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THE DECLARATION AFFIDAVIT OF VACCINATION EXEMPTION

I, DAndre Jerome Dennie, sui juris, free, natural flesh and blood born human being that's inaccurately assumed to be a corporate fictitious entity, person, citizen, federal employee, and resident, hereby indicates, be it known to all Hospitals, Colleges, Courts, Churches, Governments, Financial Institutions, Banks, Public and Private Schools, Medical and Legal Professionals, and all other parties not listed, the Affiant, DAndre Jerome Dennie states and claims the following legal reasons: I am exempt from all, and every Vaccination Immunizations of the present and future based upon religious exemption. With this document, I'm exercising my rights and exemptions in Full Compliance:

Pursuant to Senate Bill# 942, Section 1, Chapter 7 EXEMPTION FROM IMMUNIZATION; 3380 and 3385

In Accordance with Indiana Code 16-41-17-2(c) Examinations; Religious Exemption United States Constitution 1st Amendment. U.S. Supreme Court Case "Frazee V. Illinois Dept. of Security, 489

I, Affiant DAndre Jerome Dennie am a devoted VEGAN, and as such, only vegetation shall voluntary enter my body. Let it also be known to all that I'm allergic to poultry based products such as eggs, and all vaccine injections causes me to have adverse side effect reactions. Laws concerning vaccinations contain exemptions, exceptions, and waivers. If exemptions never existed, everyone would become physically forced to comply. Should an individual die, become mentally or physically disabled, suffer side effects; the family would have the perfect case to sue the doctor, school, health department, and State legislature for damages. That's because they allowed no exemptions etc., they must accept full responsibility for all adverse consequences of the law, and the lack thereof.

Since Exemptions are placed in law, the responsibility is transferred to all individuals that provide documentation stating the Codified laws and court cases thereof in writing prior to the attempted injection. If documentation from the family was never presented before the injection occurred, and something happened, that grants the individual that administered the vaccine defense from lawsuits. In their defense the Officials will indicate "The family should have exempted their loved one if they believed there would be any potential/possible danger as a result of the vaccination."

Law requires medical Professionals to survey and request information from their patients about information concerning allergies, and medications being taken before any test, or treatments begin. Patients are required to inform their doctors of this as well.

Should any individual, at any time, from any place, for any reason, have any opposition to those above listed laws, and my religious reasons, will be at risk for a lawsuit. Title VII of the Civil Rights Act of 1964 as amended Nov. 1, 1980; Part 1605.1- Guidelines on Discrimination because of Religion. I, DAndre Jerome Dennie except full responsibility for my own health, and therefore I refrain from the medical assistance of any vaccination. After consideration of both the benefits and side effect disadvantages from vaccinations, I've come to the conclusion that my naturally equipped immune system combined with my vegetarian diet is all that's required in defense against any illness. Individuals attempting to inject me with a vaccination without my written or

2009 OCT 06 12:29 PM

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DIANE A. BROWN
RECORDER

#18
CS
CA

verbal consent/signature will be requested to fill and agree to the Information listed below, prior to any consent on my behalf.

I, _____
Name of Individual administering the vaccination goes here.

Certifies that the vaccination by the name of _____
The name of the vaccine goes here.

