FILED 06-07-2019 **CIRCUIT COURT** DANE COUNTY, WI 2018CV003122

DOCUMENT EXAMINATION REPORT BY LARRY R. WICKSTROM, EXAMINER

INTRODUCTION

My name is Larry Wickstrom. I am a computer printer, scanner and network communications forensic expert. (Curriculum Vitae Attached.)

The documents that I usually evaluate for fabrication, alteration and misrepresentation are financial contracts, affidavits and exhibits entered with pleadings. As the client, Moon Rock Books, was referred to me by an attorney that I have worked with on foreclosure cases, I did not expect to find multiple, obviously altered versions of a child's death certificate when I opened the email attachments provided for my initial examination.

As an integral part of the written report, it has been my practice to provide a condensed history of events that warranted the document examination. When I examine documents after an action has commenced, it has been my practice to include type of action, along with title and docket number in the introduction. At the time of drafting this report, I did not know and given the content of the documents examined, chose not to inquire into the nature, nor even the venue of this action until after completing my examination.

On May 20, 2019, James Fetzer emailed a copy of the court stamped complaint filed in the action entitled Leonard Posner vs. James Fetzer, Mike Palecek, Wrongs Without Wremedies, LLC. Dane County Circuit Court Case No. 2018CV003122.

EXAMINATION OVERVIEW

For the purpose of identifying which document was a true copy, two separate and different JPEG images of documents purporting to be; copies of the State of Connecticut, Certificate of Death, for Noah Samuel Pozner age 6 and a single PDF attachment containing a third version of the State of Connecticut, Certificate of Death, for this same Noah Samuel Pozner

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age 6, were received via email for evaluation from Moon Rock Books on May 8, 2019. The received PDF attachment also included State of Connecticut, Certificate of Death, images of four other individuals for reference and comparison. On May 10, 2019, the original embossed by the Seal of State of Connecticut, Department of Public Health, hard copies of the documents as contained in the PDF attachment were delivered by Fed X to my location for examination and verification that the Seal of the State of Connecticut was applied to these documents as purported.

On May 20, 2019, James Fetzer emailed a copy of the court stamped complaint filed in the action entitled Leonard Posner vs. James Fetzer, Mike Palecek, Wrongs Without Wremedies, LLC., Dane County Circuit Court Case No. 2018CV003122. This file stamped complaint contained a fourth version of the State of Connecticut, Certificate of Death, for Noah Samuel Pozner age 6.

No original Certificate of Death was provided for examination, the examined Certificates were digital images or printed reproductions of digital images. All examined certificates listing December 14, 2012, as actual or presumed date of death are identified in the upper left hand corner as, VS-4ME, STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH, CERTIFICUT OF DEATH, OFFICE OF THE CHIEF MEDICAL EXAMINER. All examined certificates listing December 14, 2012, as actual or presumed date of death appear to have been hand inscribed by the named certifying medical examiner as the cursive scrawl differs slightly on all certificates. All examined certificates listing December 14, 2012, as actual or presumed date of death appear to have a cursive image of Debbie A Aurelia applied by rubber stamp as the date noting when the certificate was received appears to have been written by three (3) different hands and the signet shape of Debbie A Aurelia remains constant and the placement of this signet changes on all examined certificates.

All examined Certificates of Death, for Noah Samuel Pozner age 6, have notable differences as do even the two printed images (CoD 3 & 8) both of which are purportedly attested to by Registrar of Vital Records, Elizabeth Frugale, and certified by the Seal of the State of Connecticut, true copies of a record filed. The copies of this record bearing the state file number 2012-07-078033 are notably different in appearance. The most notable appearance difference of certified "A TRUE" copy Version 4 (CoD 8) is not the redaction as noted in the complaint to

The most notable common feature of these (CoD 3, 4, 5, 6, & 7) examined, seal embossed, true copy of a record, certificates is that the contents of box in the lower right corner, along with the title and even some of the lines which appear to have been hand redrawn, are notably absent from all of these state seal certified "True Copies" of filed records.

VERSION 1

The first examined Connecticut, Certificate of Death, (CoD 1) for Noah Samuel Pozner age 6, is a 132KB, JPEG image. Moon Rock Books did not have the original hard copy document that was used to create this imaged file and this document was examined in the digital format as received.

The most distinguishing features of this document image are the grey background color, the three (3) black marker lines that obliterate the internment location as recorded in box's 29 - 30 and the illigibly titled box directly right of Box 58. The dark black border that frames this image was obviously added to the document image as the sharp dark black of this line is inconsistent with the low resolution of the image it frames and it abruptly terminates what should be the continuation of paper hole punch images on the left printed edge.

The greatest oddity of this imaged document is what appears to be part of the Connecticut State Seal, found directly below the written received for record on date December 26, 2012 (CoD 1a) on a document that is obviously lacking the state file number.

VERSION 2

The second examined Connecticut, Certificate of Death, (CoD 2) for Noah Samuel Pozner age 6, is a 1.7MB, JPEG image. Moon Rock Books did not have the original hard copy document that was used to create this imaged file and this document was examined in the digital format as received.

The most distinguishing feature of this document (CoD 2a) is an image purporting that same "Debbie" Debbie Aurolia Halstead certified this, a partial document, containing changes as noted made on 6-14-13, to be a true copy of the original received for record on December 26, 2012, as this document contains "Debbie A Aurolia" the pre hyphenated name (CoD 2b). The name of the Registrar that received this record on December 26, 2012, and the name that appears at this location on the state certified copy containing the same certification (CoD 3) are Debbie A Aurolia.

This "Debbie Aurolia Halstead" section of the image also appears to contain the shadowy image of a registry stamp (CoD 2c) impressed upon this Debbie Aurolia Halstead certification. There are strikeout and corrections of boxes 12 & 22 as noted and dated 6-14-13 at the top of the document image.

