
**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

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

which it was attached, but the printed form content that is not found in the same location on the certified "ATRUE" copy Version 3 (CoD 3).

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 illegibly 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

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

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF THE CHIEF MEDICAL EXAMINER

NOAH SAMUEL POZNER
 Age: 6
 Sex: Male
 Date of Birth: November 20, 2006
 Date of Death: December 13, 2012
 Time of Death: 11:00 AM

Residence: **Connecticut**
 City/Town: **Fairfield**
 Zip: **06482**

Place of Birth: **Connecticut**
 City/Town: **Fairfield**
 Zip: **06482**

Parent(s): **Veronique Pozner**
 Address: **37 Alpine Circle, Sandy Hook, Connecticut 06482**

Other Contact: **Veronique Patricia Haller**
 Address: **37 Alpine Circle, Sandy Hook, Connecticut 06482**

Place of Residence: **Multiple Gunshot Wounds**

Place of Injury: **Multiple Gunshot Wounds**

Medical History: **None**

Medical Examination: **None**

Autopsy: **None**

Signature: **Debra A. Amelica**
 Title: **Chief Medical Examiner**
 Date: **Dec 15, 2012**

Signature: **[Redacted]**
 Title: **Student**
 School: **Elementary School**

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

Attest: *Debbie Aurelia Halstead*, Registrar

VS-4ME 404 boxes 12 & 22 corrected as per Father's 14-13 STATE NUMBER **Leonard Pozner**
 STATE OF CONNECTICUT CERTIFICATE OF DEATH III RW
 DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last) **Noah Samuel Pozner**
 2. SEX MALE FEMALE
 3. ACTUAL OR PRESUMED DATE OF DEATH **December 14, 2012**
 4. ACTUAL OR PRESUMED TIME OF DEATH **11:00 AM**

5. Age at last birthday **6**
 6. Under 1 Year: **6** Days **0** Hours **0** Min
 7. Date of Birth (MM/DD/YYYY) **November 20, 2006**
 8. BIRTHPLACE (City, State or Foreign County) **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**
 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 SPOUSES 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 DECEASED **Mother**
 22. MAILING ADDRESS (Street and Number, City, State, Zip Code)
37 Alpine Circle, Sandy Hook, Connecticut 06482
 23. IF DEATH OCCURRED IN A HOSPITAL:
 Inpatient ER/ambulatory Dead on Arrival
 Home Health Nursing Home Public School
 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
 Home Other (Specify) **Public School**
 25. CITY OR TOWN OF DEATH & ZIP CODE **FAIRFIELD 06482**
 26. COUNTY OF DEATH **FAIRFIELD**
 27. METHOD OF DISPOSITION:
 Burial Cremation Donation Entombment Removal from state
 Other (Specify) **FAIRFIELD**
 28. DISPOSITION (Name of cemetery, crematory, other place)
Bnai Israel Cemetery, Monroe, Connecticut
 29. DATE **12/17/2012**
 30. LOCATION (optional)
Monroe, Connecticut
 31. DATE **12/17/2012**
 32. WAS BODY EMBALMED? Yes No If Yes, Name of Embalmer
Samuel G. Green
 33. LICENSE NUMBER OF EMBALMER IN BOX 34 **2130**

35. TOMBAL FACILITY - Name and Address (Street, Box, Suite, etc.)
Abraham L. Green and Son Funeral Home, 88 Beach Rd., Fairfield, Connecticut 06424
 36. ME CASE NUMBER **12-17604**
 37. DATE PRONOUNCED DEAD (MM/DD/YYYY) **12/14/2012**
 38. TIME PRONOUNCED DEAD **11:00 AM**
 39. WAS AN AUTOPSY PERFORMED? Yes No

40. PART I. Enter the date of onset, duration, nature, extent, and site of the disease, or the nature of the injury, or the nature of the condition resulting in death. DO NOT enter terminal event 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) **Multiple Gunshot Wounds**
 CAUSE OF DEATH
 Due to (or as a consequence of):
 (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) _____

