boxes 12 & 22 corrected as per Father 6-14-13 Leonard Pozner

VS-4ME 4/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH RW
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER: 2012-07-078033

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last): Noah Samuel Pozner
2. SEX: [X] MALE [ ] FEMALE
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month): December 14, 2012
4. ACTUAL OR PRESUMED TIME OF DEATH: 11:00 AM
5. Age at last birthday: 6
6. Under 1 Year: Months Days Hours Min
7. Date of Birth (MM/DD/YYYY): November 20, 2006
8. BIRTHPLACE (City, State or Foreign Country): Danbury, Connecticut
9. RESIDENCE-STATE: Connecticut
10. RESIDENCE-COUNTY: Fairfield
11. RESIDENCE-CITY OR TOWN: Sandy Hook
12. RESIDENCE-STREET AND NO.: ~~37 Alpine Circle~~ 3 Kale Davis Road
13. APT NO: ——
14. ZIP CODE: 06482
15. EVER IN US ARMED FORCES? [ ] Yes [X] No
16. MARITAL STATUS AT TIME OF DEATH: [ ] Married [ ] Married but Separated [ ] Widowed [ ] Divorced [X] Never Married [ ] Unknown
17. SURVIVING SPOUSE'S NAME (If wife, give maiden name): ——
18. FATHER'S NAME (First, Middle, Last): Lenny Pozner
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Veronique Patricia Haller
20. INFORMANT'S NAME: Veronique Pozner
21. INFORMANT'S RELATIONSHIP TO DECEDENT: Mother
22. MAILING ADDRESS (Street and Number, City, State, Zip Code): ~~37 Alpine Circle~~, Sandy Hook, Connecticut 06482 — 3 Kale Davis Road
23. IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice Facility [ ] Nursing Home [ ] Decedent's Home [X] Other (Specify): Public School
25. FACILITY NAME (If not institution, give street & number): 12 Dickinson Drive
26. CITY OR TOWN OF DEATH & ZIP CODE: SANDY HOOK 06482
27. COUNTY OF DEATH: FAIRFIELD
28. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from state [ ] Other (specify)
29. DISPOSITION (Name of cemetery, crematory, other place): B'nai Israel Cemetery
30. LOCATION (Town, State): Monroe, Connecticut
31. DATE (MM/DD/YYYY): 12/17/2012
32. WAS BODY EMBALMED? [ ] Yes [X] No If Yes, Name of Embalmer:
33. FUNERAL FACILITY (Name and Address (Street, Apt., Town, State, Zip)): Abraham L. Green and Son Funeral Home, 88 Beach Rd. Fairfield, Connecticut 06824
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER: Samuel B. Green
35. LICENSE NUMBER of SIGNER IN BOX 34: 2130
36. M.E. CASE NUMBER: 12-17604
37. DATE PRONOUNCED DEAD (MM/DD/YYYY): 12/14/2012
38. TIME PRONOUNCED: 11:00 AM
39. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No

CAUSE OF DEATH

40. PART I. Enter the chain of event(s)-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) ——>
(a) Multiple Gunshot Wounds
Due to (or as a consequence of):
(b)
Due to (or as a consequence of):
(c)
Due to (or as a consequence of):
(d)

Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

APPROXIMATE INTERVAL ONSET TO DEATH

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42. IF FEMALE: [ ] Not pregnant within past year [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Pregnant at the time of death [ ] Unknown if pregnant within past year [ ] Not pregnant, but pregnant within 42 days of death

43. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown

44. MANNER OF DEATH: Homicide
45. DATE OF INJURY (MM/DD/YYYY): December 14, 2012
46. TIME OF INJURY: AM
47. PLACE OF INJURY (Home, Farm, Street, Factory, Office Building, Other): School, Primary or Secondary
48. INJURY AT WORK? [ ] Yes [ ] No
49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code): 12 Dickinson Dr., Sandy Hook, CT
50. DESCRIBE HOW INJURY OCCURRED: Shooting
51. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other specify

52. CERTIFIER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) stated.
H. Wayne Carver, II, M.D. (Certifier Name (type or print)) — Certifier signature — Chief Medical Examiner (Title of Certifier) — Dec 15, 2012 (Date Certified)