Appearing in the upper right corner of this imaged document purporting to be a state file number (CoD 2d) are a partial character followed by the legible number 243. This number scheme is not compliant with the State of Connecticut file numbering as found on the certified by affixed embossed seal copy (CoD 3) and neither the number scheme, nor the font of this number print matches the character font as found on reference copy examples (CoD 4, 5, 6, & 7). The lower portion of the December 26, 2012 hand written date is obviously missing, as is the lower printed portion of this document image.

VERSION 3

The third examined Connecticut, Certificate of Death, (CoD 3) for Noah Samuel Pozner age 6, is certified by the affixed state seal as a true copy actual record copy. The most disturbing attribute of this document is the embossed Seal of the State of Connecticut, Department of Public Health, "affixed to certify that the above is "ATRUE" copy of a record filed" that has been recklessly altered and repaired in an attempt to conceal the act of alteration. That printed form content was removed is evidenced by its appearance in this location on Version 4 (CoD 8).

Another notable attribute is found on the left edge of the certificate section of this document (CoD 3a) where "Debbie A Aurolia" registrar, attests that this is a true copy of the original

received for record. This marking differs in size from all other examined certificates (CoD 4, 5, &6) listing December 14, 2012, as actual or presumed date of death.

This certificate notes the corrections of boxes 12 & 22 as per father 6-14-13 at the top of the document and certifies itself as a true copy of the original received for record and contains a received for record date of December 26, 2012.

The hand written number code of this (2013 address corrected) certificate is consistent only in numerical content with the mechanically applied State File number code as found on the examined certificates (CoD 4, 5, 6, & 7) as (CoD 4) Certified by the medical examiner on Dec 16, 2012, and received for record on 1-3-13, is mechanically stamped as state file 201207078019, and (CoD 5) Certified by the medical examiner on Dec 16, 1012 and received for record on 12-21-12, is mechanically stamped as state file 201207078020 and (CoD 6) Certified by the medical examiner on Dec 15, 1012 and received for record on December 16, 2012, is mechanically stamped as state file number 201207078036 and (CoD 7) Certified by the Attending Practitioner on 11/9/2017 and received for record on Nov 09 2017, is mechanically stamped as state file 201707027410.

One would expect that a corrected and true copy of the original would have a mechanically stamped state file number. This certificate contains the hand written number code "2012-07-078033" inside the state file number box.

VERSION 4

The fourth examined Connecticut, Certificate of Death, (CoD 8) for Noah Samuel Pozner age 6, found as Attachment A of the complaint filed in the action entitled *Leonard Posner vs. James Fetzer, Mike Palecek, Wrongs Without Remedies, LLC. Dane County Circuit Court Case*No. 2018CV003122.

With the exception of differences previously noted and incorporated herein. This certified as a true copy of a record filed with the State of Connecticut, Department of Public Health is nearly

identical to Version 3 (CoD 3).

ORIGINALITY

No original State of Connecticut, Certificate of Death was proffered for examination. No unaltered digital image file, or unaltered printed reproductions of digital images, or hard copy document purporting to be the original State of Connecticut, Certificate of Death was proffered for examination.

The examined certified by state seal certificates are only certified to be true copies of the record filed. None of these printed state certified records are certified to be true and correct copies of the filed record which is a State of Connecticut, Certificate of Death.

The examined certified by state seal Certificate of Death copies (CoD 3, 4, 5, 6, & 7) were proffered with all contents of the box located in the lower right corner, including the title completely removed. Certificates identified as (CoD 3a', 4, 6 &7) indicate hand drawn restoration of box lines inadvertently removed.

ALTERATIONS OF CERTIFICATE OF DEATH

VERSION 1

The 132KB, JPEG imaged (CoD 1) Certificate of Death, for Noah Samuel Pozner age 6, is intentionally defaced by black ink markings and altered in appearance by the added black border. This digitally captured image records an alteration in the lower left corner that appears to resemble a portion of a seal, possibly the Connecticut State Seal. The multi generational copy degradation of printed image, combined with the low resolution of the captured digital image, prevent identifying this marking or the cause of this curious marking.

VERSION 2

The 1.7MB, JPEG imaged (CoD 2) Certificate of Death, for Noah Samuel Pozner age 6, is grossly altered by the deletion of the lower portion which is approximately 1/7th of the actual

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form area and the addition of markings, specifically the purported state file number along with a registrars seal and certification images, purporting, that this assembled fabrication is a true copy of the original record.

VERSION 3

The certified by state seal (CoD 3) Certificate of Death, for Noah Samuel Pozner age 6, is intentionally altered and notes the reason for alteration of information contained in boxes 12 & 22 at the top line of print which is correction of address by strikethrough of original content. This version is intentionally altered by removal of form print as evidenced by (CoD 8) and repaired in attempt to conceal the alteration. The hand written state file number also appears to have been an alteration.

EXAMINERS DETERMINATIONS

From my examination of the documents which were presented to me electronically and by US Mail, I make these determinations.

- 1. That the 132KB, JPEG imaged Certificate of Death, for Noah Samuel Pozner age 6, (CoD 1) as examined is an altered and unreliable document image. No determination of originality, or intentional act of forgery, can be supported due to the multi generational copy degradation of printed image and the low resolution of the captured image.
- 2. That the obviously altered in shape and content, 1.7MB, JPEG imaged Certificate of Death, for Noah Samuel Pozner age 6, (CoD 2) is a forgery.
- 3. That the State of Connecticut, Registrar of Vital Statistics, has issued two different and certified as true versions (CoD 3 & 8) of state file number 2012-07- 078033, a Certificate of Death, for Noah Samuel Pozner age 6.
- 4. That for reasons disclosed and undisclosed, the content of state file number 2012-07-

078033 has been digitally and physically altered.

5. That until such time as the State of Connecticut addresses and rectifies the conditions that allow this kind of record manipulation, any "true copy of a record filed", certified by the Seal of State of Connecticut, Department of Public Health, should be considered suspect and treated as unreliable.

