISA

PLEASE NOTE  
YOU ARE THE PETITIONER  
AND YOUR RELATIVE  
IS THE  
BENEFICIARY

Fee Stamp  
\$10.00 Fee Paid  
American Consulate General  
Montreal, P. Q.  
10-477

|                                                                                                 |                                                                |                  |                               |                                                                                     |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------|-------------------------------|-------------------------------------------------------------------------------------|
| 1. Name of beneficiary (Last, in CAPS)<br>TRUMP                                                 | (First)<br>IVANA                                               | (Middle)<br>W.M. | 2. Do Not Write in This Space | 3. Names, birth dates and countries of birth of beneficiary's children:<br><br>None |
| 4. Other names used: (including maiden name if married)<br>formerly WINKLMAYR (nee: ZELNICKOVA) |                                                                |                  |                               |                                                                                     |
| 5. Country of beneficiary's birth<br>Czechoslovakia                                             | 6. Date of beneficiary's birth (Month, day, year)<br>2 20 1949 |                  |                               |                                                                                     |
| 7. My home address is:                                                                          | 8. My phone number is:                                         |                  |                               |                                                                                     |

14. Beneficiary's marital status:  
 Married  Widowed  Divorced  Single

15. Name of beneficiary's spouse, if married, and date and country of birth (Omit this item if petition is for your spouse)

16. Full address of beneficiary's spouse and children, if any (Omit this item if petition is for your spouse)

14. Beneficiary's marital status:  
 Married  Widowed  Divorced  Single

15. Name of beneficiary's spouse, if married, and date and country of birth (Omit this item if petition is for your spouse)

16. Full address of beneficiary's spouse and children, if any (Omit this item if petition is for your spouse)

(CONTINUE WITH ITEM 20 ON REVERSE)

OATH OR AFFIRMATION OF PETITIONER

I swear (affirm) that I know the contents of this petition signed by \_\_\_\_\_ and that the contents are true and correct.

Signature of petitioner (See Instruction No. 5)

Subscribed and sworn to (affirmed) before me this 3<sup>RD</sup> day of OCT. A.D. 1977 at NEW YORK

(SEAL) My commission expires \_\_\_\_\_

(SIGNATURE OF OFFICER ADMINISTERING OATH)

(TITLE)

MARIE ERNST  
Notary Public, State of New York  
No. 24-1129611  
Qualified in Kings County  
Certificate filed in New York County  
Term Expires March 30, 1979

SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN PETITIONER

I declare that this document was prepared by me at the request of the petitioner and is based on all information of which I have any knowledge.

(SIGNATURE) (ADDRESS) (DATE)

(b)(6)

|          |           |                   |           |
|----------|-----------|-------------------|-----------|
| RECEIVED | TRANS. IN | RET'D. TRANS. OUT | COMPLETED |
|          |           |                   |           |

Trump Ivana

TO THE SECRETARY OF STATE:

The petition was filed on NOV 4 1977

The petition is approved for status under section:

SPOUSE, 201 (b) CHILD  203 (a) (2)

201 (b) PARENT  203 (a) (4)

203 (a) (1)  203 (a) (5)

NOV 4 1977

DATE OF ACTION: H. JANE PARKER  
VICE CONSUL. OF THE  
UNITED STATES OF AMERICA

DD

DISTRICT

REMARKS:

- PERSONAL INTERVIEW CONDUCTED
- DOCUMENT CHECK ONLY
- FIELD INVESTIGATION COMPLETED
- APPROVAL PREVIOUSLY FORWARDED

REMARKS (Continued)

ORIGINAL DOCUMENTS  
AND RETURNED

(b)(6)



- BIRTH CERT. BENEFICIARY
- MARRIAGE CERT.
- INVOICE BILL of beneficiary to H-spouse
- OTHER

(PETITIONER IS NOT TO WRITE ABOVE THIS LINE)

20. Check the appropriate box below and furnish the information required for the box checked:

Beneficiary will apply for a visa abroad at the American Consulate in MONTREAL, CANADA  
(CITY IN FOREIGN COUNTRY) (FOREIGN COUNTRY)

Beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the

Immigration and Naturalization Service at MONTREAL (CITY) (STATE)

If the application for adjustment of status is denied, the beneficiary will apply for a visa abroad at the American Consulate in

(CITY IN FOREIGN COUNTRY)

(FOREIGN COUNTRY)

(b)(6)

30. If beneficiary is in the United States, give the following information concerning beneficiary:

(a) Last arrived in U. S. On NOV 3 1977 (Month) (Day) (Year)

(b) Last arrived in U. S. as NOV 3 1977 (Visitor, student, exchange alien, crewman, stowaway, etc.)