53. MAILING-CERTIFIER: (Street) Office of the Chief Medical Examiner, 11 Shuttle Road, (CITY OR TOWN) Farmington, (STATE) CT (ZIP CODE) 06032-1939

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: December 26, 2012
BY (REGISTRAR): Debbie A. Aurelia

54. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): [ ] 8th grade or less [ ] 9-12th grade, no diploma [ ] High School Graduate/GED [ ] Some college credit, but no degree [ ] Associate degree [ ] Bachelor degree [ ] Master's degree [ ] Doctorate or Professional degree [ ] Unknown [ ] Not available
55. DECEDENT OF HISPANIC ORIGIN: [X] No, Not Spanish/Hispanic/Latino [ ] Yes, Mexican, Mexican American, Chicano [ ] Yes, Puerto Rican [ ] Yes, Cuban [ ] Yes other Spanish/Hispanic/Latino (specify)
56. DECEDENT'S RACE: [X] White [ ] Black or African American [ ] Asian Indian [ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) [ ] Chinese [ ] Filipino [ ] Japanese [ ] Korean [ ] Vietnamese [ ] Other Asian (specify) [ ] Native Hawaiian [ ] Guamanian or Chamorro [ ] Samoan [ ] Other Pacific Islander (specify) [ ] Other (specify)
57. DECEDENT'S USUAL OCCUPATION: Student
58. KIND OF BUSINESS/INDUSTRY: Elementary School

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECEIVED FOR RECORD;
ATTEST: Debbie A. Aurelia, REGISTRAR

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

Elizabeth Frugale

ELIZABETH FRUGALE
STATE REGISTRAR OF VITAL RECORDS

APR 22 2019
DATE OF ISSUE

EXHIBIT # 9
Case # 18CV3122
Date: 6/17/19
Circuit Court Branch 8

VS-IME 4/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER 2012070780 19

I CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECEIVED FOR RECORD; ATTEST: Debbie A Cavelia REGISTRAR

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Adam Peter Lanza
2. SEX: ☒ MALE ☐ FEMALE
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month): December 14, 2012
4. ACTUAL OR PRESUMED TIME OF DEATH: 11:00 AM
5. Age at last birthday: 20
6. Under 1 Year: Mo. Days Hours Min
7. Date of Birth (MM/DD/YYYY): April 22 1992
8. BIRTHPLACE (City, State or Foreign Country): Exeter NH
9. RESIDENCE-STATE: Connecticut
10. RESIDENCE-COUNTY: Fairfield
11. RESIDENCE-CITY OR TOWN: Newtown
12. RESIDENCE-street and no.: 36 Yogananda St
13. APT NO.: -
14. ZIP CODE: 06470
15. EVER IN US ARMED FORCES? ☐ Yes ☒ No
16. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married but Separated ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown
17. SURVIVING SPOUSE'S NAME (If wife, give maiden name): N/A
18. FATHER'S NAME (First, Middle, Last): Peter Lanza
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nancy Champion
20. INFORMANT'S NAME: Peter Lanza
21. INFORMANT'S RELATIONSHIP TO DECEDENT: Father
22. MAILING ADDRESS (Street and Number, City, Town, State, Zip Code): 100 Bartina Ln Stamford CT 06902
23. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☒ Other (specify): Public School
25. FACILITY NAME (If not institution, give street & number): 12 Dickinson Drive
26. CITY OR TOWN OF DEATH & ZIP CODE: SANDY HOOK 06482
27. COUNTY OF DEATH: FAIRFIELD
28. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (specify)
29. DISPOSITION (Name of cemetery, crematory, other place): Linwood Crematory
30. LOCATION (Town, State): Haverhill MA
31. DATE (MM/DD/YYYY): 12/27/2012
32. WAS BODY EMBALMED? ☐ Yes ☒ No If Yes, Name of Embalmer:
33. FUNERAL FACILITY (Name and Address (street, town, state, zip)): Hartford Trace Service 06108 623 Main St East Hartford CT
34. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZER:
35. LICENSE NUMBER OF ISSUER IN BOX 34: 2698
36. M.E. CASE NUMBER: 12-17618
37. DATE PRONOUNCED DEAD (MM/DD/YYYY): 12/14/2012
38. TIME PRONOUNCED: 11:00 AM
39. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