END OF REPORT

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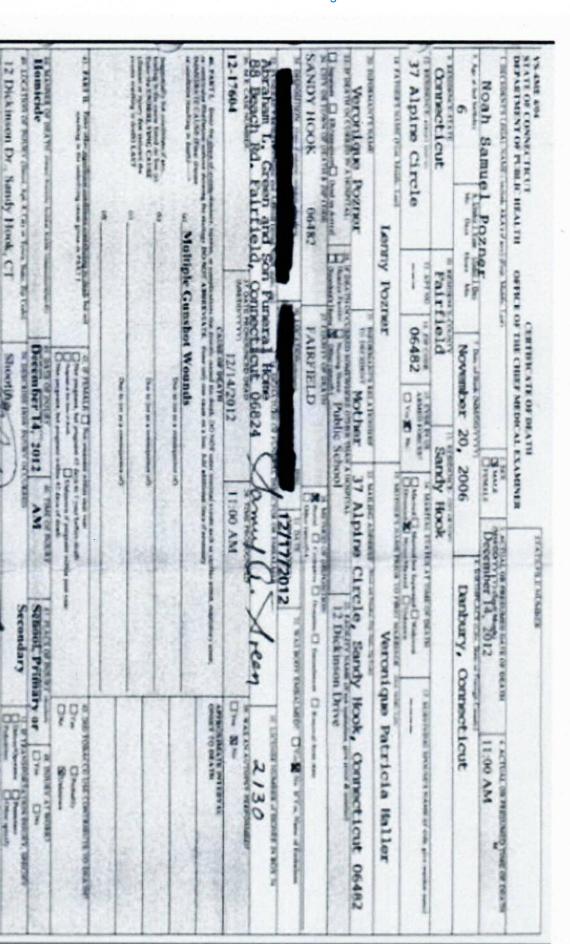
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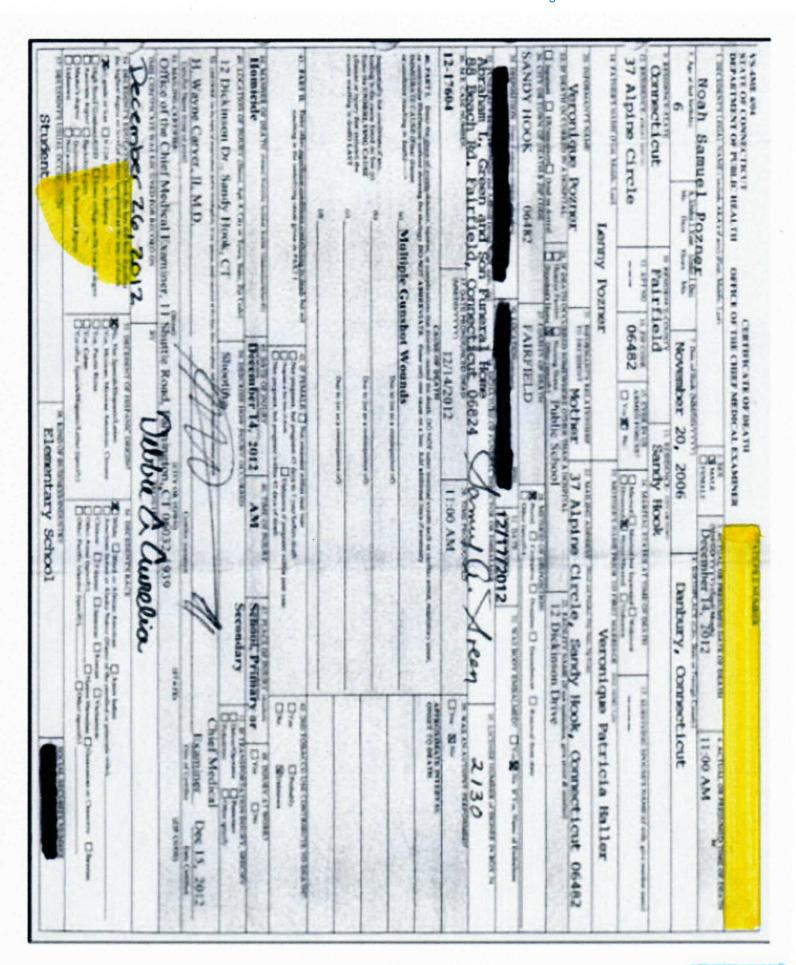
Student

SCHOOL MANAGEMENT AND SPACE IN

Elementary School

H. Wayne Carvor, H. M.D.





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

Attest: Dettrie Cunclia Halstand, Registrar

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

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

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THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS ATRUE 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 STATE REGISTRAR OF VITAL RECORDS