(c) Date beneficiary's stay expired or will expire as shown on his Form I-94 or I-95

(d) Name and address of present employer

(e) Date alien began this employment

Audrey Morris Agency Place Bonaventure  
E FLOOR  
MONTREAL

TRANSLATION

Czechoslovak Republic

Archdiocese: Olomouc

Political District: Gottwaldov

Decanate: Napajedla

File No.: 9-3.311

Rom.Catholic Parish Office:  
Gottwaldov - Zlín

Inland revenue stamp for Kčs 12.--.

BIRTH- AND BAPTISMAL CERTIFICATE

Register of Baptisms: Zlín Vol.: XVI. page 51 Cons.No.: 251

Rubber stamp: The Municipal National Committee in Gottwaldov  
Sector for Internal Affairs

Day, month and year of birth:

February 20, 1949 - The 20-ieth of  
February, nineteen-hundred-and-  
forty-nine

Day, month and year of baptism:

February 25, 1949

Christian name and surname:

Ivana Marie Z e l n i č k o v á

Religion - origin - sex:

Roman Catholic - legitimate - female

Place of birth:

Gottwaldov-Zlín (Czechoslovakia)  
General Hospital

Father:

(b)(6)

Mother:

Marriage ceremony of the parents  
took place on:

Name of baptizing official:

Godparents:

Rubber stamp: The Municipal National Committee in Gottwaldov  
Sector for Internal Affairs

Day, month and year of birth: February 20, 1949 - The 20-ieth of February, nineteen-hundred-and-forty-nine

Day, month and year of baptism: February 25, 1949

Christian name and surname: Ivana Marie Z e l n í č k o v á

Religion - origin - sex: Roman Catholic - legitimate - female

Place of birth: Gottwaldov-Zlín (Czechoslovakia)  
General Hospital

Father:

Mother:

(b)(6)

Marriage ceremony of the parents took place on:

Name of baptizing official:

Godparents:

Midwife:

Remarks:

The Roman Catholic Parish Office in Gottwaldov-Zlín, Feb.25, 1949

Round seal of the Rom.Catholic Parish Office  
in Gottwaldov-Zlín

B. Přerovský m.p.  
Parish Administrator

Translator's Note:

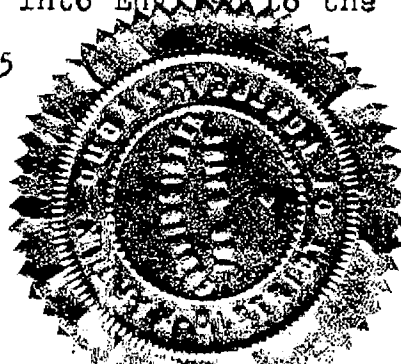
I, the undersigned Mrs. Adrienne Horava of Montreal, Quebec, Canada, being thoroughly familiar with the Czech language, have translated the above contents from Czech into English to the best of my skill and knowledge.

Montreal, October 16, 1975

*Adrienne Horava*  
(Mrs.) Adrienne Horava

Printed and signed by:  
Date, on this

*16 Oct*  
*October 1975*  
*Marie Horava*



Montreal, P.Q.  
1000  
1000  
1000

SEARCHED  
SERIALIZED  
INDEXED  
OCT 2 1964  
FBI - MEMPHIS

2

Name, Address and Telephone Number of Attorney(s)

(b)(6)

Space Below for Use of Court Clerk Only

[Redacted box for attorney information]

