

**WHEN RECORDED RETURN TO:**

Erich Breitenmayer

42218 Sandea Creek

Temecula, California

92590

**DOCUMENT TITLE(S)**

AFFIDAVIT OF TRUTH

**REFERENCE NUMBER(S)** of Documents assigned or released:

NONE

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

Erich Breitenmayer

☐ 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: By: [Signature] Authorized Rep

County of SKANEATELE

State of Washington

## Affidavit of Truth

I, Erich Breitenmoser, 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. I make my home at 43218 Sandia Creek, Temecula CA 92590

1. On 13<sup>th</sup> day of August, 2008 I prepared and executed a PUBLIC SERVANT COVER LETTER & A PUBLIC SERVANT QUESTIONNAIRE, and mailed the original via US Mail with Registered Mail # RB 778 879 922 US and with return receipt to Helene Figoten, Revenue Agent at the Internal Revenue Service Office located at 290 North D Street, San Bernardino CA 92401

**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 27<sup>th</sup> day of August, 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 Registered Mail # RB 778 870 936 US, and with return receipt to Helene Figoten, Revenue Agent at the Internal Revenue Service Office located at 290 North D Street, San Bernardino CA 92401.

3. **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 \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_

}ss.

} sv

County of \_\_\_\_\_

} sworn and subscribed

~~On \_\_\_\_\_, day of \_\_\_\_\_, 2008 before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_, 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

Notary Public

My Commission Expires:

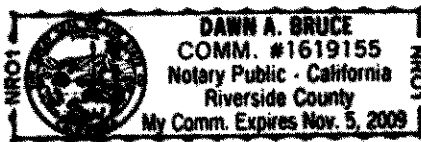
# ALL-PURPOSE ACKNOWLEDGEMENT

State of California }  
 County of Riverside } SS.

On Sept. 30, 2008 before me, Dawn A. Bruce  
 (Date) (Notary)

personally appeared Erich Breitenmoser  
 Signer(X)

☐ personally known to me or ☒



or proved to me on the basis of satisfactory evidence) to be the person(X) whose name(X)(is)are subscribed to the within instrument and acknowledged to me that heshe/they executed the same in hisher/their authorized capacity(ies), and that by hisher/their signature(X) on the instrument the person(X), or the entity upon behalf of which the person(X) acted, executed the instrument.

WITNESS my hand and official seal.

Stamp clear impression of notary seal above.

Dawn A. Bruce  
 Notary's Signature

## OPTIONAL INFORMATION

### CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (X)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

### DESCRIPTION OF THE ATTACHED

Affidavit of Truth

Title of Document

Number of Pages

9-30-08

Document Date

Other Information

**EXHIBIT  
A****COMPLIANCE HEREWITH IS MANDATORY**

Erich Breitenmoser

c/o 28751 Rancho California Rd#104, Temecula, California [Zoning Improvement Plan number 92590]

8/13/08

To: Helene Figoten d/b/a HELENE FIGOTEN, INTERNAL REVENUE AGENT  
 c/o 290 North D Street, San Bernardino, California [Zoning Improvement Plan number 92401]  
 Registered mail #.RB 778 870 922 US

Re: Your attached correspondence

Dear Agent:

I am sending you the attached PUBLIC SERVANT QUESTIONNAIRE (PSQ). Please take 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 8-13-08 Day of the eight Month of the Year of our Lord 2008, executing same at arm's length and at Temecula, California,

Erich Breitenmoser  
 By Erich Breitenmoser, living soul

Enclosed: Public servant questionnaire (per Public Law 93-579 and per the other twenty-one authorities cited thereon).  
 Original documents received from Helene Figoten

*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 8/13/08, 2008 before me, \_\_\_\_\_ a Notary Public, personally appeared Erich Breitenmoser, 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 \_\_\_\_\_ day of \_\_\_\_\_, 2008.

NOTARY PUBLIC (Seal)

(Stamp of the State of \_\_\_\_\_ Above)

My Commission Expires: \_\_\_\_\_

*See California All-Purpose Attachment*

**EXHIBIT-B**

RB 778 870 936 US

**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 - continued

RB 778 870 936 US

## 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-continued**

RB 778 870 936 US

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"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Helene Figoten  d/b/a Helene Figoten  Internal Revenue Agent  c/o 290 North D Street  San Bernardino, CA 92401</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  (Transfer from service label) RB 778 870 922 US</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT C



EXHIBIT  
D

[Erich Breitenmoser]

Wednesday, August 27, 2008

Helene Figoten d/b/a HELENE FIGOTEN, INTERNAL REVENUE AGENT  
c/o 290 North D Street, San Bernardino, California [Zoning Improvement Plan  
number 92401]  
Registered mail # RB 778 870 936 US

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,

  
Erich Breitenmoser

cc: Congressman Darrell Issa  
cc: Governor Arnold Schwarzenegger  
cc: Senator Diane Feinstein  
cc: Senator Barbara Boxer

On August 27th, 2008 before me, \_\_\_\_\_ a Notary Public, personally appeared ~~Erich Breitenmoser, 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 \_\_\_\_ day of \_\_\_\_\_, 2008.

NOTARY PUBLIC (Seal)

My Commission Expires: \_\_\_\_\_

(Stamp of the State of \_\_\_\_\_ Above)

See attached

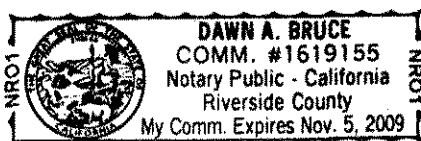
**EXHIBIT D - Continued**

State of California

County of Riverside } SS.**CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT**On Aug. 27, 2008, before me, Dawn A. Bruce,  
Date Printed Name of Notary Publicpersonally appeared Erich Breitenmoser,  
Printed Name(s) of Signer(s)☐ personally known to me - or -☒ proved to me on the basis of satisfactory evidence:☒ form of identification State of CA Drivers License☐ credible witness(es)

to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their 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.



Dawn A. Bruce  
Signature of Notary Public

(Seal)

**OPTIONAL INFORMATION**

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

**Description of Attached Document**

The preceding Certificate of Acknowledgment is attached to a document  
titled/for the purpose of Notice of Default

containing 1 pages, and dated Aug. 27, 2008

The signer(s) capacity or authority is/are as:

☒ Individual☐ Attorney-in-Fact☐ Corporate Officer(s)

Title(s)

☐ Guardian/Conservator☐ Partner - Limited/General☐ Trustee(s)☐ Other:

representing:

Name(s) of Person(s) or Entity(ies) Signer is Representing

**Additional Information**☐ Additional Signer(s)☐ Signer(s) Thumbprint(s)☐ Other

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Helene Figotens,            Internal Revenue Agent            40 290 North O St.            San Bernardino, CA            92401</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number            (Transfer from service label) RB 778 870 936 US</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT - E