

EXHIBIT N

1 children, I ask your Honor to consider that those very same
2 goals of sentencing could be achieved with a sentence of
3 15 years to life.

4 Thank you.

5 THE COURT: Does your client wish to be heard?

6 THE DEFENDANT: Yes. I've always asked for God to
7 take Manuel in his reigns and that God protect his family,
8 take care of them, bless them forever and the same way as
9 every one who is present here, but I also want to say that
10 my trial was unconstitutional and illegal.

11 When one has trust in one's lawyer and one's lawyer
12 does not try to bring into light the facts, the facts that
13 he has, the facts that he has and the duty that he has to
14 bring into light so that the jury and you, your Honor, can
15 take and make the correct decisions based on the
16 constitution and of God, that is fraud and a lack of
17 representation on the part of the defense attorney.

18 That is all.

19 MR. SAPONE: So, your Honor, as a result of his
20 first lawyer's representation at trial, there will be an
21 appeal and a 440, but that in no way suggests that Mr. Delos
22 Santos wants to rectify his affidavit. He withdraws that
23 voluntarily. He now has me representing him. We are going
24 to move forward and file the appeal on the 440 and we
25 withdraw the affidavit and we don't want you to consider

Denise Y. Taylor,

1 that.

2 Thank you.

3 THE COURT: All right. I presided over this trial.
4 It was a horrendous case. Your client, Mr. Delos Santos was
5 a major drug dealer. His background being nonviolent or not
6 criminal is of no moment to me. He is a drug dealer and his
7 whole motivation was to get back his money and instead of
8 going to the person or doing whatever he felt was necessary
9 to do by the person whom he felt stiffed him, he goes to an
10 innocent home, he executes a home invasion with a family, an
11 elderly father, a cousin who didn't know what was going on,
12 he allows people to bring a gun and now you call it an
13 accident? You bring a gun into a home, you can expect a
14 tragedy and this was a heinous tragedy. In my years on the
15 bench I haven't seen anything so bad.

16 Twenty-five years to life on felony murder.
17 Twenty-five years on kidnapping, and concurrent. And one
18 and a third to four on each count, 4 and 5 concurrent.

19 MR. SAPONE: To be clear, it's concurrent, all 25
20 to life?

21 THE COURT: Yes.

22 THE CLERK: Advise your client of the right to
23 appeal, please.

24 CERTIFICATE
25 Certified to be true and accurate.

Denise Y. Taylor,

Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

| | | |
|--|---|--|
| 1. Taxpayers' names and address (including County) AGNES ANYANGO 311 S LASALLE ST APT 511H DURHAM, NC 27705-3693 # of years at this address _____ <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent | 2a. Home phone number (919) 489-7564 | 3a. Taxpayer's social security number 675-12-0636 |
| | 2b. Cell phone number (919) 489-7564 | 3b. Spouse's social security number |
| | 2c. Business phone number (919) 489-7564 | 4a. Taxpayer's date of birth 06/05/50 |
| | | 4b. Spouse's date of birth |

Section 1. Personal Information

5. Do you have a power of attorney for tax matters? If yes, please attach a copy.
 yes no

Marital Status: married unmarried (single, divorced, widowed)

6. Age and relationship of dependents (exclude yourself and spouse) living in your household.
 NONE

Section 2. Employment Information

| | | | |
|---|--|-------------------------------------|---|
| 7. Taxpayer's employer or business (name and address) KAH CARE LLC 4905 PINE CONE DR STE 2 DURHAM NC 27707 | 7a. How long employed 1 | 7c. Occupation CNA | 7e. (Check appropriate box) <input checked="" type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member |
| | 7b. Number of exemptions claimed on Form NC-4 1 | 7d. Paydays | |
| 8. Spouse's employer or business (name and address) Business phone # _____ | 8a. How long employed | 8c. Occupation | 8e. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner/Member |
| | 8b. Number of exemptions claimed on Form NC-4 | 8d. Paydays | |
| 9. Latest filed income tax return (tax year) 2017 | 10. Number of exemptions claimed 1 | 11. Adjusted Gross Income 21,979 | |

Section 3. Liquid Assets

12. Cash on hand

13. Bank accounts (Include Savings & Loans, Credit Unions, Certificates of Deposit, etc.)

| Name of Institution | Address | Type of Account | Account No. | 3 month average ending balance |
|----------------------|---------|-----------------|--------------|--------------------------------|
| 13a. BANK OF AMERICA | | CHECKING | 237031564553 | 57 |
| 13b. | | | | |
| 13c. | | | | |
| 13d. | | | | |
| 13e. Total | | | | 57 |