CLARENCE E. GIBELL, COUNTY CLERK  
 NOV 7 1973 6870 394  
 CLARENCE E. GIBELL, County Clerk  
 BY E. D. GRESHAM, DEPUTY

Attorney(s) for Petitioner

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

In re the marriage of  
 Petitioner [Redacted]  
 and  
 Respondent: **IVANA WINKLMAYR**

CASE NUMBER [Redacted]  
 FINAL JUDGMENT (MARRIAGE) OF  
 DISSOLUTION  
 (LEGAL SEPARATION/NULLITY/DISSOLUTION)

The court acquired jurisdiction of the respondent on Dec. 5, 1972 by: (Date)

- Service of process on that date, respondent not having appeared within the time permitted by law.
- Service of process on that date and respondent having appeared.
- Respondent on that date having appeared.

The court orders that:

- Pursuant to  Civil Code Section 4506(1) or  Civil Code Section 4506(2), a Judgment of Legal Separation and such other orders as are set out below be entered.
- Pursuant to  Civil Code Section 4400,  Civil Code Section 4401, or  Civil Code Section 4425( ), a Judgment of Nullity and such other orders as are set out below be entered, and that the parties be restored to the status of unmarried persons.
- Pursuant to  Civil Code Section 4506(1) or  Civil Code Section 4506(2), a Final Judgment of Dissolution be entered, and that all of the provisions of the interlocutory judgment, which was entered on Aug. 2, 1973, except as otherwise set out below, be made binding the same as if set forth in full, and that the parties be restored to the status of unmarried persons.

Dated: NOV - 7 1973  
 (Signature)

(Signature)  
 Judge of the Superior Court

Petitioner:

[Redacted]

and

(b)(6)

Respondent:

IVANA WYNKLMAYR

FINAL JUDGMENT (MARRIAGE) OF

DISSOLUTION

(LEGAL SEPARATION/NULITY/DISSOLUTION)

The court acquired jurisdiction of the respondent on Dec. 5, 1972 by:  
(Date)

- Service of process on that date, respondent not having appeared within the time permitted by law.
- Service of process on that date and respondent having appeared.
- Respondent on that date having appeared.

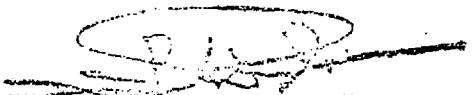
The court orders that:

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- Pursuant to  Civil Code Section 4506(1) or  Civil Code Section 4506(2), a Final Judgment of Dissolution be entered, and that all of the provisions of the interlocutory judgment, which was entered on Aug. 2, 1973, except as otherwise set out below, be made binding the same as if set forth in full, and that the parties be restored to the status of unmarried persons.

Dated

NOV - 7 1973

(R.D.)

  
 \_\_\_\_\_  
 Judge of the Superior Court

Form Adopted by Rule 1289 of  
 Judicial Council of California  
 Revised Effective January 1, 1972

FINAL JUDGMENT (MARRIAGE)

1289

76F370-Cdb 7-73

**OCT 23 1973**  
 CERTIFIES TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.  
**JUN 14 1974**  
 ATTEST \_\_\_\_\_ 19\_\_\_\_  
 CLARENCE E. GABELL County Clerk and Clerk of the Superior Court of the State of California, for the County of Los Angeles.  
 BY P.D. [Signature] DEPUTY

The Collegiate Church of the City of New York.



In the NAME of the FATHER, and of the SON, and of the HOLY GHOST, Amen.



THIS CERTIFIES

that [Redacted]

(b)(6)

and Ivana Marie Zelnickova Winklmayr  
of Montreal, Canada  
were united by me in

Holy Matrimony

[Redacted]

23 1971

Witnesses

[Redacted]

*Norman Vincent Peale*

Minister of  
The Reformed Church in America



(b)(6)



AUSTRIAN EMBASSY  
Z1. 890-A/78

Ottawa, 28 February 1978

TO WHOM IT MAY CONCERN

This is to certify that according to a communication received from the Head Office of the Federal Police in Vienna Mrs. Ivana WINKLMAYR, born 20 February 1949 at Gottwaldow, CSSR residing at Montreal, Quebec, has no police record in Austria.

