## **EXHIBIL** *N*

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

Thank you.

THE COURT: Does your client wish to be heard?

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

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

That is all.

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

1 that.

Thank you.

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

Twenty-five years to life on felony murder.

Twenty-five years on kidnapping, and concurrent. And one and a third to four on each count, 4 and 5 concurrent.

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

THE COURT: Yes.

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

CERTIFICATE
Certified to be true and accurate.

Denise Y. Taylor,

	·								
Form RO-1062	N 4	C Department	of Revenue						
Web-fill (Rev. 4-10)			Information	Statama	ant for I	individual	6		
			shaded areas. W					at do not anniv.	
<ol> <li>Taxpayers' names and</li> </ol>	address (including C	County)	2a. Home phone r	umber		3a. Taxpayer's so	cial security	number	
AGNES ANYANG	GO		(919) 4	89-7564		675-12-			
311 S LASALI		1.1H	2b. Cell phone nu	mher		3b. Spouse's socia	il security nu	imber	
DURHAM, NC	27705-3693			89-7564		4a. Taxpayer's da	e of birth		
						06/05/5	0		
# of years at this address			2c. Business phon			4b. Spouse's date	of birth		
	Rent			89-7564					
Section 1. 5. Do you have a power	of attorney for tax m	atters? If was role	ersonal Informat	tion	Marital Statu	16.			
yes yes	no	ancis: 11 yes, pie	ase attach a copy.				narried (sing	gle, divorced, widowed)	
6. Age and relationship	of dependents (exclude	de yourself and sp	ouse) living in your hou	sehold.	<u> </u>	نخيب			
NONE	• •		, , ,						
HONE									
Section 2.			Employment In	formation	n				
7. Taxpayer's emplo	yer or business		7a. How long employe		7c. Occupat	ion		appropriate box)	
(name and addr	ess)		١ ,					Wage carner	
KAH CARE I			1 7b. Number of exemp	ntions	CNA 7d. Paydays		<del> </del>	Sole proprietor	
4905 PINE DURHAM NC	CONE DR STE	3 2	claimed on Forn		/u. Paydays	•		Sole proprietor	
DURHAM NC	21101		Claimed on Form	1110-4				Partner/Member	
			1						
8. Spouse's employe			8a. How long employe	ed	8c. Occupat	tion	8e. (Check appropriate box)		
(name and addr	ess)							Wage earner	
			8b. Number of exemptions		8d. Paydays	<del></del>	i m	Sole proprietor	
			claimed on Form NC-4		4		=		
								Partner/Member	
Business phone #  9. Latest filed income ta	•	10. Number of	Nemptions	III Adineted	Gross Incom				
return (tax year)	^	claimed	campuons	in Aujusice	Oross micom				
2017			1	21,979					
Section 3		<u> </u>	Liquid Assets						
12. Cash on hand			Liduid Assets						
13. Bank accounts (Inc.	lude Savings & Loan	s, Credit Unions,	Certificates of Deposit,	etc.)					
Name of Institution	-	Ad	dress	Type of	Type of Account		No.	3 month average	
13a. BANK OF AMER	T.C.3			<u> </u>	· · · · · ·			ending balance	
13a. BANK OF AMER.	ICA			CHECKIN	īG	237031564553		57	
13b.								-	
13c.									
13d.	<del></del>					_			
13e. Total								57	
14. Investment Accoun				a auch as ID As	Vessel and 40	1/14) =1===			
Include all corporations,	oartnerships, limited li	ability companies of	posit, and retirement asset or other business entities i						
director, owner, member,	or otherwise has a fin:	ancial interest.			-	I Y and Balan	r-		
						Loan Balar (if applicab			
Type of Investment	State, Zip Code)		Current	As of	,	Equity			
or Financial Interest		of Company		Mar	ket Value	mm/dd/	уууу	Value Minus Loan	
14a.			<u></u>						
N/A						1		0	
14b.						<del>                                     </del>		<u> </u>	
				1		1			
								0	
14c									

14d. Total Equity (Add lines 14a through 14c and amounts from any attachments)
Form RO-1062 page 1 (Rev. 4-10)

15. Life Insurance (	Name of Company)			Policy Number	able Cash Value			
15a. N/A				-				0
15b.					1			
15c. Total						·		0
Section 4			Real Prope	ertv				
16. Real property own	ned, rented, and leased	. Include all	real property and	l land contracts. (For person	al and busines	s use if sole p	roprietor)	
16a. Primary Residence	e						<u></u>	
Purchase/Lease Date	County	Сите	nt Fair Market	Current Loan	Amount	of Monthly	Date of Fina	l Equity
(mm/dd/yy)	Tax Value	Va	iluc (FMV)	Balance	Pay	ment	Payment	FMV minus loan
• •	et, Address, State, ZIP o	ode)		Lender/Lessor/Landlo	rd Name, Add	lress, (Street, A	Address, State,	ZIP code)
N/A								
Property County				Landlord/Lessor Phon				
First Mortgage Holder				Second Mortgage/Hor	ne Equity Lin	e		
16h Branarty Descript	ian							
Purchase/Lease Date	County	Curro	nt Fair Market	Current Loan	Amount	of Monthly	Date of Fina	l Equity
(mm/dd/yy) Tax Value Value (FMV)				Balance		ment	Payment	FMV minus loan
(IMIDGO JJ)	rax value	"	iluc (i ivi v)	Balance	1	, mom	1 Tuyincii	1111 1 11111111111111111111111111111111
Property Location (Stre	et, Address, State, ZIP o	ode)		Lender/Lessor/Landlo	rd Name, Add	ress. (Street. A	Address, State,	ZIP code)
N/A	,,,	,				-, (,		<u> </u>
,								
Property County				Landlord/Lessor Phon	e Number			-
16c. Total Fair Mark	ket Value	160	l. Total Curr	ent Loan Balance	<del>-</del>	16e. Net I	Equity	
			A4411-1741	onal sheets as needed	*			
Seedien F								
Section 5.	chased Include hoats. R	Vs. motorcy		ssets/Vehicles (For personal and business	use if sole pro	prictor)	<del></del>	
17a. Description	Purchase Date	- T	nt Fair Market	Current Loan		of Monthly	Date of Fina	l Equity
(Make, Model,	(mm/dd/yy)	1	alue (FMV)	Balance Payment Payment				FMV minus loan
Year, Mileage)	07/01/08		700	0		o o	1	700
	<del> </del>	<b>-</b>		Lender/Lessor Name,	Address, (Str	eet, Address, S	tate, ZIP code)	
Make	Model	Year	Milcage					
TOYOTA	COROLLA	1994	294869					
17b. Description	Purchase Date	Curre	nt Fair Market	Current Loan	Amount	of Monthly	Date of Fina	l Equity
(Make, Model,	(mm/dd/yy)	V <sub>i</sub>	alue (FMV)	Balance	Pay	yment	Payment	FMV minus loan
Year, Mileage)								
				Lender/Lessor Name,	Address, (Str	ect, Address, S	state, ZIP code)	
Make	Model	Year	Mileage					
N/A				<u> </u>		<u> </u>		
17c. Description	Lease Date	Ситте	nt Fair Market	Current Loan	Amount	of Monthly	Date of Fina	l Equity
(Make, Model, (mm/dd/yy) Value (FMV)				Balance	Pay	yment	Payment	FMV minus loan
Year, Mileage)		_						
	Lender/Lessor Name,	Address, (Str	eet, Address, S	state, ZIP code)	<del></del>			
Make	Model	Year	Mileage	4				
17d. Total Current F	Palm Manks 4 \$7-7	1.5	Total C:	ent Loan Balance		17f. Net E	· · · · · · · · · · · · · · · · · · ·	

Section 6.	···		Other P	ersonal Asset	S			
18. Other Assets (Inc	lude all assets lis			cy)			•	
	Current	Liabilities	Equity	Amount of				Date of
Description	Market	Balance	In	Monthly	Name and	Address of	Date	Final
	Value	Due	Asset	Payment	Lien/Note Ho	older/Obligee	Pledged	Payment
18a.				<del>                                     </del>				, , , , , ,
37 /3								
N/A					1			
18b.						-	<del></del>	<del> </del>
18c .				<del> </del>			+	<del> </del>
	•	1			<b>!</b>			
								1
18d. Total Curre	nt Fair Mark	ot Value	19a Total Cu	irrent Loan Ba	longo		18f. Net Ed	
iou. Iotal Culle	it Pail Walk	ct value	10c. I Utai Cu	ii i enii Luan da	папсе		101. Net Ed	juity
					1			
Section 7.		T.	. d am am 4a - 0.	Carred Tim		Jakas		
	á		idements &	Secured Lier	s (other secured	(depts)		<del></del>
19. Other Liabilities				T			T	1
	Liabili		Amount of			_	_	Date of
Description	Balar		Monthly		Name and Address of		Date	Final
	Due	e l	Payment		Lien/Note Holder/Obli	gcc	Pledged	Payment
19a. IRS		i i		1	xxxxxxxxxxx		. ]	
					XXXXXXXXXXXXX			1
				ΛΛΛΛΛΛΛΛ			`	ļ
19b.				       	xxxxxxxxxxx	***********		t
				1			1	
				XXXXXXXXX	XXXXXXXXXXXX	*****	`	
19c.				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				1	XXXXXXXXXXXX	4		
				xxxxxxxx	XXXXXXXXXXXX	XXXXXXXXX		
19d.								
Total Liabilities								
Balance Due					-			
Section 8.					nts and Medical	Expenses		
20. Available Cre	dit (list bank cha	rge cards, credit ur	nions, lines of cred	lit, medical expense	es)			
Type of Acco	unt	Name a	and Address of		Monthly	Credit	Amount	Credit
or Card		Financ	ial Institution		Payment	Limit	Owed	Available
20a.					1			
20b.								
20c.				<del>-</del> -				
20d.								
					]	I	ſ	
20e. Total Credit	Available			<del></del>				
Section 9.			Other F	inancial Info	rmation			
21. Other informa	tion relating to vo	our financial condi	tion. If you check	the yes box, please	give dates and explain	under remarks.	-	-
a. Court proceedi		Y		b. Bank			Yes >	No
u. Court procesu.		٠٠ اسما		""	- up. u.o.			<u></u>
Remarks:				Remark	s:			
c. Repossessions		☐ Yo	es X No	d. Rece	nt transfer of assets		Yes >	No
•		_		for le	ss than full value			
Remarks:				Remark				
			<del></del>					
e. Anticipated inc	rease in income	☐ Yo	cs X No	f. Partic	ipant or beneficiary to t	rust.	Yes >	No
parea me		<b>–</b> "			, profit sharing, etc.		<b></b> ∠	л <u>.</u>
Remarks:				Remark				
-								
g. Do you receive	government assis	stance		h Ares	Il required state tax retu	rns filed?		
based on disability			es No			and Heet	X Yes	] No
Jasea on disaonity		<u>(</u>	<u></u> '''	1			521.00 F	J
Remarks: MED				Remark	s:			
MED]	CARE				<del></del> -			
				Ì				

22.	Number in Household	1 23. # Cars		4. # Car Loans 0	25. County	DURHAM		
Secti	on 10.	Monthly Income and	d Expen NCOMI	se Analysis				
	Source	1	NCOMI	Net				
26 W	ages/ Salaries ( Taxpayer) * Attac	ch cany of most recent new stub		800				
	ages/Salaries (Taxpayer) * Attach co			0				
-		opy of most recent pay stub		0				
	nt paid to taxpayer her members of household			0				
				0				
	nsion(s)			829				
-	cial Security							
	ofit from Business			0				
-	mmissions			0				
-	her Income			0				
35. To	otal Income			1,629				
	6	NECESSARY	LIVIN					
_	Source	Amount		Source		Amount		
-	ortgage/Rent	720		Auto loans				
37. Ut	ilities		43.	Health/Life Insurance				
	A. Telephone/Cell	43	44.	Medical		2,500		
	B. Electricity	105	45.	IRS Tax Payments				
	C. Heating		46.	Miscellaneous Payments				
	D. Water/Garbage	36		A. Child Support				
38. Ho	Homeowner/renter insurance B. Alimony							
39. Gr	. Groceries 490 C. Daycare							
40. Ga	40. Gas/Maintenance, etc. 95 D. Estimated tax							
41. Au	41. Auto Insurance 89 47. Total Expenses							
Calcula	ated Disposable Income (total inco	ome less total expenses)				1,578		
contrib	utions, voluntary retirement contri	enerally do not allow tuition for private ibutions, payments on unsecured debts s expenses if it is proven that they are nec	such as cred cessary for t	lit card bills, cable television and the health and welfare of the ind	l other similar ividual or family			
	Certification	statement of assets, liabilities, a						
Vours	signature 44 3	S.	souea'e eian	ature (if joint return was filed)		Date		
×	Ale		ouse's sign	ature (ii joint letuin was med)		Date		
Attac	hments Required for Wag	ge Earners and Self-Employed	Individu	ıals:				
	Herry trees and the same way	3 months from the date this form is sub						
X		s, pay stubs, etc. from each employers, records, etc. and business financial			e, self employment	income		
Banks, Investments, and Life Insurance - Statements for all money market, brokerage, checking and savings accounts, certificates of deposit, IRA, stocks/bonds, and life insurance policies with a cash value.								
X		nders on loans, monthly payments, patternents and accountant's depreciation			nd business assets.	Include		
X		ts for monthly recurring expenses or orders requiring payments (child sup				phone,		
	Other - credit card statement	ts, profit and loss statements, all loa	n payoffs.	etc.				
X	A copy of last year's Form 1040 with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable.							

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

Section 11.		_	Busin	ess Inforn	nation						
48. Is the business a sole All other business en			F	Yes, Continu	c with Se						inancial Statement
49. Business Name			50.	Employer Ide	ntification	n Nur	mber	51. Typ	c of Bu	siness	
								Fed	Federal or State Contractor Yes No		
52. Business Website			53.	Total Number	r of Empl	oyces	3	54a. Av	erage C	ross Mon	thly Payroll
								54b. Fre	54b. Frequency of Tax Deposits		
55. Does business engage	e in e-Com	merce (Internet sales)		Yes	No						
Payment Processor (e.g., F	ayPal, Autho	orize.net, Google Checkout, etc.	.) Name a	nd Address (Str	cet, City, S	tate, Z	Zip code)		Paymer	nt Processor	r Account Number
56a.							<u></u>			_	-
56b.		<del>"-</del>									
Credit Cards A	ccepted by										
Credit Card 57a.		Merchant Accour	nt Numb	er	Mer	chani	t Account Pro	ovider, Name & Ac	idress (	Street, City	, State, ZIP code)
57b.			-								
57c.									•		
		ie cash that is not in a bank						ash on Hand	S		
		ude checking accounts, onli nment benefit cards, etc.) Re					ounts, saving	s accounts, and sto	red val	ue	· · · · ·
Type of Account	Full Nan	ne & Address (Street, City, & & Loan, Credit Union or Fin	State, ZI	P code) of Bar		011 3.	Accoun	t Number	Account Balance As of		
						_				mm/dd/yyyy	
59a.									s		
59b.										s	
59c. Total Cash in Bank	s (Add line	es 59a, 59b, and amounts fro	m any attachments)						s		
Accounts/Notes Rec	eivable. In	clude e-payment accounts r	eceivabl	e and factoring							
Accounts/Notes Receivable & Address (Street, City, State, ZIP Code)			Status (e.g., age, factored, other)			Date Due I		Invoice Number or Feder or State Government Cor Number			Amount Due
60a.											s
60b.											s
60c.											s
60d.						<u> </u>					s
60e. Total Outstanding	Ralance (A	Add lines 60a through 60d ar	nd amou	ts from any o	Itachment	ie)		L			
ooc. I viai Ouistanding	varante (A	me mes ova unougn ood at	ia ailiou	nes nom any a	uaciiiiichi	نة <i>ا</i>					S

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.

