[note: this first part may be modified or ommitted and merely propounds ideas that may be prgagmatically useful to ensure one's safety. The second part is tailored more to people in the USA]

WILL OF [insert name here]

In the event that I, [insert name], am assassinated while incarcerated or an apparent accident befalls me (such as cancer; a heart attack or a stroke), know that it was probably murder at the hands of [ the cabal/Other group/person,etc.-hereafter 'the cabal'; instantiate whomever seks harm to you here] and I would request my death be investigated to the fullest extent possible by outside third parties if possible preferably from out of the area where my death occured. Reference should especially be had to the work "Targeted Individual Handbook: Combating Gangstalking and Directed Energy Weapons" by Loki Hulgaard as this is the main modality of assassination of [the cabal/Other group/person,etc].

I refuse to be cremated as this is a means of concealing evidence that may be revealed during an autopsy and for this and other reasons request that I be given a proper burial of a traditional non-christian nature. I request no prayers of any christian kind be spoken around my person at any point in time.

I have foresworn suicide as a matter of principle now that I know at the time of writing this that this is the wish of [the cabal] and that I desire to continue to live if only to oppose their wishes.

The cases of Gordon Kahl, J.Edgar Steel; Werner Bock; Matt Hale and countless other known and unknown people who have had their lives ruined or been terminated by the cabal and its agents prove that those who oppose it if discovered are persecuted with extreme prejudice and an unrelenting desire to destroy the lives of the cabal's opponent.

Accordingly, I am leaving this will to ensure that my wishes are properly carried out to the letter and are not deviated from.

If I, [insert name here], become mentally or physically incapacitated and even if not, I reject all: administrations of foreign substances on or into my body, eg.: blood transfusions; vaccinations/innoculations/shots; pharmaceuticals/medications; radiation treatments; x-rays; electrical shock; chemical applications, etc.

Also I reject all additions or subtractions of body parts; artificial prostheses/implants or DNA foreign to my own body; also all surgeries save for setting bones or closing wounds or repairing the body to its prior condition as closely as possible adhering to the above conditions. Additionally I refuse to become an organ donor.

I require should I be incarcerated or institutionalized through a false psychiatric diagnosis of 'mental illness' that my sanitation/natural hygiene routine be adhered to as closely as possible as outlined in the book "Salubrious Living" by Arnold Devries with only the addition of kosher certified boiled eggs/high quality animal food not easily poisoned by the cabal's agents and that I be exposed to as much spiritually uplifting and enlightening material as can be afforded depending on my condition, eg. audio lectures and books within my range of interests and musical preferences [specify].

Also as much exercise as can be undergone conducive to optimal health in intensity and duration and sound, efficient rest and relaxation as well as exposure to the outdoors as outlined in the book "Salubrious Living" by Arnold Devries.

I will accept health care only from white/caucasian care givers, (preference being given to those who are not christians or freemasons) to minimize the probability of poisoning or being falsely diagnosed as 'mentally ill' for which see the book "Psychiatric Fraud" by Richard Lighthouse as my defense against any such flase diagnoses.

I refuse all vaccines especially if they may contain MRC-5 and if there is a possibility of an iatrogenic reaction.

Any medical procedure I do not consent to amounts to medical coercion as no informed consent was given.

Power of attorney goes to/is to be vested in [insert name], my mother and defaults to [insert name], in the event of her inability to act in this capacity.

All earthly goods I own/possess are to be given into the custody of [insert name]

[Other requests made here]

Declaration of Intention

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being of sound mind, willfully and voluntarily make known my desire that should it be so considered or decided that I be subject to involuntary incarceration or hospitalization (also known as committal and certification) in a psychiatric hospital, ward, facility, home or nursing home, and/or that I be subject to psychiatric procedures including, but not limited to any form of psychosurgical neurological operation such as lobotomy or leucotomy, electro-convulsive treatment (also known as electroshock or shock treatment and ECT), psychotropic drugs (including benzodiazepines, major tranquilizers, antidepressants, barbiturates or neuroleptics generally); deep sleep treatment (narcosis, narcosynthesis, sleep therapy, prolonged narcosis, modified narcosis or neuroleptization), sterilization, insulin shock or any other physically based psychiatric or psychological treatment or practice, I direct that such incarceration, hospitalization, treatment or procedures not be imposed, committed or used on me.

I refuse contact with and treatment by any psychiatrist, psychologist or other mental health practitioner as these practices, according to my philosophic and/or religious convictions, do not adequately or properly diagnose and such diagnoses can constitute a false accusation about my behavior and/or beliefs and practices, and are stigmatizing and therefore a threat to one's reputation and physical and mental well-being. Any of their treatments, given against my expressed wish, are an intrusion upon and thus an assault on my body and constitute, in my view, criminal assault. Any involuntary hospitalization or commitment is a violation of my right to liberty and would therefore constitute a false imprisonment by all those advocating and authorizing such action, against my consent and wishes. If in the future, I am accused of a crime, then I direct that I be subject to due process accorded to the criminally accused and not subjected to psychiatric or psychological assessment, processing, profile, confinement or treatments.

Among other situations, the above directions and positions apply in any case where my capacity or ability to give instructions may be or may be claimed to be impaired, or should I be in a state of unconsciousness, or should my communication in an actual and/or legal sense be impossible, or where any psychiatrist, psychologist, mental health practitioner, or law enforcement official or person asserts that the matter is a "life-saving" situation requiring emergency intervention and/or treatment under any involuntary commitment law or similar legal authority.

In the absence of my ability to give further directions regarding the above, it is my intention that this declaration be honored by my family and physician(s) as an expression of my legal right to refuse medical, psychological, psychiatric or surgical treatment.

The attorneys mentioned below are appointed and authorized to institute appropriate proceedings on my behalf should the above declaration be violated and have my permission herewith to proceed with whatever criminal and/or civil procedures necessary to rectify such a violation.

I herewith authorize the following person(s) with the enforcement of this declaration of intention:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All medical doctors and their organizations as well as therapists are expressly released from their professional discretion or confidentiality towards provision of information to the above named attorney(s).

The declaration is also binding for my lawful agents, guardians, family, executors or any person with the legal or other right to take care of me or my affairs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary / Justice of the Peace / attorney, etc. Name of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me on this date (date notary witnessed the signature) (Place where signature is witnessed / notarized)