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
 Unknown

44. MANNER OF DEATH (Homicide, Suicide, Undetermined)
Homicide
 45. DATE OF INJURY **December 14, 2012**
 46. TIME OF INJURY **AM**
 47. PLACE OF INJURY (Residence, School, Primary or Secondary)
School, Primary or Secondary
 48. LOCATION OF INJURY (Street, Apt #, City or Town, State, Zip Code)
12 Dickinson Dr., Sandy Hook, CT
 49. DESCRIBE HOW INJURY OCCURRED
Shooting
 50. CERTIFIER: On the basis of examination, medical investigation, in or upon the body, and on the basis of the information furnished, I certify that the above information is true and correct to the best of my knowledge and belief.
H. Wayne Carver, II, M.D.
 Certifier Name (Type or print)
 Title of Certifier **Chief Medical Examiner**
 Date Certified **Dec 15, 2012**

51. MAILING-CERTIFIER: **Office of the Chief Medical Examiner, 11 Shuttle Road, Danbury, CT 06032-1939**
 Certifier Name (Type or print)
 Title of Certifier **Registrar**
 Date Certified **December 26, 2012**

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON **December 26, 2012** BY **Debbie Aurelia Halstead**

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

Attest: Debbie Aundelia Halstead, Registrar

VS-AME 404 boxes 12 & 22 corrected as per Father's 6-14-13 Leopold Pozner
 STATE OF CONNECTICUT CERTIFICATE OF DEATH RW
 DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) Noah Samuel Pozner
 2. AGE AT LAST BIRTHDAY 6
 3. ACTUAL OR PRESUMED DATE OF DEATH December 14, 2012
 4. ACTUAL OR PRESUMED TIME OF DEATH 11:00 AM

5. RESIDENCE- STREET AND NO. 37 Alpine Circle
 6. CITY OR TOWN OF DEATH & ZIP CODE 3 Kale Davis Road Danbury, Connecticut 06482
 7. DATE OF BIRTH (MM/DD/YYYY) November 20, 2006
 8. BIRTHPLACE (City, State or Foreign County) Danbury, Connecticut

9. RESIDENCE- STREET AND NO. 37 Alpine Circle
 10. RESIDENCE- CITY OR TOWN Fairfield
 11. RESIDENCE- STATE Connecticut
 12. RESIDENCE- COUNTY Fairfield
 13. APT. NO. ---
 14. ZIP CODE 06482
 15. EVER IN US ARMED FORCES? Yes No

16. MARRITAL STATUS AT TIME OF DEATH Married Separated Widowed Divorced Never Married Unknown
 17. SURVIVING SPOUSES NAME (if wife, give maiden name) Veronique Patricia Haller

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 Route, City, State, Zip Code) 3 Kale Davis Road Danbury, Connecticut 06482

23. IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient Dead on Arrival
 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Home Nursing Home 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

29. DISPOSITION (Name of cemetery, other place) Bnai Israel Cemetery
 30. LOCATION (map name) Monroe, Connecticut
 31. DATE 12/17/2012
 32. WAS BODY EMBALMED? Yes No If Yes, Name of Embalmer ---

33. FUNERAL FACILITY: Name and Address (Street, Room, Suite, #) Abraham L. Green and Son Funeral Home
 34. SIGNATURE OF FUNERAL DIRECTOR OR EMPLOYEE Samuel G. Green
 35. LICENSE NUMBER OF SIGNEE IN BOX 34 2130

36. ME CASE NUMBER 12-17604
 37. DATE PRONOUNCED DEAD 12/14/2012
 38. TIME PRONOUNCED DEAD 11:00 AM
 39. WAS AN AUTOPSY PERFORMED? Yes No

40. PART I. Enter the details of existing disease, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or condition resulting in death. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
 CAUSE OF 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) _____

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 Pregnant at the time of death Pregnant 43 days to 1 year before death Unknown if pregnant within past year

43. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably Unknown

44. MANNER OF DEATH (Homicide, Suicide, Accidental, Undetermined)
Homicide
 45. DATE OF INJURY December 14, 2012
 46. TIME OF INJURY AM
 47. PLACE OF INJURY (Street, Room, Suite, #)
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, medical investigation, or any reports, state completed at the time, date, and place, and full name of the certifier.
H. Wayne Carver, II, M.D.
 Certifier: Name (Type or Print) H. Wayne Carver, II, M.D.
 Title of Certifier Chief Medical Examiner
 Date Certified Dec 15, 2012