CAUSE OF DEATH

40. PART I. Enter the chain of events—diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) ——> (a) Gunshot Wound of Head

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

(b) Due to (or as a consequence of):

(c) Due to (or as a consequence of):

(d)

APPROXIMATE INTERVAL ONSET TO DEATH

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 42 days to 1 year before death ☐ Pregnant at the time of death ☐ Unknown if pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death

43. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

44. MANNER OF DEATH: Suicide
45. DATE OF INJURY (Spell Month) (MM/DD/YYYY): December 14, 2012
46. TIME OF INJURY: AM
47. PLACE OF INJURY (Home/Farm/Street/Office/Factory/School/Other): School, Primary or Secondary
48. INJURY AT WORK? ☐ Yes ☒ No
49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code): 12 Dickinson Dr., Sandy Hook, CT
50. DESCRIBE HOW INJURY OCCURRED: Self Inflicted
51. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other specify

52. CERTIFIER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
H. Wayne Carver, II, M.D. (Certifier Name (type or print)) — Certifier signature — Chief Medical Examiner (Title of Certifier) — Dec 16, 2012 (Date Certified)

53. MAILING ADDRESS (Street) (CITY OR TOWN) (STATE) (ZIP CODE): Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON 1-3-13 BY REGISTRAR Debbie A Cavelia

Administrative Purposes

54. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): ☐ 8th grade or less ☐ 9-12th grade, no diploma ☒ High School Graduate/GED ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor degree ☐ Master's degree ☐ Doctorate or Professional degree ☐ Unknown ☐ Not available

55. DECEDENT OF HISPANIC ORIGIN: ☒ No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (specify)

56. DECEDENT'S RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (specify) ☐ Other (specify)

57. DECEDENT'S USUAL OCCUPATION: Never Worked
58. KIND OF BUSINESS/INDUSTRY: N/A

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

Elizabeth Frugale

ELIZABETH FRUGALE
STATE REGISTRAR OF VITAL RECORDS

APR 22 2019

I CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECEIVED FOR RECORD; ATTEST: Debbie A Aurelia REGISTRAR

VS-4ME 404
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER 2012 07078020

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Nancy Jean Lanza
2. SEX: ☐ MALE ☒ FEMALE
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month): December 14, 2012
4. ACTUAL OR PRESUMED TIME OF DEATH: 2:20 PM
5. Age at last birthday: 52
6. Under 1 Year: Mo. Days Hours Min. Under 1 Day
7. Date of Birth (MM/DD/YYYY): September 06 1960
8. BIRTHPLACE (City, State or Foreign Country): Salem MA
9. RESIDENCE-STATE: Connecticut
10. RESIDENCE-COUNTY: Fairfield
11. RESIDENCE-CITY OR TOWN: Newtown
12. RESIDENCE-STREET AND NO.: 36 Yogananda St
13. APT NO.:
14. ZIP CODE: 06470
15. EVER IN US ARMED FORCES? ☐ Yes ☒ No
16. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married but Separated ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown
17. SURVIVING SPOUSE'S NAME (If wife, give maiden name): N/A
18. FATHER'S NAME (First, Middle, Last): Donald Champion
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Hanson
20. INFORMANT'S NAME: Ryan Lanza
21. INFORMANT'S RELATIONSHIP TO DECEDENT: Son
22. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1313 Grand St Hoboken NJ 07030
23. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (specify)
25. FACILITY NAME (If not institution, give street & number): 36 Yogananda St
26. CITY OR TOWN OF DEATH & ZIP CODE: NEWTOWN 06470
27. COUNTY OF DEATH: FAIRFIELD
28. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (specify)
29. DISPOSITION (Name of cemetery, crematory, other place): Linwood Crematory
30. LOCATION (City, State): Haverhill MA
31. DATE (MM/DD/YYYY): 12/19/2012
32. WAS BODY EMBALMED? ☐ Yes ☒ No If Yes, Name of Embalmer:
33. FUNERAL FACILITY (Name and Address (Street, town, state, zip)): Hartford Trade Service 06108, 623 Main St East Hartford CT
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER:
35. LICENSE NUMBER of SIGNER IN BOX 34: 2698
36. M.E. CASE NUMBER: 12-17626
37. DATE PRONOUNCED DEAD (MM/DD/YYYY): 12/14/2012
38. TIME PRONOUNCED: 2:20 PM
39. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

