Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America

   This public document

2. has been signed by **Milton Adair Tingling**

3. acting in the capacity of **County Clerk**

4. bears the seal/stamp of the **county of New York**

Certified

5. at New York City, New York 6. the January 2022

7. by Deputy Secretary of State for Business and Licensing Services, State of New York

8. No.

9. Seal/Stamp 10. Signature

STATE OF NEW YORK ★ DEPARTMENT OF STATE ★ EXCELSIOR E PLURIBUS UNUM

Whitney A. Clark

Whitney A. Clark

Deputy Secretary of State for Business and Licensing Services

Form 1

State of New York
County of New York } *ss:*

No. [redacted]

I, Milton Adair Tingling, Clerk of the County of New York, and Clerk of the Supreme Court in and for said county, the same being a court of record having a seal, **DO HEREBY CERTIFY THAT**

[redacted]

whose name is subscribed to the annexed original instrument has been commissioned and qualified as a ~~NOTARY PUBLIC~~ DEPUTY CITY REGISTRAR and has filed his/her original signature in this office and that he/she was at the time of taking such proof or acknowledgment or oath duly authorized by the laws of the State of New York to take the same: that he/she is well acquainted with the handwriting of such public officer or has compared the signature on the certificate of proof or acknowledgment or oath with the original signature filed in his/her office by such public officer and he/she believes that the signature on the original instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal this [redacted] 2021

Milton Adair Tingling

County Clerk, New York County

COUNTY CLERK NEW YORK COUNTY

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

EXEMPLIFICATION OF BIRTH OR DEATH RECORD

WILKS

I, _____, Deputy City Registrar of the Office of Vital Records of the Department of Health and Mental Hygiene of the City of New York do hereby certify that the foregoing transcript is a true copy of the original record now on file in the Department of Health and Mental Hygiene of the City of New York, this being a department of the Municipal Corporation known as the City of New York; that I have compared the said transcript with the original record on file in the Department of Health and Mental Hygiene and that the same is a correct transcript of said original record, and of the whole thereof; that the seal thereon impressed is the official seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York, and I further hereby certify that I am Deputy City Registrar of the Office of Vital Records in the said Department of Health and Mental Hygiene in the City of New York, where the said certificate and record is on file, and that I am authorized to certify the said record in accordance with Section 17-102 (Sub b) of the Administrative Code of the City of New York.

The foregoing transcript is a true copy of said original record, identified as

☐ Birth ☑ Death

Certificate Number _____ Year _____,

Borough of Bronx.

COUNTY CLERK

In witness whereof I have hereunto set my hand and caused the seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York to be affixed this _____ *day of* _____ *in the year* 2021.

_____
Signature

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

DATE FILED

THE CITY OF NEW YORK -- DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No.

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Feb 03, 2021 12:04 PM

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

Place Of Death

2a. New York City
2b. Borough: Bronx

2c. Type of Place
1 ☒ Hospital Inpatient
2 ☐ Emergency Dept./Outpatient
3 ☐ Dead on Arrival
4 ☐ Nursing Home/Long Term Care Facility
5 ☐ Hospice Facility
6 ☐ Decedent's Residence
7 ☐ Other Specify

2d. Any Hospice care in last 30 days
1 ☐ Yes
2 ☒ No
3 ☐ Unknown

2e. Name of hospital or other facility (if not facility, street address): Montefiore Medical Center - Henry and Lucy Moses Division

Date and Time of Death

3a. (Month) (Day) (Year yyyy)

3b. Time: ☒ AM ☐ PM — 9:01

4. Sex: Female

5. Date last attended by a Physician (mm dd yyyy)

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. **See instructions on reverse of certificate.**

Name of Medical Certifier (Type or Print)

Signature: Victor Ruiz — Signature Electronically Authenticated

DO ☐ MD ☐ NP ☒ PA

Address: 111 E 210th St Bronx, NY

License No.: 294

Date: FEB-

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

7a. Usual Residence State: New York
7b. County: Bronx
7c. City or Town: Bronx
7d. Street and Number: 120 Casals Pl
Apt. No.
ZIP Code
7e. Inside City Limits? 1 ☒ Yes 2 ☐ No

8. Date of Birth (Month) (Day) (Year-yyyy): April 23 1946

9. Age at last birthday (years): 1 74

Under 1 Year: 2 Months *** 3 Days ***
Under 1 Day: 4 Hours *** 5 Minutes ***

10. Social Security No.

11a. Usual Occupation (Type of work done during most of working life. Do not use "retired"): Home Health Care

11b. Kind of business or industry: Health Care

12. Aliases or AKAs: *** ***

13. Birthplace (City & State or Foreign Country)

14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)
1 ☐ 8th grade or less; none
2 ☐ 9th - 12th grade; no diploma
3 ☐ High school graduate or GED
4 ☐ Some college credit, but no degree
5 ☒ Associate degree (e.g., AA, AS)
6 ☐ Bachelor's degree (e.g., BA, AB, BS)
7 ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
8 ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No

16. Marital/Partnership Status at time of death
1 ☐ Married
2 ☐ Domestic Partnership
3 ☒ Divorced
4 ☐ Married, but separated
5 ☐ Never Married
6 ☐ Widowed
7 ☐ Other, Specify
8 ☐ Unknown

17. Surviving Spouse's/Partner's Name (prior to first marriage)(First, Middle, Last): *** ***

18. Father/Parent Name (Prior to first marriage) (First, Middle, Last)

19. Mother/Parent Name (Prior to first marriage) (First, Middle, Last)

20a. Informant's Name

20b. Relationship to Decedent

20c. Address (Street and Number Apt. No. City & State ZIP Code)

21a. Method of Disposition
1 ☒ Burial
2 ☐ Cremation
3 ☐ Entombment
4 ☐ City Cemetery
5 ☐ Other Specify

21b. Place of Disposition (Name of cemetery, crematory, other place): Holy Trinity Monastery Cemetery

21c. Location of Disposition (City & State or Foreign Country): Jordanville, New York

21d. Date of Disposition (mm dd yyyy)

22a. Funeral Establishment: Joseph N. Garlick Funeral Home (Monticello)

22b. Address (Street and Number City & State ZIP Code)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

, 2021

Gretchen Van Wye

Gretchen Van Wye, PhD, City Registrar

The City of New York

DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE CITY OF NEW YORK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Look for the following security features before accepting this document:

- Multi-colored pink-blue-pink background
- Micro printing of the words New York City Department of Health and Mental Hygiene immediately above the bottom border and visible using a magnifying glass
- This watermark in the paper, which will be visible when held to the light:

- Thermochromic Ink: The logo above is printed with heat sensitive ink. It changes color when warmed by rubbing with a finger

VR-134 198M (01/20) P.O. NO. 20202025274