53. MAILING-CERTIFIER: (Street) (City or Town) (State)
Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939
 Title of Certifier Debbie Aundelia Halstead
 Date Certified _____

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON December 26, 2012

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

Attest: Debbie Aurelia Halstead, Registrar

VS-AME 404 boxes 12 & 22 corrected as per father's 6-14-13 signature. **Veronique Pozner**
 STATE OF CONNECTICUT CERTIFICATE OF DEATH RW
 DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEASED'S LEGAL NAME (include AKAs if any) (First, Middle, Last) **Noah Samuel Pozner**
 5. Age at last birthday **6**
 6. Under 1 Year: Mo. **6** Days **0** Hours **0** Min

7. Date of Birth (MM/DD/YYYY) **November 20, 2006**
 1. SEX MALE FEMALE
 3. ACTUAL OR PRESUMED DATE OF DEATH **December 14, 2012**
 4. ACTUAL OR PRESUMED TIME OF DEATH **11:00 AM**

9. RESIDENCE-STATE **Connecticut** 10. RESIDENCE-COUNTY **Fairfield** 11. RESIDENCE-CITY OR TOWN **Sandy Hook**
 12. RESIDENCE-PRIME ADDRESS **37 Alpine Circle**
 13. APT NO. **---** 14. ZIP CODE **06482** 15. EVER IN US ARMED FORCES? Yes No
 16. MARITAL STATUS AT TIME OF DEATH Married Separated Widowed Divorced Never Married Unknown
 17. SURVIVING SPOUSES NAME (if wife, give maiden name) **Danbury, Connecticut**

18. FATHER'S NAME (First, Middle, Last) **3 Kale Davis Road**
 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Veronique Patricia Haller**

20. INFORMANT'S NAME **Lenny Pozner** 21. INFORMANT'S RELATIONSHIP TO DECEASED **Mother**
 22. MAILING ADDRESS (Street and Number, City, State, Zip Code) **37 Alpine Circle, Sandy Hook, Connecticut 06482**
 23. IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient Dead on Arrival
 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Home Nursing Home 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
 29. DISPOSITION (Name of cemetery, crematory, other place) **Bnai Israel Cemetery** 30. LOCATION (optional) **Monroe, Connecticut** 31. DATE **12/17/2012**
 32. WAS BODY ENBALMED? Yes No (If "no," Name of Embalmer **---**)

33. FUNERAL FACILITY - Name and Address (Street, City, State, Zip Code) **Abraham L. Green and Son Funeral Home**
 34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER **Abraham L. Green**
 35. LICENSE NUMBER OF SIGNER IN BOX 34 **2130**
 36. ME CASE NUMBER **12-17604** 37. DATE PRONOUNCED DEAD (MM/DD/YYYY) **12/14/2012** 38. TIME PRONOUNCED DEAD **11:00 AM**
 39. WAS AN AUTOPSY PERFORMED? Yes No

40. PART I. Enter the date of event, disease, injury, or complication that directly caused the death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, IMMEDIATE CAUSE (final disease or condition resulting in death) **Multiple Gunshot Wounds**
 41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 (a) **Multiple Gunshot Wounds** Due to (or as a consequence of):
 (b) **Multiple Gunshot Wounds** Due to (or as a consequence of):
 (c) **Multiple Gunshot Wounds** Due to (or as a consequence of):
 (d) **Multiple Gunshot Wounds** Due to (or as a consequence of):

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
 43. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No
 44. MANNER OF DEATH (Internal, External, Accidental, Suicide, Undetermined/Specified) **Homicide**
 45. DATE OF INJURY **December 14, 2012** 46. TIME OF INJURY **AM**
 47. PLACE OF INJURY (Location) **School** 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 INQUIRY SPECIFY: Driver/Operator Passenger Pedestrian Other specify **Chief Medical Examiner**