APR 2 2 2019

10		CERTIFICATE OF DEATH	r6-14-13 SARONE MARIER	
	DEPARTMENT OF PUBLIC HEALTH OF LOCKDENT'S LEGAL NAME (Include AKA'S If any) (First.	FFICE OF THE CHIEF MEDICAL E	SEY I ACTUAL OR PRESUMED DATE OF	7-078033 DEATH ACTUAL OR PRESUMED TIME OF DEAT
	Noah Samuel Pozner	Day 7. Date of Birth (MNVDD/YYYY	December 14, 2012	11:00 AM
	Age at last birthday	November 20,	2006 Danbury,	Connecticut
		SIDENCE-COUNTY II. RE airfield S	andy Hook	
1	12. RESIDENCE-PREST OF ST. A. 13. A.	TNO 14 ZIP CODE 15 EVER IN US - 06482 ARMED FORCES - Yes 20 No	16. MARITAL STATUS AT TIME OF DEATH	17. SURVIVING SPOUSE'S NAME (if wife, give maiden sa
FEE	IA. FATHER'S NAME (First, Middle, Last) Lenny	Pozner	19 MOTHER'S NAME PRIOR TO FIRST MARRIAGE VETO	nique Patricia Haller
Sign	Weronique Pozner	11. INFORMANT'S RELATIONSHIP TO DECEDENT Mother	12 MAILING ADDRESS THE SAME OF THE SAME	3 Kale Davis Road dy Hook, Connecticut 0648
	23. IF DEATH OCCURRED IN A HOSPITAL S. IF D Home Inpatient DEMONSTRATE Dead on Arrival Dead (CITY OR TOWN OF DEATH & 21P CODE	EATH OCCURRED SOMEWHERE OTHER THAT HE PUBLIC SO OTHER TRANSITION OF DEATH	NA HOSPITAL B. FACILITY NAI	ME (If not institution, give street & number)
	SANDY HOOK 06482	FAIRFIELD	23. METHOD OF DISPOSITION: Regist Communication Communica	shment 🔲 Aconomid from state
3	B'nai Israel Cemetery	Monroe, Connecti	CUT 1 11. DATE 12. WAS 800	Y EMBALMED! Yes No If Yes, Name of Embalmer
WITEST (Abraham L. Green and Son 88 Beach Rd. Fairfield.	Funeral Home Connecticut 06824	Come . See	35. LICENSE NUMBER «FSIGNEE IN BOX 34 2130
	36 M.E. CASE NUMBER 12-17604	MMDDYYYY) 12/14/2012	11:00 AM	19. WAS AN AUTOPSY PERFORMED?
	40. PART 1. Enter the <u>chain of events</u> -diseases, injuries, or com or ventricular fibrillation without showing the oxiology DO NOT IMMEDIATE CAUSE (Final disease	CALLER OF BELLINA	man terminal events such as cardiac arrest, respiratory acrest.	APPROXIMATE INTERVAL ONSET TO DEATH
	Sequentially list conditions of any.			
\neg	Sequentially list conditions of any, (b) leading to the cause sized on line (a), (b) Enter the UNDERLYING CAUSE (disease or injury that instinct the events resulting in death) LAST (c)	Due to (or as a consequ	wace of):	
	Septeminally list conditions if any, [6] leading to the cause listed on line (a), [6] Enter the UNDERCHOT GAUSE (disease or liquid yet initiated the events resulting in death) LAST (c) [6]	Due to (or as a consequ		
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	(disease or injury that initiated the events resulting in death) LAST (e) (d) (d)	Due to (or as a consequence of the consequence of t	nence of): mant within past year 4) days in 1 year before death Unknown if pregnent within past year within 42 days of death 46. THE OF INURY 47. PLACE OF IN	☐Yes ☐ Probably ☐No ဩUnknown UURY AT WORK?
ا	(disease or injury that initiated the events resulting in death) LAST (c) 41. PART IL Enter other against conditions controlutions for contring in the underlying cause given in PART II. 44. MANNER OF DEATH Oranset, Homistic, Aventue, Southe, Understand HOmi Cide 45. LOCATION OF INJURY (Street, Apt. 5, City or Town, State,	Due to (or se a consume family but not over a consume family but not over a consume family but not over a consumer family bu	ence of): mant within past year 40 days to 1 year before death Unknown if pregnent within past year within 42 days of death 46. TIME OF INJURY 47. PLACE OF IN- 12 AM SCHOOL, Pi	UURY demonstration of the line
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ELIZABETH FRUGALE STATE REGISTRAR OF VITAL RECORDS

APR 2 2 2019

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Ş	Connecticut	-		Fairf			Newt							
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	III. FATHER'S NAME (FIRE				100000	☐ Yes	26 0%	Divercu	d Whever Mar	med [Widowed Unknown RST MARRIAGE	N/A		
2	Peter Lanza	t Middle, Last)	,				1	Nancy	Champi	R TO FIS	ST MARRIAGE	(First, Middle, Last)		
3	20. INFORMANT'S NAME				21. INFORMANT	S 201 170			-		nder, City, States, Jip Cons			
*	Peter Lanza				TO DECEDE	T Fat	her	100 Ba	artina		Stamfor		902	
ž	23. IF DEATH OCCURRED		AL	HOSPICE FAC	OCCURRED SOME cility Nursing I Home Other (m	WHERE	THER THAN	A HOSPITAL		1 2	FACILITY NAM 12 Dickins	E (If not institution	m, give strent &	number)
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5	SANDY HOOK		06482		FAIRFI			☐ Bur	ial XI Cremeti	ion D	N: onation 🔲 Entomi	ment Remov	al from state	
,	29 DISPOSITION OF		other place)		30 LOCATION			(Marie)	II DATE -	2.0	12 WAS BODY	EMBAL MEDI	TIVO MIN-	If Yes, Name of Embelow
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THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS ATRUE 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 STATE REGISTRAR OF VITAL RECORDS

APR 2 2 2019

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Connecticut	**						M THINK					
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Donald Champio	n									Firm, Middle, Last)		
20. INFORMANTS NAME		121	NFORMANT	S RELATIONS	IIP 1	12 MAILING	ADDRESS	Street and	Render, Circ. State, Sir Code			
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40. PART L. Enter the chain of ever	m-diseases, injuries	. or complications th	CAUSE OF DE	EATH	NOT	-				APPROX	CIMATE INTERVAL TO DEATH	
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Office of the Chief N	fedical Exa	iminer, 11	Shuttle R	oad, Farm	ingto	n, CT	6012-19	19-	TAA		(ZIP CODE)	
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Cligabeth Freigale

