

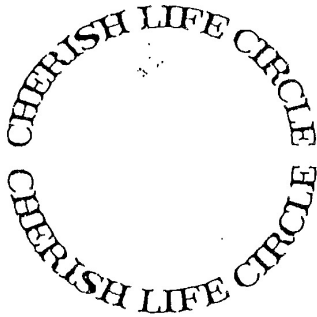
Rev. René Robert
1112 State Road 16
St Augustine FL 32084-8596

Mike

My statement on
Cheryl's life wasn't changed
so, please keep this on my
file.

Thank
R.

On Your Side



273 Willoughby Avenue, Brooklyn, New York 11205-1487
(718) 622-5750 Fax (718) 398-7866

Winter - Spring 1995

Dear Friend:

As the cries for the death penalty mount in New York State and around the nation and as executions increase in those states which currently allow them, we invite you to make your personal statement as detailed in the enclosed *Declaration of Life*.

In signing this document, you declare that, should you become a homicide victim, you do not want your murderer executed.

SHOULD YOU DECIDE TO SIGN THIS, WE ASK YOU TO RETURN TO US THE TEAR SHEET LISTED BELOW. Keep the signed, witnessed and notarized (if possible) document with your personal papers.

Many of our newly elected state and congressional leaders included a commitment to capital punishment in their campaign promises. Our task, consequently, has become much more difficult. *Please duplicate this page* and the *Declaration* and try to get at least two other people to sign them. Thank you.

Sincerely yours,

Sister Camille

Camille D'Arienzo, RSM

Because I am opposed to capital punishment as a solution to violence, I have signed the Declaration of Life. Please number me among its supporters.

NAME (PRINTED) Fr. René Robert

SIGNATURE Fr. René Robert

COMMENTS:

Declaration of Life

273 Willoughby Avenue
Brooklyn, New York 11205-1487
(718) 622-5750
Fax (718) 398-7866

DECLARATION OF LIFE

I, the undersigned, being of sound and disposing mind and memory, do hereby in the presence of witnesses make this Declaration of Life.

BACKGROUND

1. I believe that the killing of one human being by another is morally wrong.
2. I am opposed to capital punishment on any grounds whatsoever.
3. I believe it is morally wrong for any state or other governmental entity to take the life of a human being by way of capital punishment for any reason.
4. I believe that capital punishment is not a deterrent to crime and serves only the purpose of revenge.

THEREFORE, I hereby declare that should I die as a result of a violent crime, I request that the person or persons found guilty of homicide for my killing not be subject to or put in jeopardy of the death penalty under any circumstances, no matter how heinous their crime or how much I may have suffered.

I believe it is morally wrong for my death to be the reason for the killing of another human being.

I request that the Prosecutor or District Attorney having the jurisdiction of the person or persons alleged to have committed my homicide not file or prosecute an action for capital punishment as a result of my homicide.

I request that this Declaration be made admissible in any trial of any person charged with my homicide and read and delivered to the jury.

I request the Court to allow this Declaration to be admissible as a statement of the victim at the sentencing of the person or persons charged and convicted of my homicide; and, to pass sentence in accordance with my wishes.

I request that the Governor or other executive officer(s) grant pardon, clemency or take whatever action is necessary to stay and prohibit the carrying out of the execution of any person or persons found guilty of my homicide.

This Declaration is not meant to be, and should not be taken as, a statement that the person or persons who have committed my homicide should go unpunished.

I request that my family and friends take whatever actions are necessary to carry out the intent and purpose of this Declaration; and, I further request them to take no action contrary to this Declaration.

During my life, I want to feel confident that under no circumstances whatsoever will my death result in the capital punishment of another human being.

I request that, should I die under the circumstances as set forth in this Declaration and the death penalty is requested, my family, friends and personal representative deliver copies of this Declaration as follows: to the Prosecutor or District Attorney having jurisdiction over the person or persons charged with my homicide; to the attorney representing the person or persons charged with my homicide; to the judge presiding over the case involving my homicide; for recording, to the Recorder of the County in which my homicide took place and to the Recorder of the County in which the person or persons charged with my homicide are to be tried; to all newspapers, radio and television stations of general circulation in the County in which my homicide took place and the County in which the person or persons charged with my homicide are to be tried; and, to any other person, persons or entities my family, friends or personal representative deem appropriate in order to carry out my wishes as set forth herein.

I affirm under the pains and penalties for perjury that the above Declaration of Life is true.

WITNESS

John Michael Traynor
Printed Name

Jennifer L. Sloane
Printed Name

STATE OF Florida

COUNTY OF St. Johns

DECLARANT

Er Gene Robert
Printed Name

Before me, a Notary Public in and for said County and State, personally appeared the Declarant and acknowledged the execution of the foregoing instrument this 23 day of May, 19 95.

WITNESS my hand and notarial seal.

My Commission Expires:



KAREN A. HIGGINS
MY COMMISSION # CC310704 EXPIRES
September 29, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

Karen A. Higgins
NOTARY PUBLIC

County of Residence:

St. Johns County

KAREN A. HIGGINS
Printed Name