52. CERTIFICATE: On the basis of examination, medical investigation, in my opinion, death occurred at the time, date, and place indicated by the informant and the manner of death is as stated above.
 53. MAILING-CERTIFIER: **H. Wayne Carver, II, M.D.** (City or Town) **Putnam, CT 06032-1939** (State) **CT**
 Certifier Signature: *[Signature]* Title of Certifier: **Chief Medical Examiner** Date Certified: **Dec 15, 2012**
 THIS CERTIFICATE WAS RECEIVED FOR RECORD ON **December 26, 2012** BY **Debbie Aurelia Halstead** (City or Town) **Putnam, CT 06032-1939** (State) **CT**

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

Attest: *Debbie Aurelia Halstead*, Registrar

US-4ME 404 boxes 12 & 22 corrected as per father's 6-14-13 *Joseph R. Pozner*
 STATE OF CONNECTICUT CERTIFICATE OF DEATH RW
 DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)
Noah Samuel Pozner

2. AGE AT LAST BIRTHDAY
 6

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

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

5. RESIDENCE-STATE
 Connecticut

6. RESIDENCE-CITY OR TOWN
 Danbury, Connecticut

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

8. SEX
 MALE
 FEMALE

9. MARRITAL STATUS AT TIME OF DEATH
 Married
 Married but Separated
 Widowed
 Divorced
 Never Married
 Unknown

10. RESIDENCE-CITY OR TOWN
 Danbury, Connecticut

11. RESIDENCE-CITY OR TOWN
 Danbury, Connecticut

12. RESIDENCE-STREET AND NO.
 37 Alpine Circle

13. APT NO.

14. ZIP CODE
 06482

15. EVER IN US ARMED FORCES?
 Yes No

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

17. SURVIVING SPOUSES 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)

20. INFORMANT'S NAME
 Veronique Pozner

21. INFORMANT'S RELATIONSHIP TO DECEDENT
 Mother

22. MAILING ADDRESS (Street and Number, City, State, Zip Code)
 3 Kale Davis Road
 Danbury, Connecticut 06482

23. FACILITY NAME (if not institution, give street & number)
 12 Dickinson Drive

24. IF DEATH OCCURRED IN A HOSPITAL:
 Inpatient ER/Outpatient Dead on Arrival

25. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
 Home Nursing Home Public School

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

29. DISPOSITION (Name of cemetery, crematory, other place)
 Bnai Israel Cemetery

30. LOCATION (county, street, other place)
 Monroe, Connecticut

31. DATE
 12/14/2012

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

33. LICENSE NUMBER OF SIGNER IN BOX 34
 2130

34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER
Joseph R. Pozner

35. APPROXIMATE INTERVAL ONSET TO DEATH

36. ME CASE NUMBER
 12-17604

37. DATE PROMOUNCED DEAD (MM/DD/YYYY)
 12/14/2012

38. TIME PROMOUNCED DEAD
 11:00 AM

39. WAS AN AUTOPSY PERFORMED?
 Yes No

40. PART I. Enter the date of existing disease, injury, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary 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) _____

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

44. MANNER OF DEATH (Homicide, Suicide, Accident, Suicide, Unknown/Indefinite)
Homicide

45. DATE OF INJURY
 December 14, 2012

46. TIME OF INJURY
 AM

47. PLACE OF INJURY (Location)
 School

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. CERTIFICATE ON THE BASIS OF EXAMINATION, ADEQUATE INVESTIGATION, IN ANY OPINION, BEING CORRECTED AT THE TIME, DATE, AND PLACE, AND THE SIGNATURE OF THE CHIEF MEDICAL EXAMINER
 H. Wayne Carver, II, M.D.

53. MAILING-CERTIFIER
 Office of the Chief Medical Examiner, 11 Shuttle Road, Danbury, CT 06032-1939

Certifier Name (type or print)
H. Wayne Carver, II, M.D.

Certifier Signature
H. Wayne Carver, II, M.D.

