

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

LEONARD POZNER,

Plaintiff

vs.

Case No. 18CV3122

JAMES FETZER,

MIKE PALECEK,

WRONGS WITHOUT WREMEDIES, LLC,

Defendants.

AFFIDAVIT OF SAMUEL GREEN

Samuel Green, being first duly sworn upon oath, deposes and states as follows:

1. I make the following statements of my own knowledge.
2. I am licensed by the State of Connecticut as a funeral director and been so licensed since 1979.
3. I operate Abraham L. Green and Son Funeral Home in Fairfield, Connecticut. The funeral home was started by my father, Abraham L. Green, in 1948. I have been involved in the business for 41 years.
4. My funeral home prepared Noah Samuel Pozner's body for burial and held his funeral service. I was personally involved in that process. My funeral home obtained Noah Pozner's remains from the medical examiner. My funeral home obtained the death certificate form, at that point only partially completed, from the Office of the Chief Medical Examiner.
5. At no point did Mr. Pozner possess the partially-completed death certificate. Noah Pozner's original death certificate did not leave my company's possession until it was filed at the town clerk's office.
6. The nature of my business, as a funeral director, means I am quite familiar with the Connecticut Death Certificate forms and the process by which those forms are completed.
7. Connecticut uses two death certificate forms (in addition to a fetal death certificate that is rarely used). One, form "VS-4", is for anticipated deaths, for

example a person who succumbs to diagnosed terminal cancer. The other, form "VS-4ME" is for deaths investigated by the Medical Examiner. Because Noah Pozner's death was investigated by the Medical Examiner, my explanation of the process will focus on the "VS-4ME" form.

8. The process of filling out a VS-4ME death certificate involves multiple entities entering information at different times. The form itself consists of a series of boxes, most but not all have numbers and labels. The required information must be typed or legibly written into those boxes. At the time of Noah Pozner's death and funeral, my funeral home typically used a typewriter to fill out death certificates.

9. The Office of the Chief Medical Examiner fills out the shaded portions. Those are boxes 3-4, 23-27, and 36-53. There is also a portion of the form for the registrar's signature.

10. At the time I received Noah Pozner's death certificate, the Medical Examiner's portion of the death certificate, which consists of shaded boxes, had been completed.

11. In preparation for this affidavit I reviewed a copy of Noah Samuel Pozner's death certificate, which is attached as Exhibit A to this Affidavit.

12. My funeral home entered information in boxes 1, 2 and 5-22, 28-35, and boxes 54-58 as well as the social security number on Noah Pozner's death certificate. I personally filled out portions of the death certificate for Noah Samuel Pozner.

13. The information in boxes 1, 2 and 5-22, and 28-35 on the copy of Noah Pozner's death certificate attached as Exhibit A to this Affidavit is unchanged from the information that I typed in those boxes in December of 2012, with the exception of redactions in boxes 29, 30 and the decedent's social security number.

14. My signature appears in box 34 of the death certificate. My state license number appears in box 35.

15. After the process of filling out the death certificate is complete (excluding the registrar's portion), the death certificate is used to obtain a removal, transit and burial permit. Burial permits are issued by the registrar in either of two places: the town where death occurred or in the town where the funeral home is located. My funeral home obtained the burial permit for Noah Pozner and paid the fee for that permit, which at the time was \$3. Because Noah Pozner's body was prepared for funeral at my funeral home in Fairfield, I obtained his burial permit from the town of Fairfield. It is the responsibility of the sexton of the cemetery to forward the burial permit to the proper registrar following interment.

16. I personally performed the preparation of Noah Pozner's body for his funeral. That included the restorative procedures and religious preparation. I used a photo of Noah Pozner in connection with the restorative procedures so I could see what he looked like prior to his death. This is the picture that I used:



17. I am absolutely certain that the body I prepared for funeral was that of the boy in the picture.

18. I recall Noah Pozner's funeral. The funeral service was held at my funeral home. It was the only time in my career that the police canine performed a bomb sweep of my funeral home prior to a funeral and the door was locked and guarded by state and town police. Governor Malloy and the Lieutenant Governor attended the funeral. I personally escorted them into the funeral chapel and brought

them to the family where they expressed their condolences to the family. Following the service, the casket containing Noah Pozner's body was escorted by the pallbearers and was then placed in a hearse. I was in the lead car of the funeral procession with the hearse immediately behind me at all times. The police escorted the procession blocked the adjacent lane of the freeway as we proceeded to the cemetery.