ELIZABETH FRUGALE STATE REGISTRAR OF VITAL RECORDS

APR 2 2 2019

-	STATE OF CONNECTION DEPARTMENT OF PUB L DECEDENTS LEGAL NAME	BLIC HEALTH	OFFICE O	F THE CHIEF		EXAMINER		E NUMBER		2012 0 7 0 7 8 0 3						
4		(include AKA'l if any	The second second			L SEX ☐ MALE ☐ FEMALE	MANDOWYY	PRESUMED DATE OF DE	ATH	4. ACTUAL OR PRESUMED TIME OF						
2	Avielle 5. Age at last birthday	1 211 2 111	Rich			FEMALE	Decemi	Y) (Spell Month) per 14, 2012		11:00 AM						
	6	6 Under I Year Mo. Dava	Hours Min		(MM/DO/YYYY	7	1.80	THPLACE (City, State or Fo	neign County)							
S	9. RESIDENCE-STATE				er 17,		S	an Diego, C	alifor	rnia						
FEL			10. RESIDENCE-C			SIDENCE- CTY	ME TEMPLE									
	Connecticut 12 RESIDENCE-STREET AND AND		Fairfie			ndy Hoo										
	41 Berkshire F	Dood			IS EVER IN US ARMED FORCES	16 MARI	TAL STATUS AT	TIME OF DEATH	17. SURVIV	ING SPOUSE'S NAME (If wife, give maide						
			10		Yes DiNo	Married	Married but Se	parated Widowed	N/A							
)	IA. FATHER'S NAME (First, Mide					19. MOTHES	S NAME PRIOR	parated Widowed Dunknown TO FIRST MARRIAGE	t Middle (ant)							
51	Jeremy Richn	nan														
3	20. INFORMANT'S NAME		21.	INFORMANT'S RE	LATIONSHIP	12 MAILING	ADDRESS I	ensel								
	Jeremy Richm	nan	F	INFORMANT'S RE JO DECEDENT AT 1 PP JRRED SOMEWHE Nursing Home SO Other (Rocción) COUNTY OF DEAT		41 Ber	rkshire	Rd., Sandy B. FAGLITY NAME (12 Dickinson	Hook	CT 06482						
31,		HOSPITAL	Hospics Facility	Nursing Home	RE OTHER THA	N A HOSPITAL	KUNTIC	B. FACILITY NAME	If not institute	on, give street & number)						
3	legation ER/outpatient 26. CITY OR TOWN OF DEATH	A 219 CODE	Decadent's Home	Other (specify)	Public So	chool		12 Dickinson	Drive	107						
	SANDY HOOK	06482	44.	EATD ETET	D.	28. MI	THOD OF DISPO	SITION:		AND THE PARTY OF T						
	29. DISPOSITION Pro-	00402	Committee of the commit	FAIRFIEL	U	□ 0th	r (specify)	SITION: Donation Entombrace	K LI Remov	Al from state						
1	Lakeview Cemeter			OCATION(mmm)	Concest	(Manual)	I DATE	JZ. WAS BODY EX	BALMED?	Yes No If You Name of Embalmer						
	JI FUNERAL FACILITY - Name	and Address (stores in	IOT DT	idgeport,	connect	cut 1	2/18/2012	Jo	rce M.	Burrow CENSE NUMBER OF SIGNEE IN BOX 34						
3	Honan Funeral	Ноте	ACTION AND INCIDENCE	20	TOKE OF FUNE	RAL DIRECTOR	OR EMBALMES	1	35. LI	CENSE NUMBER of SIGNEE IN BOX 34						
VI-	36 MLE CASE NUMBER	New LOWIT,	CT 0647	ONOUNCES	Jource	W. K	PRONOUNCED	J		2563						
	12-17599		(MM/DD/YY	ONOUNCED DEAD	, 1					AN AUTOPSY PERFORMED?						
М		-	d to the	12/14/2	012) AM		Z Yes	□ No						
	40. PART I. Enter the chain of or or ventricular fibrillation without th MAMEDIATE CAUSE (Final disease or condition resulting in death)	ents-diseases, injuries,	or complications that	directly caused the	death, DO NOT e	nter terminal even	t mich ar caufiac		APPROX	CIMATE INTERVAL TO DEATH						
1	IMMEDIATE CAUSE (Final disease	sowing the ettology DC	NOT ABBREVIA	TE. Enter only doe.	cause on a line; A	dd additional line	if security	mean, respiratory arrest,	ONSET	TOBEATH						
	or condition resulting in death)	(a) Mul	tiple Gunsl	not Wound	S					10040000000						
11.				Due to	(or az a conseque	mor of):										
	Sequentially list conditions if any, leading to the cause listed on line (a) Enter the UNDERLYING CAUSE). (b)	1			- t		2.3		_ N. e y						
	(disease or injury that initiated the events resulting in death) LAST			Due to	(or as a conseque	mon of):		4	1							
	eventr resulting in death) LAST	(e)			2.11	di.	4.			7716 WAS - B - F F - S						
	12 k 12 c 1 c 1	1.7	1 - 10	Disc to	(oras a conseque	mos of);				41 19 134 1						
	Mr. Canton	(d)	8	0.00	100					Callette - Pillian						
1	41. PART II. Enter other members	at conditions contribute			Lauretti.				1	and the state of t						
	resulting in the under	riying cause given in P.	ART L	Not prema	LE Not pressure	ant within past yo	r		43. DID TOBACCO USE CONTRIBUTE TO							
KECORD;	41.00	3 3		0	-	D Unknown if	er efore death pregnant within pe	thin past year		Yes Probably						