Certifier Title
 Chief Medical Examiner

Date Certified
 Dec 15, 2012

(Street) (City or Town)
 Danbury, CT 06032-1939

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON
 December 26, 2012

BY
Debbie Aurelia Halstead

Registrar

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

Attest: *Debbie Aurelia Halstead*, Registrar

VS-AME 4004 boxes 12 & 22 corrected as per Father's-14-13 STATE FILE NUMBER **2243**
 STATE OF CONNECTICUT CERTIFICATE OF DEATH RW
 DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) **Noah Samuel Pozner**
 2. SEX MALE FEMALE
 3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) **December 14, 2012**
 4. ACTUAL OR PRESUMED TIME OF DEATH **11:00 AM**

5. Age at last birthday **6**
 6. No. Days **6**
 7. Date of Birth (MM/DD/YYYY) **November 20, 2006**
 8. BIRTHPLACE (City, State or Foreign County) **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**
 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 SPOUSES NAME (if wife, give maiden name)
Veronique Patricia Haller

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

23. IF DEATH OCCURRED IN A HOSPITAL: Hospital Reimbursement Dead on Arrival
 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Home Nursing Home Public School
 25. FACILITY NAME (if not institution, give street & number)
12 Dickinson Drive

26. CITY OR TOWN OF DEATH & ZIP CODE **FAIRFIELD 06482**
 27. COUNTY OF DEATH **FAIRFIELD**

28. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Reinterment from state

29. DISPOSITION (Name of cemetery, cemetery, other place) **Bnai Israel Cemetery, Monroe, Connecticut**
 30. LOCATION (City/Town) **FAIRFIELD**
 31. DATE **12/14/2012**
 32. TIME **11:00 AM**

33. WAS BODY ENBALMED? Yes No (If "Yes," Name of Embalmer)
2130

34. FUNERAL FACILITY - Name and Address (Street, City, State, Zip Code)
Abraham L. Green and Son Funeral Home, 88 Beach Rd. Fairfield, Connecticut 06824
 35. LICENSE NUMBER OF SIGNER IN BOX 34 **2130**

36. ME CASE NUMBER **12-17604**
 37. DATE PRONOUNCED DEAD **12/14/2012**
 38. TIME PRONOUNCED DEAD **11:00 AM**
 39. WAS AN AUTOPSY PERFORMED? Yes No

40. PART I. Enter the date of death, cause of death, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or renal failure without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
 IMMEDIATE CAUSE (of death) **Multiple Gunshot Wounds**
 CAUSE OF DEATH **Multiple Gunshot Wounds**
 Due to (or as a consequence of):
 (a) _____
 (b) _____
 (c) _____
 (d) _____

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 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.
 (a) _____
 (b) _____
 (c) _____
 (d) _____

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

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

44. MANNER OF DEATH (Premort, Homicide, Accidental, Suicide, Undetermined/Other?) **Homicide**

45. DATE OF INJURY (Month/Day/Year) **December 14, 2012**
 46. TIME OF INJURY **AM**

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

48. INQUIRY AT WORK? Yes No

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

50. DESCRIBE HOW INJURY OCCURRED
Shooting

51. IF TRANSPORTATION INQUIRY, SPECIFY:
 Driver/operator Passenger Pedestrian Other specify _____

52. CERTIFIER: On the basis of examination, medical investigation, in my opinion, death occurred at the time, date and place, and of the cause of death stated on this certificate.
H. Wayne Carver, II, M.D.
 Certifier's Name (Type or print)
 Certifier's Signature
 Chief Medical Examiner
 Title of Certifier
 Date Certified **Dec 15, 2012**

53. MAILING-CERTIFIER: (Street) (City or Town) (State) (Zip Code)
Office of the Chief Medical Examiner, 11 Shuttle Road, Danbury, CT 06803-2199
 Title of Certifier
 Date Certified

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON **December 26, 2012** BY **Debbie Aurelia Halstead**

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

VS-IME 404 STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

CERTIFICATE OF DEATH RW STATE FILE NUMBER 2012-07-078033

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) **Noah Samuel Pozner**

2. SEX MALE FEMALE

3. ACTUAL OR PRESUMED DATE OF DEATH **December 14, 2012**

4. ACTUAL OR PRESUMED TIME OF DEATH **11:00 AM**

5. Age at last birthday **6**

6. Date of Birth (MM/DD/YYYY) **November 20, 2006**

7. 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**

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) **Veronique Patricia Haller**