CAUSE OF DEATH

40. PART I. Enter the chain of events—diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) —
(a) Multiple Gunshot Wounds of Head
Due to (or as a consequence of):
(b)
Due to (or as a consequence of):
(c)
Due to (or as a consequence of):
(d)

Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

APPROXIMATE INTERVAL ONSET TO DEATH

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 42 days to 1 year before death ☐ Pregnant at time of death ☒ Unknown if pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death

43. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

44. MANNER OF DEATH (Natural, Accident, Suicide, Homicide, Undetermined, Pending): Homicide
45. DATE OF INJURY (Month, Day, Year): December 14, 2012
46. TIME OF INJURY: PM
47. PLACE OF INJURY (Home, Farm, Factory, Street, Office, Hospital): Residence
48. INJURY AT WORK? ☐ Yes ☒ No
49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code): 36 Yogananda St., Newtown, CT
50. DESCRIBE HOW INJURY OCCURRED: Shooting
51. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (specify)
52. CERTIFIER: On the basis of examination, and/or review of records, I hold the opinion death occurred at the time, date, and place, and due to the cause(s) stated.
H. Wayne Carver, II, M.D. (Certifier Name (type or print)) — Certifier Signature — Chief Medical Examiner (Title of Certifier) — Dec 16, 2012 (Date Certified)
53. MAILING-CERTIFIER: Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1979 (Street) (City or Town) (State) (ZIP Code)

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: 12-21-12
BY
REGISTRAR: Debbie A Aurelia

54. DECEDENT'S EDUCATION—Check the box that best describes the highest degree or level of school completed at the time of death: ☐ 8th grade or less ☐ 9-12th grade, no diploma ☒ High School Graduate/GED ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor degree ☐ Master's degree ☐ Doctorate or Professional degree ☐ Unknown ☐ Not available
55. DECEDENT OF HISPANIC ORIGIN: ☒ No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (specify)
56. DECEDENT'S RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ American Indian or Alaska Native (Name of the enrolled or principle tribe) ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (specify) ☐ Other (specify)
57. DECEDENT'S USUAL OCCUPATION: Clerk
58. KIND OF BUSINESS/INDUSTRY: Insurance Sales

Administrative Purposes

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

Elizabeth Frugale

ELIZABETH FRUGALE
STATE REGISTRAR OF VITAL RECORDS

APR 22 2019

I CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECEIVED FOR RECORD; ATTEST: Debbie A Aurelia REGISTRAR

VS-11MR 4/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER: 2012 07 078036