14. Investment Accounts
 Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans.
 Include all corporations, partnerships, limited liability companies or other business entities in which the individual is an officer, director, owner, member, or otherwise has a financial interest.

| Type of Investment or Financial Interest | Full Name & Address (City, State, Zip Code) of Company | Current Market Value | Loan Balance (if applicable) As of mm/dd/yyyy | Equity Value Minus Loan |
|---|--|----------------------|---|-------------------------|
| 14a. N/A | | | | 0 |
| 14b. | | | | 0 |
| 14c. | | | | 0 |
| 14d. Total Equity (Add lines 14a through 14c and amounts from any attachments) | | | | 0 |

| | | | | |
|--------------------------------------|---------------|------|-------------|----------------------|
| 15. Life Insurance (Name of Company) | Policy Number | Type | Face Amount | Available Cash Value |
| 15a. N/A | | | | 0 |
| 15b. | | | | |
| 15c. Total | | | | 0 |

Section 4 Real Property

16. Real property owned, rented, and leased. Include all real property and land contracts. (For personal and business use if sole proprietor)

16a. Primary Residence

| Purchase/Lease Date (mm/dd/yy) | County Tax Value | Current Fair Market Value (FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment | Equity FMV minus loan |
|---|------------------|---------------------------------|--|---------------------------|-----------------------|-----------------------|
| Property Location (Street, Address, State, ZIP code) N/A | | | Lender/Lessor/Landlord Name, Address, (Street, Address, State, ZIP code) | | | |
| Property County | | | Landlord/Lessor Phone Number | | | |
| First Mortgage Holder | | | Second Mortgage/Home Equity Line | | | |

16b. Property Description

| Purchase/Lease Date (mm/dd/yy) | County Tax Value | Current Fair Market Value (FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment | Equity FMV minus loan |
|---|------------------|---------------------------------|--|---------------------------|-----------------------|-----------------------|
| Property Location (Street, Address, State, ZIP code) N/A | | | Lender/Lessor/Landlord Name, Address, (Street, Address, State, ZIP code) | | | |
| Property County | | | Landlord/Lessor Phone Number | | | |

16c. Total Fair Market Value

16d. Total Current Loan Balance

16e. Net Equity

Attach additional sheets as needed

Section 5. Licensed Assets/Vehicles

17. Vehicles Purchased Include boats, RVs, motorcycles, trailers, etc. (For personal and business use if sole proprietor)

| 17a. Description (Make, Model, Year, Mileage) | Purchase Date (mm/dd/yy) | Current Fair Market Value (FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment | Equity FMV minus loan |
|---|--------------------------|---------------------------------|---|---------------------------|-----------------------|-----------------------|
| | 07/01/08 | 700 | 0 | 0 | | 700 |
| Make Model Year Mileage | | | Lender/Lessor Name, Address, (Street, Address, State, ZIP code) | | | |
| TOYOTA | COROLLA | 1994 | 294869 | | | |
| 17b. Description (Make, Model, Year, Mileage) | Purchase Date (mm/dd/yy) | Current Fair Market Value (FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment | Equity FMV minus loan |
| Make Model Year Mileage | | | Lender/Lessor Name, Address, (Street, Address, State, ZIP code) | | | |
| N/A | | | | | | |
| 17c. Description (Make, Model, Year, Mileage) | Lease Date (mm/dd/yy) | Current Fair Market Value (FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment | Equity FMV minus loan |
| Make Model Year Mileage | | | Lender/Lessor Name, Address, (Street, Address, State, ZIP code) | | | |
| | | | | | | |

17d. Total Current Fair Market Value

17e. Total Current Loan Balance

17f. Net Equity

700

0

700

Sections 11 and 12 must be completed only if the taxpayer is SELF-EMPLOYED

Section 11. Business Information

48. Is the business a sole proprietorship (filing Schedule C) Yes, Continue with Sections 11 and 12. No, Complete Business Financial Statement
 All other business entities, including limited liability companies, partnerships or corporations, must complete business financial statement.

| | | |
|----------------------|------------------------------------|---|
| 49. Business Name | 50. Employer Identification Number | 51. Type of Business Federal or State Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 52. Business Website | 53. Total Number of Employees | 54a. Average Gross Monthly Payroll 54b. Frequency of Tax Deposits |

55. Does business engage in e-Commerce (Internet sales) Yes No

| | |
|--|----------------------------------|
| 56a. Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name and Address (Street, City, State, Zip code) | Payment Processor Account Number |
| 56b. | |