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) **3 Kale Davis Road, Sandy Hook, Connecticut 06482**

23. IF DEATH OCCURRED IN A HOSPITAL Inpatient ER/Outpatient Dead on Arrival

24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Home Hospice Facility Decedent's Home Nursing Home Public School Other (specify)

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 Reinterment from state Other (specify)

29. DISPOSITION (Name of cemetery, mausoleum, other place) **B'nai Israel Cemetery, Monroe, Connecticut**

30. LOCATION (Street and Number) **12 Dickinson Drive**

31. DATE (MM/DD/YYYY) **12/17/2012**

32. WAS BODY EMBALMED? Yes No

33. IF Yes, Name of Embalmer **Samuel P. Green**

34. FUNERAL FACILITY - Name and Address (street, city, state, zip) **Abraham L. Green and Son Funeral Home, 88 Beach Rd., Fairfield, Connecticut 06424**

35. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER **Samuel P. Green**

36. LICENSE NUMBER OF SIGNEE IN BOX 34 **2130**

36. M.E. CASE NUMBER **12-17604**

37. DATE PRONOUNCED DEAD (MM/DD/YYYY) **12/14/2012**

38. TIME PRONOUNCED DEAD **11:00 AM**

39. WAS AN AUTOPSY PERFORMED? Yes No

40. APPROXIMATE INTERVAL ONSET TO DEATH

41. PART I. Enter the chain of events, disease, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal 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) _____

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 Unknown

44. MANNER OF DEATH (Homicide, Suicide, Accidents, Deaths, Unexplained/Specify) **Homicide**

45. DATE OF INJURY **December 14, 2012**

46. TIME OF INJURY **AM**

47. PLACE OF INJURY (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**

50. DESCRIBE HOW INJURY OCCURRED: **Shooting**

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

52. CERTIFIER: On the basis of examination, autopsy investigation, or any available death certificate on the date, time, and place, and manner of death.

H. Wayne Carver, II, M.D. Certifier Name (first or initial) **HWC** Certifier Signature

Chief Medical Examiner Title of Certifier **Dec 15, 2012** Date Certified

53. MAILING-CERTIFIER: (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 26, 2012** BY **Debbie A. Aurelio**

54. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.

7th grade or less 9-12th grade, no diploma High School Graduate/GED Some college credit, but no degree Associate's degree Bachelor's 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 certified 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 **Elementary School**

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECEIVED FOR RECORD.

ATTEST: *Debbie A. Aurelio*, 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

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

VS-IME 404 STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

CERTIFICATE OF DEATH RW STATE FILE NUMBER 2012-07-078033

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) **Noah Samuel Pozner**

2. SEX MALE FEMALE

3. ACTUAL OR PRESUMED DATE OF DEATH **December 14, 2012**

4. ACTUAL OR PRESUMED TIME OF DEATH **11:00 AM**

5. Age at last birthday **6**

6. Underlying Cause (Mnemonic) **November 20, 2006**

7. Date of Birth (MM/DD/YYYY)

8. BIRTHPLACE (City, State or Foreign County) **Danbury, Connecticut**

9. RESIDENCE-STATE **Connecticut**

10. RESIDENCE-COUNTY **Fairfield**

11. RESIDENCE-CITY OR TOWN **Sandy Hook**

12. RESIDENCE-STREET OR RD. **37 Alpine Circle**

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) **Veronique Patricia Haller**

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) **3 Kale Davis Road, Sandy Hook, Connecticut 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 Decedent's Home Nursing 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 Anation Entombment Removal from state

29. DISPOSITION (Name of cemetery, other street) **B'nai Israel Cemetery**

30. LOCATION (Street) **Monroe, Connecticut**

31. DATE (MM/DD/YYYY) **12/17/2012**

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

33. FUNERAL FACILITY - Name and Address (street, town, state, zip) **Abraham L. Green and Son Funeral Home, 88 Beach Rd., Fairfield, Connecticut 06424**

34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER **Samuel A. Green**

35. LICENSE NUMBER OF SIGNEE 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 No

40. PART I. Enter the chain of events, 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) _____

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 Unknown

44. MANNER OF DEATH (Homicide, Suicide, Accident, Death, Undetermined/Specify) **Homicide**

45. DATE OF INJURY (Month/Day/Year) **December 14, 2012**

46. TIME OF INJURY **AM**

47. PLACE OF INJURY (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**

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 (if applicable) manner of death stated above.