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Avielle Richman
2. SEX: ☐ MALE ☒ FEMALE
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month): December 14, 2012
4. ACTUAL OR PRESUMED TIME OF DEATH: 11:00 AM
5. Age at last birthday: 6
6. Under 1 Year: Mo. Days Hours Min
7. Date of Birth (MM/DD/YYYY): October 17, 2006
8. BIRTHPLACE (City, State or Foreign Country): San Diego, California
9. RESIDENCE-STATE: Connecticut
10. RESIDENCE-COUNTY: Fairfield
11. RESIDENCE-CITY OR TOWN: Sandy Hook
12. RESIDENCE-STREET AND NO.: 41 Berkshire Road
13. APT NO.:
14. ZIP CODE: 06482
15. EVER IN US ARMED FORCES? ☐ Yes ☒ No
16. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married but Separated ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown
17. SURVIVING SPOUSE'S NAME (If wife, give maiden name): N/A
18. FATHER'S NAME (First, Middle, Last): Jeremy Richman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jennifer Hensel
20. INFORMANT'S NAME: Jeremy Richman
21. INFORMANT'S RELATIONSHIP TO DECEDENT: Father
22. MAILING ADDRESS (Street and Number, City, State, Zip Code): 41 Berkshire Rd., Sandy Hook, CT 06482
23. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☒ Other (specify): Public School
25. FACILITY NAME (If not institution, give street & number): 12 Dickinson Drive
26. CITY OR TOWN OF DEATH & ZIP CODE: SANDY HOOK 06482
27. COUNTY OF DEATH: FAIRFIELD
28. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (specify)
29. DISPOSITION (Name of cemetery, crematory, other place): Lakeview Cemetery Association
30. LOCATION (City, State): Bridgeport, Connecticut
31. DATE (MM/DD/YYYY): 12/18/2012
32. WAS BODY EMBALMED? ☒ Yes ☐ No If Yes, Name of Embalmer: Joyce M. Burrow
33. FUNERAL FACILITY - Name and Address (Street, town, state, zip): Bonan Funeral Home 58 Main St., Newtown, CT 06470
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER: Joyce M. Burrow
35. LICENSE NUMBER of licensee in Box 34: 2563
36. M.E. CASE NUMBER: 12-17599
37. DATE PRONOUNCED DEAD (MM/DD/YYYY): 12/14/2012
38. TIME PRONOUNCED: 11:00 AM
39. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

CAUSE OF DEATH

40. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) ——>
(a) Multiple Gunshot Wounds
Due to (or as a consequence of):
(b)
Due to (or as a consequence of):
(c)
Due to (or as a consequence of):
(d)

Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

APPROXIMATE INTERVAL ONSET TO DEATH

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
42. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 42 days to 1 year before death ☐ Pregnant at the time of death ☒ Unknown if pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death
43. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
44. MANNER OF DEATH (Natural, Homicide, Accident, Suicide, Undetermined, Specify): Homicide
45. DATE OF INJURY (Spell Month) (MM/DD/YYYY): December 14, 2012
46. TIME OF INJURY: AM
47. PLACE OF INJURY (Home, Farm, Factory, Street, Office, Hospital, Other Specify): School, Primary or Secondary
48. INJURY AT WORK? ☐ Yes ☒ No
49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code): 12 Dickinson Dr, Sandy Hook, CT 06482
50. DESCRIBE HOW INJURY OCCURRED: Shooting
51. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other specify

52. CERTIFIER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Ira J. Kanfer, M.D. — Certifier Name (type or print) — Certifier signature — Associate Medical Examiner — Title of Certifier — Dec 15, 2012 — Date Certified
53. MAILING ADDRESS (Street) (CITY OR TOWN) (STATE) (ZIP CODE): Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: December 16, 2012
BY REGISTRAR: Debbie A Aurelia

54. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less ☐ 9-12th grade, no diploma ☐ High School Graduate/GED ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor degree ☐ Master's degree ☐ Doctorate or Professional degree ☐ Unknown ☐ Not available

55. DECEDENT OF HISPANIC ORIGIN?
☒ No, Not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes other Spanish/Hispanic/Latino (specify)

56. DECEDENT'S RACE
☒ White ☐ Black or African American ☐ Asian Indian
☐ American Indian or Alaska Native (Name of the enrolled or principle tribe)
☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese
☐ Other Asian (specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
☐ Other Pacific Islander (specify) ☐ Other (specify)

57. DECEDENT'S USUAL OCCUPATION: Student
58. KIND OF BUSINESS/INDUSTRY: Sandy Hook Elementary School

Administrative Purposes

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

Elizabeth Frugale

ELIZABETH FRUGALE
STATE REGISTRAR OF VITAL RECORDS

APR 22 2019

COPY

Shaded Area to be completed by the Medical Certifier.

Unshaded Area to be completed by Funeral Director or Embalmer.