19. I attended Noah Pozner's burial at the cemetery. I witnessed the casket being removed from the hearse and being brought to Noah's gravesite. I witnessed Noah Pozner's casket being lowered into his grave. I watched funeral attendees shovel earth onto Noah Pozner's casket after it was lowered into the grave. I supervised the closing of the vault and the filling of the grave by the caretakers.

20. I can unequivocally state that the funeral took place and that Noah Pozner's body was buried at B'nai Israel Cemetery in Monroe, Connecticut on December 17, 2012. I remember that because it was originally going to be held on December 16, but it was delayed by a day because of President Obama's visit. I personally changed the date in box 31 of the death certificate to ensure the death certificate accurately reflected the burial date.

21. In response to a subpoena, Abraham L. Green and Son Funeral Home has produced documents related to services we provided in connection with the funeral of Noah Pozner.

22. The video produced in response to the subpoena was taken during Noah Pozner's funeral. The video was made at the time of the funeral. It is a regular practice for my funeral home to capture video of a funeral service if such is requested by the family. It is also a regular practice of my funeral home to keep a copy of videos made during funerals.

23. The invoice I have produced in response to the subpoena was prepared at or near the time of Noah Pozner's funeral. The invoice appears to accurately reflect the costs of the services incurred in the preparation of Noah Pozner's body as well as

the funeral and burial. It is standard practice of my funeral home to prepare an invoice for funerals and we typically maintain those records.

24. The funeral case record I produced was prepared at or near the time of Noah Pozner's funeral. This record appears to be accurate. It is standard practice of my funeral home to prepare and to maintain a funeral case record.

25. Each of the records produced in response to the subpoena was made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

26. Each of the records was kept in the course of the regularly conducted activity.

27. Each of the records was made of the regularly conducted activity as a regular practice.

28. I have read the foregoing affidavit and acknowledge the contents thereof and affirm I truthfully executed the same for the purposes therein expressed.

Dated: 4/29, 2019

Samuel Green
Samuel Green

Subscribed and sworn to before me on this 29th day of April, 2019.

Angelina Valentino

Notary Public, State of Connecticut
My Commission expires:

ANGELINA VALENTINO
NOTARY PUBLIC
MY COMMISSION EXPIRES 3/31/2021



Exhibit A:
Noah Pozner's Death Certificate

CERTIFICATE OF DEATH
OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEASED'S LEGAL NAME (include AKA's if any) (Print, Middle, Last)
Noah Samuel Pozner
 A. Under 1 Year B. 1-5 Years C. 6-12 Years D. 13-17 Years E. 18-24 Years F. 25-34 Years G. 35-44 Years H. 45-54 Years I. 55-64 Years J. 65-74 Years K. 75-84 Years L. 85-94 Years M. 95-104 Years N. 105-114 Years O. 115-124 Years P. 125-134 Years Q. 135-144 Years R. 145-154 Years S. 155-164 Years T. 165-174 Years U. 175-184 Years V. 185-194 Years W. 195-204 Years X. 205-214 Years Y. 215-224 Years Z. 225-234 Years AA. 235-244 Years AB. 245-254 Years AC. 255-264 Years AD. 265-274 Years AE. 275-284 Years AF. 285-294 Years AG. 295-304 Years AH. 305-314 Years AI. 315-324 Years AJ. 325-334 Years AK. 335-344 Years AL. 345-354 Years AM. 355-364 Years AN. 365-374 Years AO. 375-384 Years AP. 385-394 Years AQ. 395-404 Years AR. 405-414 Years AS. 415-424 Years AT. 425-434 Years AU. 435-444 Years AV. 445-454 Years AW. 455-464 Years AX. 465-474 Years AY. 475-484 Years AZ. 485-494 Years BA. 495-504 Years BB. 505-514 Years BC. 515-524 Years BD. 525-534 Years BE. 535-544 Years BF. 545-554 Years BG. 555-564 Years BH. 565-574 Years BI. 575-584 Years BJ. 585-594 Years BK. 595-604 Years BL. 605-614 Years BM. 615-624 Years BN. 625-634 Years BO. 635-644 Years BP. 645-654 Years BQ. 655-664 Years BR. 665-674 Years BS. 675-684 Years BT. 685-694 Years BU. 695-704 Years BV. 705-714 Years BV. 715-724 Years BW. 725-734 Years BX. 735-744 Years BY. 745-754 Years BZ. 755-764 Years BA. 765-774 Years BB. 775-784 Years BC. 785-794 Years BD. 795-804 Years BE. 805-814 Years BF. 815-824 Years BF. 825-834 Years BG. 835-844 Years BH. 845-854 Years BH. 855-864 Years BI. 865-874 Years BI. 875-884 Years BJ. 885-894 Years BJ. 895-904 Years BK. 905-914 Years BK. 915-924 Years BL. 925-934 Years BL. 935-944 Years BM. 945-954 Years BM. 955-964 Years BN. 965-974 Years BN. 975-984 Years BO. 985-994 Years BO. 995-1004 Years