		Smiride Aprilles Builds (b.	transport fronts	45. DATE OF IN	int, but presented w	rithin 42 days of d	eath		□No.	☑ Unknown						
	MANNER OF DEATH Musel IS			December	2 46 TIME C	FINJURY	47. PLACE OF DUURY		- 4 INJURY AT WORK?							
No.	Homicide		State Tin Codel	50. DESCRIBE	HOW INJURY	OCCURRED		School, Prim		□Yes ⊠No						
	9 LOCATION OF INJURY (Street	t, Apt. II, City or Town,	State, Alp Code)		- Anoni	OCCURRED Secondary			SI, IF	RANSPORTATION INJURY, SPECIFY enrOperator Passenger strian Other specify						
	9 LOCATION OF INJURY (Street	t, Apt. II, City or Town,	T 06482		~				I Cont	strian Other specify						
MOT MOON	12 Dickinson Dr. Sa	t, Apt. II, City or Town,	T 06482	Shooting	g		52, CHRITIES (by this tops of emmander, under Constiguies, in my species, Just recurred at the time, dast, and plane, and days to the country) and flavour stand									
No. 13	12 Dickinson Dr., Sa	t, Apt. II, City or Town,	T 06482		g 	-	V			ciate Medical						
	12 Dickinson Dr., Sa 12 Dickinson Dr., Sa 13 CHRITHER OF AS 1887 LTA J. Kanfer, M.D. CHRITHER OF AS 1887 CHRITHER OF AS 1887 CHRI	t, Apt. II, City or Town,	T 06482		g - — u — —		Y		Assoc	xaminer Dec 15, 20						
	12 Dickinson Dr., Sa 52 CERTIFIER OF BLANCE OF SILVER STREET, M.D. Centifier Name (type or orint)	t Apt. 4, City of Town, andy Hook, C	T 06482	Shooting) /		Assoc	zaminer Dec 15, 20 Title of Certifier Date Certified						
80	12 Dickinson Dr., Sa 12 Dickinson Dr., Sa 12 CHATTHE OF A SECTION OF A SEC	Apt & Chy or Town, andy Hook, (T 06482	Shooting				STAT	Assoc	ziate Medical zaminer Dec 15, 20						
1 8 7	9- LOCATION OF BUILEY (STREET 12- Dickinson Dr., Sa 2- CERTITURE OF AUTOMOTION OF THE PROPERTY	Apr. 1, City of Town, andy Hook, (T 06482	Shooting			032-1039	istat	Assoc E	iate Medical Xaminer Dec 15, 20 Title of Certifier Date Certified (ZIF CODE)						
1 8 7	9- LOCATION OF BUILEY (STREET 12- Dickinson Dr., Sa 2- CERTITURE OF AUTOMOTION OF THE PROPERTY	Apr. 1, City of Town, andy Hook, (T 06482-	Shooting	, Farming	ton, CT 00	032-1039	bbu A	Assoc E	zaminer Dec 15, 20 Title of Certifier Date Certified						
The state of the s	12 Dickinson Dr., Sa 12 Dickinson Dr., Sa 2 CERTIFIES OF A STATE	Medical Exar	niner, 11 Si	Shooting of the Shooting of th	, Farming	(CITY OR TOWN ton, CT 00 REGISTRA	032-1039	bull	Assoc E	iate Medical Xaminer Dec 15, 20 Title of Certifier Date Certified (ZIF CODE)						
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PLOCATION OF BUILTY (Street 12 Dickinson Dr., Sa 2. CRATINES OF AS MOST OF ITA J. Kanfer, M.D. Certifier Name (tree or orius) 3. MALIANG-CERTIFIER Office of the Chief N THAS CENTRICATE WAS RECENT 4. DECEDENT'S EDUCATION-CS to highest degrace or level of school or highest degrace or level of school or Side prade or rest 9-128 prade. High Scool Graduate GED S.	Medical Exar Medic	T 06482 And received to the important of the important o	Shooting on any pinn, and does a on the state of the st	, Farming	(CITY OR TOWN ton, CT 00 REGISTRA	ECEDENTS RAC	bbu A	Associ	ciate Medical xaminer Title of Certifier CIF CODE) Clica Uppe tribe)						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9º LOCATION OF BUILEY (Street 12º DICKINSON DT, Sa 2. CERTITIES ON AS ASSESSION DT, SA 2. CERTITIES ON AS ASSESSION DT, SA 2. CERTITIES ON AS ASSESSION DE STA 1. A JÉCEDENT'S EDUCATION-OS 4. DECEDENT'S EDUCATION-OS 4. Manuciate degree 9-12th grade, 1. High Scool Graduate GED 5. 2. Ausociate degree Dectorate or 1. Manuciate degree Dectorate or 1. Unknown Nos esvilable.	Medical Exar //ED SOA RECORD Of Local House Completed as the time of the complete as the	T 06482 And received to the important of the important o	Shooting huttle Road DSCEDENT OF HI to, Not Spanish/First	, Farming	(CITY OR TOWN ton, CT 00 REGISTRA	6032-1039	bbu A	Associ	Dec 15, 20 Title of Certifier Dec 15, 20 Date Certifier CIP CODE)						
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THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS ATRUE 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 STATE REGISTRAR OF VITAL RECORDS