VS-4 REV. 11/09
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box): 2017 0 70 274 10

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): William Brandon Shanley
2. SEX: X Male ☐ Female
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month): November 6, 2017
4. ACTUAL OR PRESUMED TIME OF DEATH: ☐ AM X PM 6:05
5. AGE LAST BIRTHDAY: 66
6. UNDER 1 YEAR: Mo. / Days / UNDER 1 DAY: Hours / Min.
7. DATE OF BIRTH (MM/DD/YYYY): 03/07/1951
8. BIRTHPLACE (City, State or Foreign Country): Torrington, Connecticut
9. RESIDENCE (State): Connecticut
10. RESIDENCE (County): New Haven
11. RESIDENCE (City or Town): New Haven
12. RESIDENCE (Street and No.): 56 Avon Street
13. APT. NO.: 3
14. ZIP CODE: 06511
15. EVER IN US ARMED FORCES? ☐ Yes X No
16. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married but separated ☐ Widowed ☐ Divorced X Never Married ☐ Unknown
17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage): N/A
18. FATHER'S NAME (First, Middle, Last): Lloyd Thomas Shanley, Jr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Helen Augusta Jasch
20. INFORMANT'S NAME: Nancy Schnyer
21. INFORMANT'S RELATIONSHIP TO DECEDENT: Sister
22. MAILING ADDRESS (Street and Number, City, State, Zip Code): 535 Hill Rd., Harwinton, CT 06791
23. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/outpatient ☐ Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home X Decedent's Home ☐ Other (specify)
25. FACILITY NAME (If not institution, give street & number): 56 Avon Street, Unit 3
26. CITY OR TOWN OF DEATH: New Haven — ZIP CODE: 06511
27. COUNTY OF DEATH: New Haven
28. METHOD OF DISPOSITION: ☐ Burial X Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (specify)
29. DISPOSITION (Name of cemetery, crematory, other place): Charter Oak Crematory
30. LOCATION (city/town, state): Oxford, Connecticut
31. DATE (MM/DD/YYYY): 11/13/2017
32. WAS BODY EMBALMED? *If yes, Name of Embalmer: ☐ Yes* X No
33. FUNERAL FACILITY - Name and Address (street, town, state, zip): Rowe Funeral Home, 283 Torrington Rd., Litchfield, CT 06759
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER
35. LICENSE NUMBER OF SIGNEE IN BOX 34: 2212
36. DATE PRONOUNCED DEAD (MM/DD/YYYY): 11/06/2017
37. TIME PRONOUNCED: 6:05pm
38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print): EMT Fire Department
39. PRONOUNCER'S SIGNATURE: N/A
40. DATE SIGNED: N/A
41. WAS MEDICAL EXAMINER CONTACTED? X Yes ☐ No
42. WAS AN AUTOPSY PERFORMED? ☐ Yes X No
43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

CAUSE OF DEATH

44. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		APPROXIMATE INTERVAL ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) Cardiovascular disease	4 years
Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): (b) Congestive heart failure	4 years
	Due to (or as a consequence of): (c) hypertension	5 years
	Due to (or as a consequence of): (d) Type 2 Diabetes mellitus	8 years

45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Hyperlipidemia, Chronic kidney disease stage 3
46. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
47. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes X Probably ☐ No ☐ Unknown
48. CERTIFIER (Check only one box): ☐ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) stated. ☐ Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.
Carol A Annis PA-C — Title of Certifier: PA-C — Date Certified: 11/09/2017
49. MAILING - CERTIFIER: 1450 Chapel Street (Street), New Haven (City or Town), CT (State), 06511 (Zip)

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: NOV 09 2017 BY: REGISTRAR

ADMINISTRATIVE PURPOSES

50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death: ☐ 8th grade or less ☐ 9th - 12th grade, no diploma ☐ High School Graduate/GED X Some college credit, but no degree ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or Professional degree ☐ Unknown ☐ Not available
51. DECEDENT OF HISPANIC ORIGIN? X No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (specify)
52. DECEDENT'S RACE: X White ☐ Black or African American ☐ Asian Indian ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (specify) ☐ Other (specify)
53. DECEDENT'S USUAL OCCUPATION: Author/Filmmaker
54. KIND OF BUSINESS/INDUSTRY: Arts

I certify that this is a true copy of the certificate received for record.

Registrar: Rose D. Wilson

For use by Physician or Institution

Name of Decedent

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Elizabeth Frugale

ELIZABETH FRUGALE
STATE REGISTRAR OF VITAL RECORDS

APR 22 2019
DATE OF ISSUE