

GSA Order #: _____

AFFIDAVIT OF _____ **(Full Name Upper/Lower Case)**

I, _____ (Full Name Upper/Lower), do hereby attest as follows:

1. That I am of legal age and sound mind.
2. That I the flesh and blood individual am the rightful and true beneficiary of the birth Trust account of _____ (Full Legal Name All Upper Case), last 4 digits of SS/SIN# _____ (full SS# / SIN # redacted for privacy purposes).
3. That I execute this Affidavit voluntarily, of my own free will.
4. That the Defendant(s) was informed of the Apostolic Letter / Papal Decree, effective September 1, 2013, issued Motu Proprio, as it relates to loss of public servant immunities and economic and other crimes against humanity, therefore, myself. *EXHIBIT B*
5. That the Defendant(s) was informed of the great harm brought upon me by their repeated and continued willful and intentional fraudulent actions against me, instruction to stop and reverse each harmful action and instructions for full settlement. *EXHIBIT C*
6. That the Defendant(s) was noticed of the seriousness of their crimes and the ensuing action and penalties of their continued disregard of the Papal Decree, instructions for full settlement and the original foundational law of trusts and organic common law of the land. *EXHIBIT D*

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I hereby affirm that I prepared and have read this Affidavit and that I believe the foregoing statements in this Affidavit to be true. I hereby further affirm that the basis of these beliefs is either my own direct knowledge of the lawful principles and facts involved or information and/or documents provided to me by third parties whose veracity I reasonably assumed.

Further the Affiant sayeth naught.

I certify that the above statements are true and correct to the best of my knowledge.

Dated this _____ day of _____, 20_____.

Affiant Signature

(Print Full Affiant Name Upper/Lower Case)

WITNESS 1: _____
Print Name

Witness 1 Signature

Address: _____

City: _____ State/Province: _____ Postal Code: _____

WITNESS 2: _____
Print Name

Witness 2 Signature

Address: _____

City: _____ State/Province: _____ Postal Code: _____