APR 2 2 2019

5	S-4 REV. 11/0 TATE OF CON EPARTMENT	INF.CTICUT	HEALTH			CERTIFIC	ATE OF DEATH				State Use only. Do n	ot write in thi	s box)
× /	DECEDENT	S LEGAL NA	ME (Include A	KA's if any) (First	Middle Last	1		-SEX	3 ACTUAL	OR PRES	SUMED DATE OF DEATH	4.	I OP PRESIDED
	Villia			Shan				SEX Male	Novem	mm (s	6, 2017	6:0	DE DEATH DA
			INDER 1 YEAR	UNDER 1 DAY		BIRTH IMMOON	m		LACE (City, State	e or Forei	ign Country)	0.0.	A
	66		Vio. Days	Hours Min.	03/	07/1951		Torr	ingto	n, (Connectio	cut	
8	RESIDENCE	(State)		10. RESIDEN	ICE (County)		11. RESIDENCE	(City or Town)	- 1	12. RESI	IDENCE (Street and I	Vo.)	13. APT. NO:
	onnec			New 1	Haven		New Hav				Avon St	reet	3
	4. ZIP CODE	ARMED FO	RCES? Mar	ARITAL STATUS A		EATH: 17	SURVIVING SPOUS	SE'S NAME (G	ive full name prior	to first man	rriage)		
7	6511 8. FATHER'S	Yes X	No Divo	orced Never M	larried	□ Unknown	N/A	NAME PRIO	R TO FIRST MA	RRIAGE	(First, Middle, Last)		
				nley, .	Ir.								
	D. INFORMAN				1 21	INFORMANTS	RELATIONSHIP 22	MAILING ADD	RESS (Street at	nd Numbe	er, City, State, Zip Code)	
	ancy					Sister	53	5 Hill	Rd., Ha	arwi	nton, CT (6791	
2	3. IF DEATH O	CCURRED II	NA HOSPITA		IF DEATH O	CURRED SOM	WHERE OTHER TH	IAN A HOSPI	TAL	25. FA	ACILITY NAME (If not	institution, g	CONTRACTOR OF THE PROPERTY OF
0	Inpatient DE	R/outpatient	Dead on A	mival Ko	ecedent's Hor	ne DOther (spe		-		56	Avon Stre	et, Un	it 3
1	6. CITY OR TO		-	ZIP CODE 2	Sugar and			1,54			POSITION: Burial moval from State	Crematic	on Donation
	ew Have		0651		New H	(city/town, state			Other (spec	city)	1 32 WAS BODY EN	BAI MED?	
	arter		erred area (1) processing	A Marie Control of the	200	Connec			11/13/	2017	32. WAS BODY EN	balmer	□Yes* X1No;
				ess (street, town,		, contract		NATURE OF F	WER TOTAL	OR O	R EMBALMER	35. LIC	ENSE NUMBER OF
						06759		14K	724	1		SIGNE 2	212
3	S. DATE PROM	OUNCED D	AD 37. TIM	E PRONOUNCED		The second	ND DEGREE OR TITL	(Print)	39. PRONO	UNCER	S SIGNATURE		40. DATE SIGNED
1	1/06/	2017	6:0	05pm	EMT I	fire De	partment		N/A	1	1		N/A
-	WAS MEDIC	AL EXAMINE	ER CONTACT	ED?	42 WAS A	N AUTOPSY PER	FORMED?	43. WERE	THE AUTOPS	Y FINDINGS ON	NGS AVAILABLE TO	COMPLETE	THE
-		-			CALISE	OF DEATH		1.			I APPROVIMATE	MTERVAL C	INSET TO DEATH
4	PART L Enter	the chain of a	ords - disease britation witho	s, Injuries, or comp	pications-that	drecily caused the	death. DO NOT enter Enter only one cause or	terminal event	s such as cardiac	errest,	AFFRONMATE	IN LEAVE C	Maci To Beath
IN	MEDIATE CAL	JSE (Final dis				The	1 1	dies seni		,	4:	-	-
	sulting in death			Due (a)	to (or as a co	nsequence of):	^	0000	9.74		7 90	m	
54	equentially list or led on line (a). I sease or injury lath) LAST	enditions, if an	eading to the	USE (b)	Cang	estive	heart to	Hune	-	-	4 40	N.	* * *
(d	sease or injury with) LAST	hat initiated th	e events result		hus	vters &	n .				5 72	~	
				Due	to (or as-6 co	osequence of:	betes me	hit.		10	8 44		
4	5. PART IL Ent	er other aignific	ant conditions	contributing to des	eth but not	46, IF FEI	MALE: Not pregnan	t within past y	ear	47.	DID TOBACCO USE	CONTRIBU	TE TO DEATH?
n	sulting in the un	idenlying cause	given in PAR	n	12	☐ Pregna ☐ Not pre	nt at time of death gnant, but pregnant wit	hin 42 days of d	leath	0,	Yes Probably	□ No	Unknown
H,	pu 1:6: d	enia C	hrunic K	idrendis	eagesta	3 Not pre	gnant, but pregnant wit gnant, but pregnant 43 on if pregnant within t	days to 1 year he past year -	before death				
-	Pronouncing & C	Check only on artifying Practition	obox of Certification	ying practitioner - I as tending practitioner	or a practitionar	oction of a pract	tioner acting on behalf of the	he attending practed to the best of r	sitioner and to the b my knowledge, dea	th oppume	knowledge death occurred d at the lime, dule and pla	due to the causes, and due to	se(s) and manner stated the gause(s) stated.
	Caro	AAm	ico PA	T	- Co	Shut	Ac		12 1 .		Certifier	110	9 2017
(MAILING - C	STO C	hape !	Street	O N	ew Hai	44	(City or	Town)	17	r (St	ite) Or	(Zip)
7	HIS CERTFICA	TE WAS RE	CEIVED FOR	BECORD ON:	BY	1100	1	REGISTRO	7 0	, /			
1			CAST CONTRACTOR OF THE PARTY OF				Max	the of	1 41	ele	m		
	a highaet daren	a ar laud of an	total completo	x that best describ d at the time of des	oth CANO	CEDENT OF HIS	SPANIC ORIGIN?	2. DECE	DENT'S RACE	African A	American Asian	Indian	
00	8º grade or les High School G	s aduate/GED	Some collec	de, no diploma e credit, but no de egrae Professional degr	gree D Yes	, Mexican, Mexic , Puerto Rican	an American, Chicano	D America	en Indian or Alasi	ka Native	(Name of the enrolled or p	n DV	etnamese
100	Associate deg Master's degre	ree I	Bachelor's d	egrae Professional deco	D Yes	Cuban other Spanish/I	fiscanic/Latino	☐ Other A	SIBN (SDECTY)		Inder (specify)	wallen DG	uamanian or Chamom
	Unknown 3. DECEDENT		Not available		(speci			□ Other	(specify)		(epolity)		
	. DECEDENT	O COUNT OC	CUPATION		54. KI	AL OF BUSINES	SINUUSIRY						
	uthor	/F: 1-				ts							