For the Embassy:

*Karl Paglierucci*  
(Karl Paglierucci)  
Attaché Administration



OCT 2

SEX - SEXE

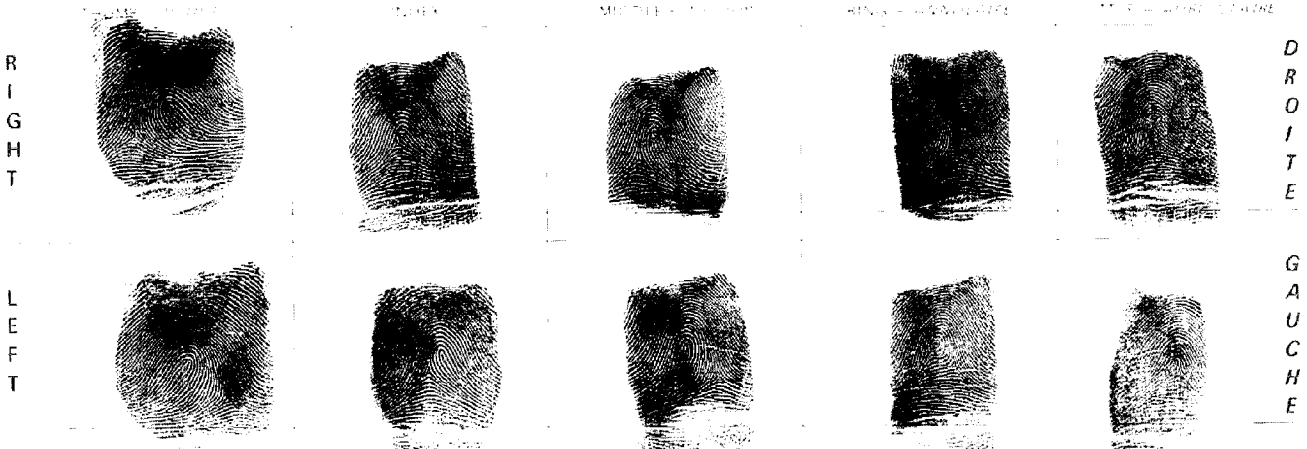
M

FOR RCMP IDENTIFICATION SERVICES USE  
À L'USAGE DES SERVICES DE L'IDENTITÉ DE LA GRC

Name (Nom et Prénoms) - WINKIRAYK, Ivana (TRUMP)

Address (Adresse) - 4998-de-Raisonneuve, W, #1502 Mtl. P.Q.

U.S. - visa



IF ANY FINGERPRINT IS NOT RECORDED, GIVE REASON FOR OMISSION - IF AMPUTATED, GIVE DATE  
SI UNE EMPREINTE DIGITALE QUELCONQUE N'EST PAS APPOSÉE, INDICHER POURQUOI. S'IL Y A EU AMPUTATION, DONNER LA DATE.



Four fingers printed simultaneously  
Impression simultanée des quatre doigts

Left Thumb  
Pouce gauche

Right Thumb  
Pouce droit

Four fingers printed simultaneously  
Impression simultanée des quatre doigts

Signatures of other - Taking fingerprints  
Signature de personnes autres que vous

*[Handwritten signature]*

Signatures of persons fingerprinted  
Signature de personnes dont les empreintes

*Ivana Winkirayk - Trump*

Name and Address of Contributing Dept. or Agency - Nom et adresse de l'organisme qui a fourni les empreintes

Nationality (Nationalité) - AUSTRIA

model -

Birth date (Date de naissance) - 20-02-1949

Former names (Anciens noms) - Goffeldov - CZECHOSLOVAKIA

Date of entry (Date d'entrée) - 24-10-1974

HEIGHT (TAILLE) - 5 8  
Weight (Poids) - 120 lbs  
Eyes (Yeux) - brown  
Hair (Cheveux) - fair  
Complexion (Teint) - blond