H. Wayne Carver, II, M.D. Certifier Name (Type or print)

[Signature] Certifier Signature

Chief Medical Examiner Title of Certifier

Dec 15, 2012 Date Certified

53. MAILING-CERTIFIER: (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 26, 2012** BY **Debbie A. Aurelio**

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 certified or principle tribe) Chinese Filipino Japanese Korean Vietnamese Other Asian (specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (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. Aurelio, 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

CoD 3a

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

VS-4ME 4/04 STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF DEATH OFFICE OF THE CHIEF MEDICAL EXAMINER		STATE FILE NUMBER W207078019
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) Adam Peter Lanza		2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> 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 (APT. NO.) 36 Yogananda St		13. APT. NO. 06470	14. ZIP CODE 06470	15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. FATHER'S NAME (First, Middle, Last) Peter Lanza		17. SURVIVING SPOUSE'S NAME (if wife, give maiden name) N/A		
18. INFORMANT'S NAME Peter Lanza		21. INFORMANT'S RELATIONSHIP TO DECEDENT Father	22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 100 Bartina Ln Stamford CT 06902	
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Nancy Champion		23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival		
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state
29. DISPOSITION (Name of cemetery, crematory, other place) Linwood Crematory		30. LOCATION (Address) Haverhill MA		31. DATE (MM/DD/YYYY) 12/27/2012
32. FUNERAL FACILITY - Name and Address (Street, Town, State, Zip Code) Hartford Trade Service 06108 623 Main St East Hartford CT		34. SIGNATURE OF FUNERAL DIRECTOR OR EMPLOYEE <i>[Signature]</i>		35. LICENSE NUMBER OF SIGNEE 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
40. PART I. Enter the chain of events—disease, 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) →)				41. APPROXIMATE INTERVAL ONSET TO DEATH
(a) Gunshot Wound 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) _____ Due to (or as a consequence of):				
41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				42. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at the time of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death
43. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
44. MANNER OF DEATH (Suicide, Homicide, Justified, Accidental, Underdetermined/Unknown) Suicide		45. DATE OF INJURY (Month/Day/Year) December 14, 2012	46. TIME OF INJURY AM	47. PLACE OF INJURY (School, Primary or Secondary) School, Primary or Secondary
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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other specify				
52. CERTIFIER: On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place specified on this certificate and manner stated. H. Wayne Carver, II, M.D. Certifier Name (Type or Print)		53. CHIEF MEDICAL EXAMINER <i>[Signature]</i> Title of Certifier: Chief Medical Examiner Date Certified: Dec 16, 2012		
53. MAILING-CERTIFIER: Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939		54. THIS CERTIFICATE WAS RECEIVED FOR RECORD ON 1-3-13 BY REGISTRAR <i>[Signature]</i>		
54. DECEDENT'S EDUCATION—Check the box that best describes the highest degree or level of school completed as the time of death. <input checked="" type="checkbox"/> 8th grade or less <input type="checkbox"/> 9-12th grade, no diploma <input checked="" type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		55. DECEDENT OF HISPANIC ORIGIN: <input checked="" type="checkbox"/> No. Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes. Mexican, Mexican American, Chicano <input type="checkbox"/> Yes. Puerto Rican <input type="checkbox"/> Yes. Cuban <input type="checkbox"/> Yes other Spanish/Hispanic/Latino (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

DATE OF ISSUE

CoB 4

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

VS-4ME 4/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER

CERTIFICATE OF DEATH

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) (Specify Month)
December 14, 2012

4. ACTUAL OR PRESUMED TIME OF DEATH
2:20 PM

5. Age at last birthday
52

6. Under 1 Year Under 1 Day
Mo. Days Hours Min
September 06 1960

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.
06470

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:
 Home Nursing 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 (Street and Address)
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 Code)
**Hartford Trade Service 06108
623 Main St East Hartford CT**