Being administered through injection into the body of Mr. DAndre Jerome Dennie

By needle, syringe, IV, or any other unlisted means is completely free from all

Known and unknown side effects, zoonotic human viruses, or viral fragments and

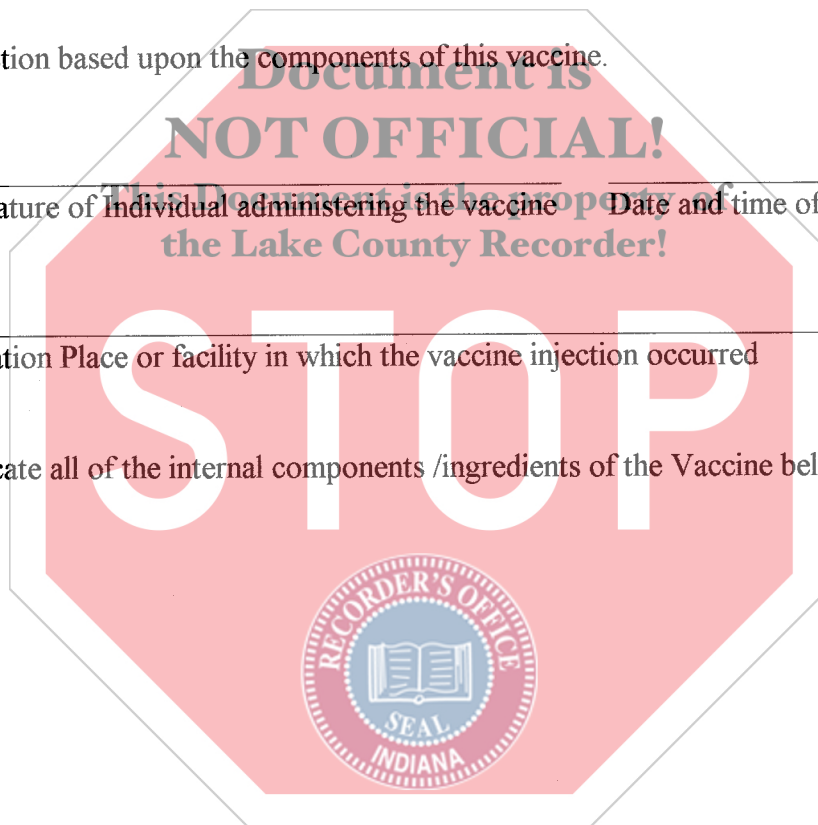
Won't cause acute chronic illness in the recipient due to viral contamination as a

Reaction based upon the components of this vaccine.

Signature of Individual administering the vaccine _____ Date and time of injection _____

Location Place or facility in which the vaccine injection occurred _____

Indicate all of the internal components /ingredients of the Vaccine below:

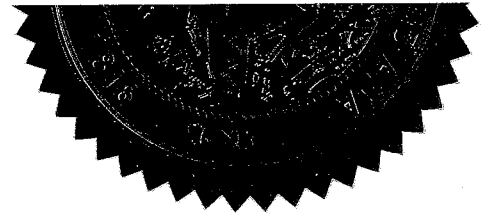


Lex Semper dabit remedium

SECRETARY OF STATE
STATE OF INDIANA



Todd Rokita
Secretary of State



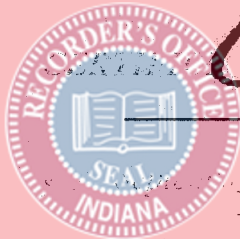
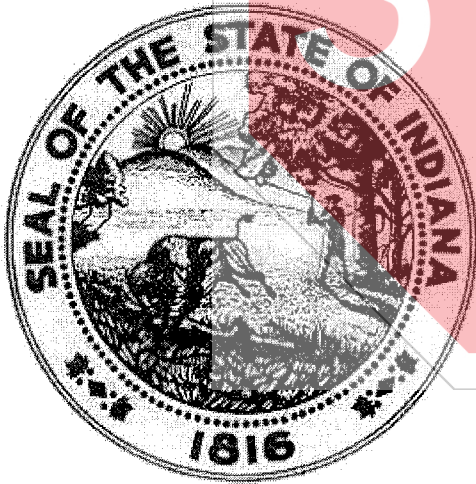
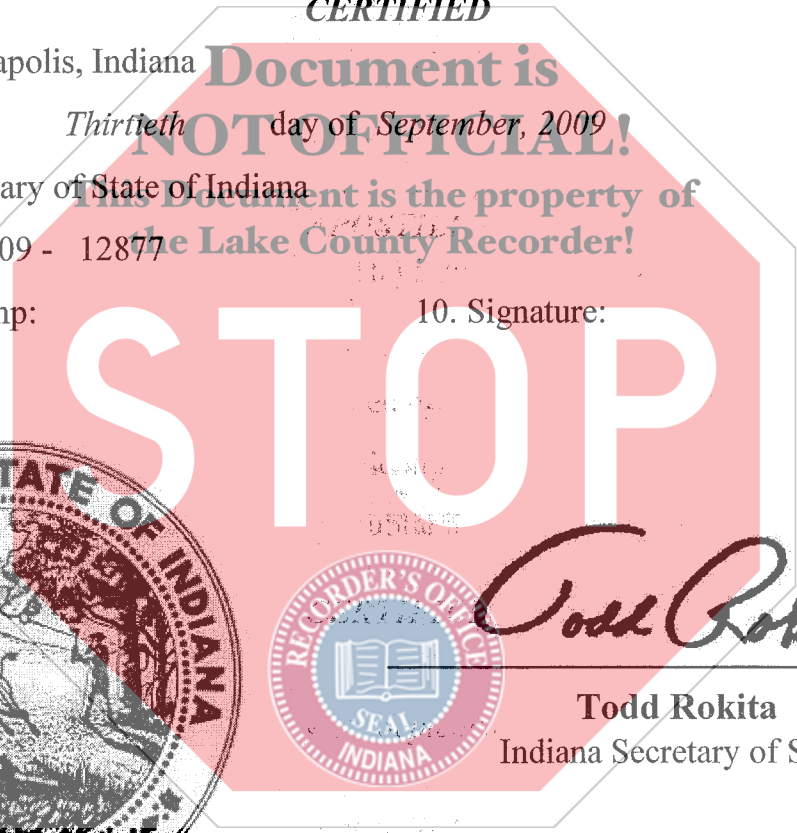
APOSTILLE

(Convention de la Haye du 5 Octobre 1961)

1. Country: United States of America
2. This public document has been signed by *Barbara J. Bortoli*
3. acting in the capacity of notary public in & for *Lake* County
4. and bears the seal/stamp of notary public in & for the State of Indiana

CERTIFIED

5. at Indianapolis, Indiana
6. this the *Thirtieth* day of *September, 2009*
7. by Secretary of State of Indiana
8. No. A2009 - 12877
9. Seal/Stamp:
10. Signature:



Todd Rokita

Todd Rokita
Indiana Secretary of State

Effective May 1, 2003 all apostilles from the Indiana Secretary of State will have an electronically printed seal.

tdove

The Notary upon this document doesn't constitute any adhesion, nor does it alter the Affiant's neutral standing from the original Common Law Jurisdiction. The Notary's purpose as a public official is to witness the identification for verification only, and not for entrance into any foreign jurisdiction.

Jurat /Affidavit
Acknowledgment

STATE OF INDIANA

SCILICET

COUNTY OF LAKE

I, the undersigned Notary Public, authorized to administer oaths within the STATE OF INDIANA certifies that Affiant(s) by the name(s) of DAN ORE JEROME DENNIE

Willingly signed and executed the documents or affidavits therein. All Affiant(s) were 18 or more years of age, sound mind, and under no constraint or undue influence. In Witness Whereof, I have hereunto subscribed my name and affixed my official seal below.

SUBSCRIBED TO AND SWORN BEFORE ME THIS 14 DAY OF THE MONTH OF SEPTEMBER IN THE YEAR OF 2009 I BARBARA J. BORTOLI

A NOTARY PUBLIC RESIDING WITHIN THE STATE OF INDIANA, COUNTY OF LAKE DOES HEARBY CONFIRM THAT ALL AFFIANT (S) BY THE

NAME (S) OF Mr.(s) DAN ORE JEROME DENNIE PERSONALLY APPEARED BEFORE ME IN THEIR TRUE CHARACTER (S) PRESENTED IDENTIFICATION(S), AND AFFIXED THEIR SIGNATURES BELOW.

Affiant's Signature Danore Dennie Time of Day 8:44 (a.m) / p.m.

Total number of documents/pages being notarized: 4 Day of the week: MONDAY

NOTARY SEAL

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES:

Barbara J Bortoli



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: DANORE DENNIE