FOR RCMP IDENTIFICATION SERVICES USE  
À L'USAGE DES SERVICES DE L'IDENTITÉ DE LA GRC

IDENTIFICATION BRANCH  
SERVICES DE L'IDENTITÉ  
CANADA

JAN 30 1978

*[Signature]* CHIEF IN CHARGE

FOR USE OF CONTRIBUTING DEPT. OR AGENCY  
À L'USAGE DU CONTRIBUTEUR SERVICE OU AGENCE

RECEIVED  
N.P.S.(IDENT.)  
REGISTRY SECTION  
JAN 30 11 16 PM '78  
R.C.M. POLICE  
OTTAWA, ONT.  
D-1





|                                                                                                                                                                                                                                                                             |                                                        |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|
| <b>MEDICAL EXAMINATION OF VISA APPLICANTS</b>                                                                                                                                                                                                                               |                                                        | PLACE MOI SEAL                                 |
|                                                                                                                                                                                                                                                                             |                                                        | DATE OF EXAMINATION<br><b>OCTOBER 17, 1978</b> |
| At the request of the American Consul at                                                                                                                                                                                                                                    | CITY<br><b>MONTRÉAL</b>                                | COUNTRY<br><b>CANAD</b>                        |
| I certify that on the above date I examined                                                                                                                                                                                                                                 | NAME<br><b>TRUMP, MRS. IVANA</b>                       | AGE<br><b>28</b> SEX<br><b>F</b>               |
| I examined specifically for evidence of any of the following conditions:                                                                                                                                                                                                    |                                                        |                                                |
| <u>CLASS A:</u>                                                                                                                                                                                                                                                             |                                                        |                                                |
| DANGEROUS CONTAGIOUS DISEASES:                                                                                                                                                                                                                                              |                                                        |                                                |
| Chancroid                                                                                                                                                                                                                                                                   | Lymphogranuloma venereum                               |                                                |
| Gonorrhoea                                                                                                                                                                                                                                                                  | Syphilis, infectious stage                             |                                                |
| Granuloma inguinale                                                                                                                                                                                                                                                         | Tuberculosis, active                                   |                                                |
| Leprosy, infectious                                                                                                                                                                                                                                                         |                                                        |                                                |
| MENTAL CONDITIONS:                                                                                                                                                                                                                                                          |                                                        |                                                |
| Mental retardation (mental deficiency)                                                                                                                                                                                                                                      | Previous occurrence of one or more attacks of insanity | Mental defect                                  |
| Insanity                                                                                                                                                                                                                                                                    | Psychopathic personality                               | Narcotic drug addiction                        |
|                                                                                                                                                                                                                                                                             | Sexual deviation                                       | Chronic alcoholism                             |
|                                                                                                                                                                                                                                                                             |                                                        | (See proviso, sec. 34.7, USPHS Regs.)          |
| <u>CLASS B:</u>                                                                                                                                                                                                                                                             |                                                        |                                                |
| Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.                                                                                                                      |                                                        |                                                |
| <u>CLASS C:</u>                                                                                                                                                                                                                                                             |                                                        |                                                |
| Minor Conditions.                                                                                                                                                                                                                                                           |                                                        |                                                |
| (CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))                                                                                                                                                                                                                             |                                                        |                                                |
| My examination, including the X-ray and other reports below, revealed:                                                                                                                                                                                                      |                                                        |                                                |
| <input checked="" type="checkbox"/> (1) No defect, disease, or disability.<br><input type="checkbox"/> (2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class—A, B, or C—diagnosis, and pertinent details*): |                                                        |                                                |
| Chest X-ray report <u>NO EVIDENCE OF ANY ACTIVE DISEASE.</u>                                                                                                                                                                                                                |                                                        |                                                |
| Blood serological report <u>NEGATIVE.</u> from Dr. <u>SEAFORTH LAB. 17/10/78</u>                                                                                                                                                                                            |                                                        |                                                |
| Other special report(s) (when needed) _____ from Dr. _____                                                                                                                                                                                                                  |                                                        |                                                |
| SIGNATURE OF MEDICAL TECHNICAL ADVISOR<br><i>Joan A. Williams M.D.</i><br><b>JOAN A. WILLIAMS, M.D.</b>                                                                                                                                                                     | TITLE<br><b>PANEL PHYSICIAN</b>                        | DATE OF FINAL REPORT<br><b>OCT. 17/78</b>      |