2. DEPARTMENT OF PUBLIC HEALTH

3. SEX
 MALE
 FEMALE

4. ACTUAL OR PRESUMED DATE OF DEATH
 December 14, 2012

5. ACTUAL OR PRESUMED TIME OF DEATH
 11:00 AM

6. DATE OF BIRTH (MM/DD/YYYY)
 November 20, 2006

7. RESIDENCE-CITY OR TOWN
 Sandy Hook

8. RESIDENCE-COUNTY
 Fairfield

9. RESIDENCE-STATE
 Connecticut

10. RESIDENCE-CITY OR TOWN
 Sandy Hook

11. RESIDENCE-COUNTY
 Fairfield

12. RESIDENCE-STREET AND NO.
 37 Alpine Circle

13. APT. NO.
 06482

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)
 Veronica Patricia Haller

18. FATHER'S NAME (Print, Middle, Last)
 Lenny Pozner

19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Middle, Last)
 Veronica Patricia Haller

20. INFORMANT'S NAME
 Veronica Pozner

21. INFORMANT'S RELATIONSHIP TO DECEASED
 Mother

22. MAILING ADDRESS (Print and Number; City, State, Zip Code)
 37 Alpine Circle, Sandy Hook, Connecticut 06482

23. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
 Home Nursing Home Public School Decedent's Home Other (Specify)

24. METHOD OF DISPOSITION
 Burial Cremation Donation Entombment Removal from state Other (Specify)

25. CITY OR TOWN OF DEATH & ZIP CODE
 SANDY HOOK 06482

26. COUNTY OF DEATH
 FAIRFIELD

27. LOCATION (Street, Apartment, Building, etc.)
 [REDACTED]

28. DISPOSITION (Street, Apartment, Building, etc.)
 [REDACTED]

29. FUNERAL HOME NAME AND ADDRESS (Street, City, State, Zip Code)
 Abraham L. Green and Son Funeral Home
 88 Beach Rd. Fairfield, Connecticut 06824

30. ME CASE NUMBER
 12-17604

31. DATE
 12/17/2012

32. WAS BODY EMBALMED? Yes No. If Yes, Name of Embalmer
 [REDACTED]

33. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER
 [Signature]

34. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
 Home Nursing Home Public School Decedent's Home Other (Specify)

35. LICENSE NUMBER OF SIGNEE IN BOX 34
 2130

36. WAS AN AUTOPSY PERFORMED?
 Yes No

37. APPROXIMATE INTERVAL ONSET TO DEATH

38. TIME PROFOUNDED
 11:00 AM

39. CAUSE OF DEATH
 Multiple Gunshot Wounds

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

41. PART I. Enter other appropriate 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 43-60 days to 1 year before death
 Pregnant at the time of death
 Unknown if pregnant within past year
 Not pregnant, but pregnant to term 42 days of death