<u> </u>		Current Fair		Amount of	Date of Final				
	Purchase/Lease/Rental	Market Value	Current Loan	Monthly	Payment	Equity			
	Date (mm/dd/yyyy)	(FMV)	Balance	Payment	(mm/dd/yyyy)	FMV Minus Loan			
61a. Property Description						s			
Location (Street, City, State, ZIP co	ode) and County	1	Lender/Lessor/Landlord	Name, Address (Street	City, State, ZIP code	) and Phone			
61b. Property Description									
Location (Street, City, State, ZIP or	ode) and County	\	Lender/Lessor/Landlord	Name, Address (Street	City, State, ZIP code	) and Phone			
61c. Total Equity (Add lines 61a, 6	1b and amounts from any att	achments	· · · · · · · · · · · · · · · · · · ·			s			
Sect	tion 12 must be cor	npleted only	if the taxpayer	is SELF-EM	PLOYED	<u> </u>			
	prietorship Informati					oss Statement)			
		•	Jugii os silvaia ico.	Jilono with out	735 I IVIII mim -	OSS Guitemone,			
Accounting Method Used: Income and Expenses during the po	Cash Acc	ruai	to (						
	Monthly Business Income		1	mm/dd/yyyy)					
Source		Monthly		Expense Items		Actual Monthly			
62. Gross Receipts	-	1110211111	72. Materials Pur	<del></del>					
63. Gross Rental Income		-	73. Inventory Pur						
64. Interest			74. Gross Wages & Salaries						
65. Dividends		<del></del>	75. Rent						
66. Cash			76. Supplies						
Other Income (Specify Below)				77. Utilities/Telephone					
67			78. Vehicle Gaso	line/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 mir	us 83)				
Ent	ter the amount from line 84	on line 32, Section	10. If line 84 is a loss,	enter "O" on line 32.	Section 10.	!			
	mployed taxpayers must ret		•						
Materials Purchased: Materials are		at it to bage 1 to 2-9-	Current Taxes: Real estate, state, and local income tax, excise,						
production of a product or service.	-		franchise, occupational, personal property, sales and the employer's						
Inventory Purchased: Goods bough	nt for resale.		portion of the emp	. •					
0	44	. •	Net Business Income: Net profit from Form 1040, Schedule C may						
Supplies: Supplies are items used to or used up within one year. This cou			be used if duplicated deductions are climinated (e.g., expenses for business use of home already included in housing and utility expenses						
supplies, professional equipment, etc	•	:e	on page 4). Deductions for depreciation and depletion on Schedule C						
supplies, protessioner equipment, and	<b>v.</b>		are not cash expenses and must be added back to the net income						
Utilities/Telephone: Utilities includ	•		figure. In addition, interest cannot be deducted if it is already included						
other fuels, trash collection, telephor	ne and cell phone.		in any other installment payments allowed.						
	OF COLLECTION POTE GE EARNERS AND SELF-		PINITAL C			(DOR USE ONLY)			
Cash Available	JE EMNIERO AND DELL	EMILOTED HID	(DOR USE C						
	n- 60 60- 60 <sub>0</sub> )			Total Cash					
(Lines 12, 13e, 14d, 15c, 20			·	S					
Distrainable Asset Summar	ry								
(Lines 16e, 17e, 18f, 61c)				Total Equit	у	S			
Monthly Total Positive Inco	ome minus Expenses					ļ			
(Line 35 minus Line 47) Monthly Available Cash \$									

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