

WHEN RECORDED RETURN TO:

Michael Goldman
c/o 1020 Harts ST
Huntsville, Oregon
97601

DOCUMENT TITLE(S)

AFFIDAVIT OF TRUTH

REFERENCE NUMBER(S) of Documents assigned or released:

NONE

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Michael Goldman

☐ Additional names on page _____ of document.

GRANTEE(S):

Public

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

NONE

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

NONE

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: Management Services

Signature/Title: [Signature] Alth Agent

When recorded, mail to:
Michael Goldman
c/o 1020 Hanks St.
Klamath Falls, Oregon 97601

County of SKAMIA

State of Washington

Affidavit of Truth

I, Michael Goldman, am the Affiant in this Affidavit of Truth. I make this Affidavit of Truth of my own free will, and hereby affirm, under oath out loud, that the information contained in this affidavit is true and correct.

1. On the 1st day of May, 2008, I prepared and executed a PUBLIC SERVANT COVER LETTER & A PUBLIC SERVANT QUESTIONNAIRE, and mailed the original via US Mail with Certified Mail # 7000 0520 0012 5796 1296, and with return receipt to Paula Henderson, Revenue Agent at the Internal Revenue Service Office located at 960 Ellendale, Suite A, Medford, OR. 97504

Exhibit A - Public Servant Questionnaire Cover Letter (1 page)

Exhibit B - Public Servant's Questionnaire (3 pages)

Exhibit C - Return Receipt for Public Servant's Questionnaire(1 page)

2. On the 15th day of May, 2008, I prepared and executed a NOTICE OF DEFAULT AND DISHONOR OF A LAWFUL PUBLIC SERVANT QUESTIONNAIRE, and mailed the original via US Mail with Certified Mail # 7000 0520 0012 5796 0374 and with return receipt to Paula Henderson, Revenue Agent at the Internal Revenue Service Office located at 960 Ellendale, Suite A, Medford, OR. 97504.

Exhibit D - Notice of Default and Dishonor of a Lawful Public Servant Questionnaire (1 page)

Exhibit E - Return Receipt for Notice of Default and Dishonor (1 page)

Affiant further sayeth-naught.


Signature

10/2/08
Date

Affidavit of Truth – Continued

State of OREGON }

}ss.

County of KIAMATH } sworn and subscribed

On 2, day of OCTOBER, 2008 before me, Cynthia A Irvine, personally appeared MICHAEL GOLDMAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person 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 signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Cynthia A Irvine
Notary Public

My Commission Expires: MAY 16, 2010



EXHIBIT A

COMPLIANCE HEREWITH IS MANDATORY

Michael Goldman
1020 Hanks St. Klamath Falls, Or. 97601

4/29/08

To: Paula Henderson, Revenue Agent
c/o 960 Ellendale, Suite A, Medford, Or. 97504

Certified mail 7000 0520 0012 5796 1296, proof of acceptance attached

Express mail EB 593061445 US

2nd package, CERTIFIED MAIL 5/1/08

Re: Your attached correspondence

7000 0520 0012 5796 1296

Dear Agent:

I am sending you the attached PUBLIC SERVANT QUESTIONNAIRE (PSQ). Please take up to ten business days (10), Saturdays included to respond.

My authority for making this timely demand for verification of your authority is a matter of right and supported by the decision of the United States Supreme Court as follows:

"Whatever the form in which the Government functions, anyone entering into an arrangement with the Government takes the risk of having accurately ascertained that he who purports to act for the Government stays within the bounds of his authority...And this is so even though as here, the agent was not aware of the limitations upon his authority."

