

From: _____

TO: _____

Affidavit/Declaration of Truth

Notice to Agent is Notice to Principle Notice to Principle is Notice

I, _____, the undersigned, make this Affidavit/Declaration of Truth of my own free will, and I hereby affirm, declare and swear, under my oath and under the pains and penalties of perjury under the laws of the United States of America and of this state, that I am of legal age and of sound mind and hereby attest that the statements, averments and information contained in this Affidavit/Declaration are true and correct to the best of my knowledge.

This Affidavit/Declaration of Truth is lawful notification to you, and is hereby made and sent to you pursuant to the national Constitution, specifically, the Bill of Rights, in particular, Amendments I, IV, V, VI, VII, IX, X and XIV and The Washington State Constitution, in particular Article 1, Sections 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 27, 29, 30, 32 and 35. Article 9 section 1 - Education Preamble, Article 9 section 4 - Sectarian control of influence prohibited. This requires your written rebuttal to me, in kind, specific to each and every point of the subject matter stated herein, within (10) ten business days, via your own sworn and notarized affidavit, using true fact, valid law and evidence to support your rebuttal of the specific subject matter stated in this Affidavit/Declaration. You are hereby noticed that your failure to respond, as stipulated, and rebut, with particularity and specificity, anything with which you disagree in this Affidavit/Declaration, is your lawful, legal and binding tacit agreement with and admission to the fact that everything in this Affidavit/Declaration is true, correct, legal, lawful, and fully binding upon you before an arbitrator of my choice for each matter, without your protest or objection and that of those who represent you.

I declare vaccinating, testing, identifying, and masking services related to Covid-19 conflict with my religious opinion. Therefore, I exercise my right of conscientious objection for participating in any vaccinating, testing, identifying, or masking services related to Covid-19. I have read multiple Washington State Department of Health publications concerning the risks associated with these objections. I understand and assume the forementioned risks.

Please take further notice, my pursuit of life, liberty, and happiness is not limited to discrimination in places of work, study, or public accommodation. Further acknowledgements of objected services will be considered violations against my civil rights. All violating agents of principle agree to pay \$50,000.

Verification

I hereby declare, certify and state, pursuant to the penalties of perjury under the laws of the United States of America, and by the provisions of 28 USC § 1746 that all of the above and foregoing representations are true and correct to the best of my knowledge, information and belief.

Executed in _____, Washington State on this _____ day of _____ in the Year of Our Lord Two Thousand and _____.

Autograph of Affiant: _____

Notary as JURAT CERTIFICATE

_____ State }
_____ County }

On this _____ day of _____, 2021 before me, _____, a Notary Public, personally appeared _____ Name of Affiant, who proved to me on the basis of satisfactory evidence to be the man whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his autograph(s) on the instrument the man executed, the instrument.

I certify under PENALTY OF PERJURY under the lawful laws of Washington State and that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary / Jurat _____