Credit Cards Accepted by the Business

| Credit Card | Merchant Account Number | Merchant Account Provider, Name & Address (Street, City, State, ZIP code) |
|-------------|-------------------------|---|
| 57a. | | |
| 57b. | | |
| 57c. | | |

58. **Business Cash on Hand.** Include cash that is not in a bank **Total Cash on Hand** \$

Business Bank Accounts. Include checking accounts, online bank accounts, money market accounts, savings accounts, and stored value cards (e.g. payroll cards, government benefit cards, etc.) Report Personal Accounts in Section 3.

| Type of Account | Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution. | Account Number | Account Balance As of <u> </u> mm/dd/yyyy |
|-----------------|---|----------------|---|
| 59a. | | | \$ |
| 59b. | | | \$ |

59c. **Total Cash in Banks** (Add lines 59a, 59b, and amounts from any attachments) \$

Accounts/Notes Receivable. Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started.) Include Federal and State Government Contracts.

| Accounts/Notes Receivable & Address (Street, City, State, ZIP Code) | Status (e.g., age, factored, other) | Date Due (mm/dd/yyyy) | Invoice Number or Federal or State Government Contract Number | Amount Due |
|---|-------------------------------------|-----------------------|---|------------|
| 60a. | | | | \$ |
| 60b. | | | | \$ |
| 60c. | | | | \$ |
| 60d. | | | | \$ |

60c. **Total Outstanding Balance** (Add lines 60a through 60d and amounts from any attachments) \$

Business Assets. Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include Uniform Commercial Code (UCC) filings. Include Vehicles and Real Property owned/leased/rented by the business, if not shown in Section 10.

| | Purchase/Lease/Rental Date (mm/dd/yyyy) | Current Fair Market Value (FMV) | Current Loan Balance | Amount of Monthly Payment | Date of Final Payment (mm/dd/yyyy) | Equity FMV Minus Loan |
|---|---|---------------------------------|--|---------------------------|------------------------------------|-----------------------|
| 61a. Property Description | | | | | | \$ |
| Location (Street, City, State, ZIP code) and County | | | Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone | | | |
| 61b. Property Description | | | | | | \$ |
| Location (Street, City, State, ZIP code) and County | | | Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code) and Phone | | | |
| 61c. Total Equity (Add lines 61a, 61b and amounts from any attachments) | | | | | | \$ |

Section 12 must be completed only if the taxpayer is SELF-EMPLOYED

Section 12. Sole Proprietorship Information (lines 62 through 83 should reconcile with business Profit and Loss Statement)

Accounting Method Used: Cash Accrual

Income and Expenses during the period (mm/dd/yyyy) to (mm/dd/yyyy)

| Total Monthly Business Income | | Expense Items | |
|-------------------------------|---------------|--|----------------|
| Source | Gross Monthly | | Actual Monthly |
| 62. Gross Receipts | | 72. Materials Purchased | |
| 63. Gross Rental Income | | 73. Inventory Purchased | |
| 64. Interest | | 74. Gross Wages & Salaries | |
| 65. Dividends | | 75. Rent | |
| 66. Cash | | 76. Supplies | |
| Other Income (Specify Below) | | 77. Utilities/Telephone | |
| 67 | | 78. Vehicle Gasoline/Oil | |
| 68 | | 79. Repairs & Maintenance | |
| 69 | | 80. Insurance | |
| 70 | | 81. Current Taxes | |
| 71. Total Income | | 82. Other Expenses, including installment payments | |
| Add lines 62 through 70 | | 83. Total Expenses (Add lines 72 through 82) | |
| | | 84. Net Business Income (line 71 minus 83) | |

Enter the amount from line 84 on line 32, Section 10. If line 84 is a loss, enter "0" on line 32, Section 10.

Self-employed taxpayers must return to page 4 to sign the certification and include all applicable attachments.

Materials Purchased: Materials are items directly related to the production of a product or service.

Current Taxes: Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of the employment taxes.

Inventory Purchased: Goods bought for resale.

Net Business Income: Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

Supplies: Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

Utilities/Telephone: Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone and cell phone.

| FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR INDIVIDUAL WAGE EARNERS AND SELF-EMPLOYED INDIVIDUALS | | (DOR USE ONLY) |
|--|------------------------|----------------|
| Cash Available (Lines 12, 13c, 14d, 15c, 20c, 58, 59c, 60c) | Total Cash | \$ |
| Distainable Asset Summary (Lines 16e, 17e, 18f, 61c) | Total Equity | \$ |
| Monthly Total Positive Income minus Expenses (Line 35 minus Line 47) | Monthly Available Cash | \$ |