Federal Crop Insurance Corporation v. Merrill, 332 U.S. 380 at 384 (1947)

By my signature below I affirm that the foregoing is honest, true and correct under penalty of perjury this 29th Day of the April of the Year of our Lord 2008, executing same at arm's length and at Klamath Falls Oregon,

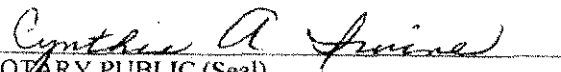

Michael Goldman, living soul

Enclosed: Public servant questionnaire (per Public Law 93-579 and per the other twenty-one authorities cited thereon)

Use of a Notary Public in this document does not constitute any adhesion nor does it alter my neutral status At law (in itinere In original Common Law jurisdiction). The purposes for Notary Public herein are identification and verification only, not for entrance into any foreign jurisdiction.

On April 29, 2008 before me, Cynthia A. Irvine a Notary Public, personally appeared Michael Goldman living soul personally known to me -OR- proved to me on the basis of satisfactory evidence to be the entity(ies) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the entity(ies), or the person upon behalf of which entity(ies) acted, executed the instrument.

SUBSCRIBED and SWORN to before me this 29 day of April, 2008.


NOTARY PUBLIC (Seal)

(Stamp of the State of OREGON Above)

My Commission Expires: May 16, 2010

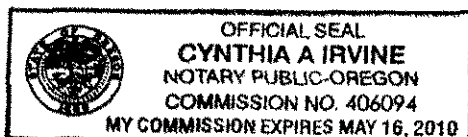


EXHIBIT B

PUBLIC SERVANT'S QUESTIONNAIRE

Public Law 93-579 states in part: "The purpose of this Act is to provide certain safeguards for an individual against invasion of personal privacy by requiring Federal agencies...to permit and individual to determine what records pertaining to him are collected, maintained, used, or disseminated by such agencies." The following questions are based upon that act and are necessary in order that this individual may make a reasonable determination concerning divulgence of information to this agency.

Fill out the form completely. If any question does not apply, mark the answer with "N/A" or "Not applicable." Do not leave any question blank.

Public Servant Information

1. Full Legal Name:

2. Residence Address

City _____ State _____ Zip _____

Department Information

3. Name of department, bureau, or agency by which public servant is employed:

City _____ State _____ Zip _____

Supervisor's name:

4. Mailing address

City _____ State _____ Zip _____

Public Servant Duty

5. Will public servant uphold the Constitution of the United States?

6. Did public servant furnish proof of identity?

7. What was the nature of proof?

8. Will public servant furnish a copy of the law or regulation which authorizes this investigation?

9. Will the public servant read aloud the portion of the law authorizing the questions he will ask?

EXHIBIT B

Nature of Investigation

10. Are the answers to the questions voluntary or mandatory?

11. Are the questions to be asked based upon a specific law/regulation, or are they being used as a discovery process?

12. What other uses may be made of this information?

13. What other agencies may have access to this information?

14. What will be the effect upon me if I should choose not to answer any part or all of these questions?

Basis for Investigation

15. Name of person in government requesting that this investigation be made.

16. Is this investigation 'general' or is it 'special'?

17. Have you consulted, questioned, interviewed, or received information from any third party relative to this investigation?

18. If so, the identity of such third parties:

Expected Results of Investigation

19. Do you reasonably anticipate either a civil or criminal action to be initiated or pursued based upon any of the requested information?

Agency Information

20. Is there a file of records, information, or correspondence relating to me being maintained by this agency? _____ If yes, which?

21. Is this agency using any information pertaining to me which was supplied by another agency or government source?

EXHIBIT B

22. May I have a copy of that information? _____ If not, why not?

 If so, how may I obtain a copy of that information?

23. Will the public servant guarantee that the information in these files will not be used by any department other than the one by whom he is employed? _____
 If not, why not?

Affirmation

If any request for information relating to me is received from any person or agency, you must advise me in writing before releasing such information. Failure to do so may subject you to possible civil or criminal action as provided by the act.

I swear (affirm) that the answers I have given to the foregoing questions are complete and correct in every particular.