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ELIZABETH FRUGALE STATE REGISTRAR OF VITAL RECORDS

APR 2 2 2019

	DEPARTMENT OF PUBL 1. DECEMENTS LIGAL NAME (OF THE CHIEF	110	AMINER	1	2012-07	-0		SUMED TIME OF DEAT
61	Noah Samu				130	MALE	Dece	mber 14, 2012	NATH.	11:00 AM	M DEAT
	D. Will by 15th populary.	6. United A Visited Max. Division	Linday L. Day		P (VWV) DEVA A A A A A A A A A A A A A A A A A A		10000	A DENT PLACE (City, Sum of)	street Court	111.00APIVI	
	6 RESIDENCE-STATE	New Dalie I		Novem	ber 20,	2006		Danbury, C	onnec	ticut	
	Connecticut			field	Sa	ndy Ho	xok				
SIRMS	37 Alpine Circ	a Road	12.AFTNO		H EVER IN US ARMED PORCEST [] Yes X No	Stortul Director	Marrica :	BAT THATE OF DEATH Inc. Septembed Widowed Mantine Uniberses USB TO FIRST MARRIAGE 0	17. SURVI	VING SPOUSE S NICAN	lifette gree makin san
P. 188	IN INVONMANTS NAME		ny Pozi					Veron	ique	Patricia E	
Lunghi	Veronique I	Pozner		II. INFORMANTS R TO DECEDENT CCUMMED SOMEWH	Mother	37-A1	pine-	Circle, Sand	3 Ka y Hoo	le Davis I k, Connect	load icut 06482
	In City On TOwn OF DEATH A		Passing Facility	CCUBILED SOMEWH Storming Honor Cober Inscribe 17. COUNTY OF DEA		00l	map ar a	12 Dickinso	n Drive		
3	SANDY HOOK	06482		FAIRFIEL	Ď	E Ode	r timed for	INSPOSITION DE COMMINE DE COMMINE	en [] For	post fitter sens	
Delbie		F	REDAC	TED		f	2/17/	2012 H WAS BODY I	MEALAND	TYON NO IFYE	
WEST	Abraham L. Gre 88 Beach Rd. F	en and l	on Fu	neral Hom	06824	CAN	OR EMBAI	7 1.000	18.1	2130	
8	Abraham L. Gre 88 Beach Rd. I	-	(MANDO	12/14/2	2012	11:00	PROMINUS	ello VI Fello		S AH AUTOPSY PERS	
- 1	Thereas in the same of the sam		_	120 146	0014	11.00	. reits		AFPRO	NINAYE WITERVAL	
	48. PART I. Selve the drain a Land or rearrigular libertlation truscon plant MAMERICATE CAUSE (First disease	wing the estating a DO	NOT ABBRES	YEATE. Enteresty use	r George on a lion. Add a	tenninal event deltimet lines	if once an one of oncessory	dies areat, respiratory sceen,	ONSET	TO DEATH	
- 1	or troublines setwiting to dutable	m Mul	tiple Gu	nshot Wound	ls						
)	depositable for conditions if two	4 1 1 2		Dist	is fat ska conumposite	reft					
4	Separately list economies if any, tenting to the known listed on line (a). Select the UNDERLYDIG CAUSE	do	-	Dest	to (to) at a consequence	ndi -	-		-		
	(Mineron or injury that indicated the avenus resulting to death) LAST	30								A	
	1	10	114	Deas	is (in, as it constitutions	of):			-		77.
1	41. FART II. Enter offer apparlicant stracting in the conduct	conditions (profiber	no hi dank has a	W THEFT	70 mu						
- 1	stracting in the conduct	ning come given in A	ARTL	Mor progra	ALE [] Not extensed ent, but programs 6) &	ordine past ver grate 1 year be	offere death		47.000 C) Yes	TORACCO USE CONT.	RIBUTE TO DEATH!
. 1				Mu sego	unt, but programt 4) di vitre of their	Ontown if y	prognost will salk	hie past year	DN-	Chineses	
6	Homicide	men, Academ Reads, Un	Comment to Secretary				FIRITURY	47 PLACE OF INTUA	Y (breaker)	SCINIONY ATW	ORIC
1	49 LOCATION OF INDUSY (IRNO).			Decemb	er 14, 2012	AN	1	School, Prin	iary or	DY** DN	
1	12 Dickinson Dr., Sa	ndy Hook		Shootin	The state of the s	-		Secondary	Co	TRANSPORTATION I	GURY, SPECIFY
	ST. CONTRACT CO. NO. of Co.		And record to be	on in when offing	11/1/1	1	_	111	II IF TRANSPORTATION INCIRNY, SPECIFY Diversional Presental Procession Coher people Chief Medical		
	H. Wayne Carver, II.	M.D.		-4	47/	/		-01			Dec 15, 2012
	SS. MAILING-CERTIFUER-	10 de	100	(hear)	007		lifer plensto		TID	Title of Centifier	Date Contilled ZIP CODE)
100	Office of the Chief M	ID FOR RECUILD O	14	Shuttle Road	l, Parmingto				-		ear count
)	December St. DISCRIMINT'S EDUCATION-Che file lighest drymas or forest of school on	26,2	012	St DECEDENT OF H	Deol			urelia			
	the implicat drignes or level of school on	repleted as the time o	f doub.	Miles, Man Special Stic	perio/Lating		CESSION		na fedies		
	Xerb grade or loss 5-12th grade, w High Seart GrantwootCD	e egenne no sullege studit has	on degree	Yes, Nasion, Novi	een American, Chicare	DA	movience feating	R or African American GAs in or Aleska Nosine (Henris of Sicia	consilled or pric	recipile sellini	
	High Score (Institute/CED See Associate degree Busineter degree Master's degree Descenter or fo Unscome Most as allable DECEMBERTS USUAL OCCUPAT	e refinational degree		You Cubes You priver Spranishits	Deposite Latine (specif)	1 200	ter Asino (sy ler Paulie to	States James Karean scrifty Na lander ispecify	Victorium Per Hermina Other (speci	Gesmanian or Charge	The Carrier
- 1	ST. DECEDENTS USUAL SCCUPAT	NON			IN KIND OF BUILD	NESTANDUS	THY			SOCIAL DECIDE	VOMBA
- 1	Student				Elemen	PAYSY IN LLOCA	-			DOCUMENT OF SALES THAN	

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