43. DATE OF INJURY
 December 14, 2012

44. TIME OF INJURY
 AM

45. MANNER OF DEATH (Homicide, Suicide, Accident, Unknown, Sudden, Unexplained)
 Homicide

46. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)
 12 Dickinson Dr., Sandy Hook, CT

47. PLACE OF INJURY (School, Primary or Secondary)
 School, Primary or Secondary

48. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

49. INJURY AT WORK?
 Yes No

50. DESCRIBE HOW INJURY OCCURRED
 Shooting

51. IF TRANSPORTATION INJURY, SPECIFY
 Driver/Operator Passenger Pedestrian Other (specify)

52. CERTIFIER (On the basis of examination, medical investigation, in cooperation with the police, fire, and other agencies, death occurred as the result of...)
 H. Wayne Carver, II, M.D.
 Certifier Name (Print or Print)

53. MAILING-CERTIFIER'S (City or Town)
 Farmington, CT 06032-1939

54. MANNER OF DEATH (Homicide, Suicide, Accident, Unknown, Sudden, Unexplained)
 Homicide

55. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)
 12 Dickinson Dr., Sandy Hook, CT

56. PLACE OF INJURY (School, Primary or Secondary)
 School, Primary or Secondary

57. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

58. INJURY AT WORK?
 Yes No

59. DESCRIBE HOW INJURY OCCURRED
 Shooting

60. IF TRANSPORTATION INJURY, SPECIFY
 Driver/Operator Passenger Pedestrian Other (specify)

61. DATE OF DEATH
 December 14, 2012

62. TIME OF DEATH
 11:00 AM

63. MANNER OF DEATH (Homicide, Suicide, Accident, Unknown, Sudden, Unexplained)
 Homicide

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66. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

67. INJURY AT WORK?
 Yes No

68. DESCRIBE HOW INJURY OCCURRED
 Shooting

69. IF TRANSPORTATION INJURY, SPECIFY
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76. INJURY AT WORK?
 Yes No

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 Shooting

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 Yes Probably No

85. INJURY AT WORK?
 Yes No

86. DESCRIBE HOW INJURY OCCURRED
 Shooting

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93. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

94. INJURY AT WORK?
 Yes No

95. DESCRIBE HOW INJURY OCCURRED
 Shooting

96. IF TRANSPORTATION INJURY, SPECIFY
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102. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

103. INJURY AT WORK?
 Yes No

104. DESCRIBE HOW INJURY OCCURRED
 Shooting

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112. INJURY AT WORK?
 Yes No

113. DESCRIBE HOW INJURY OCCURRED
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121. INJURY AT WORK?
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122. DESCRIBE HOW INJURY OCCURRED
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 Yes Probably No

130. INJURY AT WORK?
 Yes No

131. DESCRIBE HOW INJURY OCCURRED
 Shooting

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139. INJURY AT WORK?
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140. DESCRIBE HOW INJURY OCCURRED
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148. INJURY AT WORK?
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157. INJURY AT WORK?
 Yes No

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175. INJURY AT WORK?
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 Yes No

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 Yes Probably No

193. INJURY AT WORK?
 Yes No

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201. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

202. INJURY AT WORK?
 Yes No

203. DESCRIBE HOW INJURY OCCURRED
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 Yes Probably No

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 Yes No

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 Yes Probably No

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 Yes No

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 Yes Probably No

229. INJURY AT WORK?
 Yes No

230. DESCRIBE HOW INJURY OCCURRED
 Shooting

231. IF TRANSPORTATION INJURY, SPECIFY
 Driver/Operator Passenger Pedestrian Other (specify)

232. DATE OF DEATH
 December 14, 2012

233. TIME OF DEATH
 11:00 AM

234. MANNER OF DEATH (Homicide, Suicide, Accident, Unknown, Sudden, Unexplained)
 Homicide

235. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)
 12 Dickinson Dr., Sandy Hook, CT

236. PLACE OF INJURY (School, Primary or Secondary)
 School, Primary or Secondary

237. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No

238. INJURY AT WORK?
 Yes No

239. DESCRIBE HOW INJURY OCCURRED
 Shooting

240. IF TRANSPORTATION INJURY, SPECIFY
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241. DATE OF DEATH
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