



Please complete the empty sections and hand deliver this NOTICE to the individual seeking to cause the experiment (or other coercive act) and take a picture of both this completed NOTICE and the person you delivered it to. Please be aware that some states require all parties to a conversation be aware that your interactions are being recorded and as such, you should inform all people present that you are recording pictures, audio and/or video of your interaction. Please keep all such recordings/pictures for evidence and take notes about the circumstances while it is fresh in your memory. All of this may be used as evidence or support for you claim.

****This notice is specific to Washington. If you plan to use for another state, please update with your State Criminal Code information.****

LEGAL NOTICE

TO: _____

Date: _____

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or to administer the COVID19 experimental gene therapy injection heretofore known as the "COVID19 Vaccine" as well as any designated respirator/mask. The United States Government has extraterritorially prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

The Covid-19 gene therapy agents currently being distributed are under an Emergency Use Authorization and are not approved by the FDA. They are investigational only.¹ As such, informed consent is required, as well as the right to refuse. Investigational Covid-19 gene therapy agents lack requisite studies and are not an approved medical treatment. Recently the FDA approved a Biologics License Application for Pfizer's Comirnaty, however is Comirnaty is not available for distribution until 2023. "The products are legally distinct with certain differences."²

Every court of law in any location has original jurisdiction (Universal) to hear and try Crimes Against Humanity; and violations of the Nuremberg Code are classified as Crimes Against Humanity, which carry a maximum penalty of Death.

Mandating participation in a medical experiment in Washington may create additional legal exposure: RCW's §9A.08.020 Liability for conduct of another, §9A.28.020 Attempted Homicide §9A.36.011 (c) Assault in the first degree, §9A.36.160 Failing to summon assistance, §9A.36.050 Reckless endangerment, §74.09.210 Fraudulent practices, §9A.56.120 Extortion in the first degree, §9A.82.010 (2), (4) Racketeering, §9.94A.030 (12) Definitions - qualifying as a Criminal street gang, §70.74.285 Terrorism, and §9A.32.010 Homicide (all forms, degrees and intent levels).

You are hereby put on NOTICE that any further effort to coerce, intimidate, persuade, trick or compel me to receive any experimental gene therapy injection ("Covid Vaccine") or any other medical device, including but not limited to a facial mask, drug or testing procedure against my will, implicates you as aiding and abetting in the Capital Offense of a Crime Against Humanity and listed state laws. I hereby reserve my rights to swear to a criminal complaint against you in any court of

¹ Title 21, Section 360bbb-3 of the Federal Food, Drug, and Cosmetic Act (the "FD&C Act")

² <https://www.fda.gov/media/150386/download>

law. I do not contract with you in any way and expressly deny any contractual relationship with you.

I hereby reserve my rights and put you on NOTICE that you may also be liable for civil damages under various Tort claims including but not limited to: Negligence, Fraud (in the Inducement), Assault, Battery, Intentional Infliction of Emotional Distress, Loss of Consortium, Trespass and Products Liability. You are hereby notified of potential liability and this NOTICE shall serve as actual NOTICE in support of these claims.

Delivered to: _____ (name of person on notice)

Badge Number (other ID of person served) _____ from
_____ (organization name), on this _____ day of
_____ 20__ at: _____ (place)

at ____:____ AM/PM

By: _____ (Complainant/You)

Substitute Service by: Printed Name _____

Signed _____

On the indicated date and time above.