Printed name: _____

Signature: _____

Date: _____ (month) _____ (day) _____ (year)

First Witness Printed Name: _____

First Witness Signature: _____

Second Witness Printed Name: _____

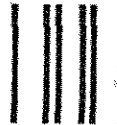
Second Witness Signature: _____

Authorities for Questions:

- 1,2,3,4 In order to be sure you know exactly who you are giving the information to. Residence and business addresses are needed in case you need to serve process in a civil or criminal action upon this individual.
- 5 All public servants have taken a sworn oath to uphold and defend the constitution.
- 6,7 This is standard procedure by government agents and officers. See Internal Revenue Manual, MT-9900-26, Section 242.133.
- 8,9,10 Title 5 USC 552a, paragraph (e) (3) (A)
- 11 Title 5 USC 552a, paragraph (d) (5), (e) (1)
- 12,13 Title 5 USC 552a, paragraph (e) (3) (B), (e) (3) (C)
- 14 Title 5 USC 552a, paragraph (e) (3) (D)
- 15 Public Law 93-579 (b) (1)
- 16 Title 5 USC 552a, paragraph (e) (3) (A)
- 17,18 Title 5 USC 552a, paragraph (e) (2)
- 19 Title 5 USC 552a, paragraph (d) (5)
- 20,21 Public Law 93-579 (b) (1)
- 22 Title 5 USC 552a, paragraph (d) (1)
- 23 Title 5 USC 552a, paragraph (e) (10)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>PAULA HENDERSON REVENUE AGENT C/O INTERNAL REVENUE SERVICE 960 ELLENDALE SUITE A MEDFORD, OR 97504</p>		<p>B. Received by (Printed Name) J. JOHNSON</p> <p>C. Date of Delivery 5/5/08</p>	
<p>2. Article Number (Transfer from service label) 7000 0520 0012 5796 1296</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MICHAEL GOLDMAN
1020 HARKS ST.
KLAMATH FALLS, OR 97601

EXHIBIT C

EXHIBIT D

Michael Goldman
Thursday, May 15th 2008

Paula Henderson, Revenue Agent

960 Ellendale, Suite A

Medford, OR. 97504

Regarding Original Certified Mail No. 7000 0520 0012 5796 1296

Certified Mail No. for this mailing : 7000 0520 0012 5796 0374

NOTICE OF DEFAULT AND DISHONOR OF A LAWFUL PUBLIC SERVANT QUESTIONNAIRE

To All Noticed Parties:

After being properly noticed and given ample time under Notice and Grace, the above mentioned parties have failed and refused to respond to the "PUBLIC SERVANT QUESTIONNAIRE", attached herein for reference. Your failure and refusal to respond as required by law is now evidence in a potential ongoing matter. If I do not hear from you within ten days of receipt of this default, I will record this default into the public record to protect my right to privacy and freedom..

Sincerely,



On May 15th, 2008 before me, Cynthia Irvine a Notary Public, personally appeared Michael Goldman, living soul personally known to me -OR- proved to me on the basis of satisfactory evidence to be the entity 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 signature on the instrument the entity, or the person upon behalf of which entity acted, executed the instrument.

SUBSCRIBED and SWORN to before me this 15 day of May, 2008.

Cynthia A Irvine
NOTARY PUBLIC (Seal)

My Commission Expires: May 16, 2010 (Stamp of the State of OREGON Above)

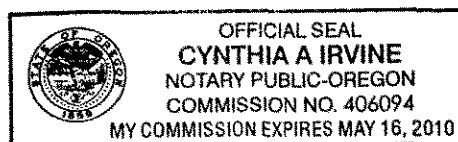


EXHIBIT E

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAULA HENDERSON
REVENUE AGENT
C/O THE INTERNAL REVENUE SERVICE
960 ELLENDALE
SUITE A
MEDFORD, OR 97504

2. Article Number

(Transfer from service label)

7000 0520 0012 5796 0374

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent

☐ Addressee

B. Received by (Printed Name)

VIVIAN HUIST

C. Date of Delivery

5-19-08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

12 MAY 2008 PM 4:11

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MICHAEL GOLDMAN
1020 HANKS ST.
KLAMATH FALLS, OR

97601