34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER

35. LICENSE NUMBER OF SIGNEE 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

40. PART I. Enter the chain of events—disease, 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) _____

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 Unknown

44. MANNER OF DEATH (Homicide, Suicide, Accident, Death, Unknown—Specify)
Homicide

45. DATE OF INJURY (Month/Day/Year)
December 14, 2012

46. TIME OF INJURY
PM

47. PLACE OF INJURY (Street and Address)
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, autopsy investigation, or any available death certificate at the time, date, and place, certifier certifies that the cause of death is:
H. Wayne Carver, II, M.D.
Certifier Name (Type or Print) *HWC* Title of Certifier **Chief Medical Examiner** Date Certified **Dec 16, 2012**

53. MAILING-CERTIFIER: Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1929 (Street) (City or Town) (State) (ZIP CODE)
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON **12-21-12** BY REGISTRAR *Debbie A. Cavelia*

54. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.
Administrative Purposes
 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

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

COD 5

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 **201207078036**

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 County)
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, Apt. Street, 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)

25. FACILITY NAME (if not institution, give street & number)
Public School

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 (Place of ceremony, crematory, other place)
Lakeview Cemetery Association

30. LOCATION (Address)
Bridgeport, Connecticut

31. DATE
12/18/2012

32. WAS BODY EMBALMED? Yes No If Yes, Name of Embalmer
Joyce M. Burrow

33. FUNERAL HOME (Name and Address (street, town, state, zip))
Bonah Funeral Home

34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER
Joyce M. Burrow

35. LICENSE NUMBER OF SIGNEE 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

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 ventilator facilitation 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)

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 Unknown

44. MANNER OF DEATH (Homicide, Suicide, Accident, Death, Unknown)(Select)
Homicide

45. DATE OF INJURY (MM/DD/YYYY)
December 14, 2012

46. TIME OF INJURY
AM

47. PLACE OF INJURY (Home, School, Primary or Secondary)
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, medical investigation, or any available, death occurred at the time, date, and place, and due to the causes listed and manner stated.
Ira J. Kanfer, M.D.
Certifier Name (first or initial) **Examiner**
Certifier Signature **Dec 15, 2012**
Title of Certifier **Associate Medical**
Date Certified

53. MAILING-CERTIFIER: (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 **Debbie A. Aurelia** REGISTRAR

54. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed as of the time of death.
 4th 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

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

CoD 6

COPY Shaded Area to be completed by the Medical Certifier.

Unshaded Area to be completed by Funeral Director or Embalmer.

Boxes 36-40 to be completed for Nurse pronouncements:

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

Registrar

Name of Decedent
Lynn R. Wilson

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)

2017070274101

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) William Brandon Shanley				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Specify Month) November 6, 2017	4. ACTUAL OR PRESUMED TIME OF DEATH 6:05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
5. AGE LAST BIRTHDAY 66	6. UNDER 1 YEAR Mo. Days	7. DATE OF BIRTH (MM/DD/YYYY) 03/07/1951	8. BIRTH-PLACE (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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> 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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival			24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)		25. FACILITY NAME (If not institution, give street & number) 56 Avon Street, Unit 3	
26. CITY OR TOWN OF DEATH New Haven		27. COUNTY OF DEATH New Haven	28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Name of Embalmer			33. LICENSE NUMBER OF SIGNEE IN BOX 34 2212			
34. FUNERAL FACILITY - Name and Address (street, town, state, zip) Rowe Funeral Home 283 Torrington Rd., Litchfield, CT 06759			35. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>[Signature]</i>			
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		42. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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) 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						
(b) Congestive heart failure					4 years	
(c) hypertension					5 years	
(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. Hypertension Chronic kidney disease stage 3			46. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
48. CERTIFIER (Check only one box) Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.						
Certifier Name (Type or Print) Carol A. Amico PA-C		Certifier Signature <i>[Signature]</i>		Title of Certifier PA-C		
49. MAILING - CERTIFIER (Street) 1450 Chapel Street		(City or Town) New Haven		(State) (Zip) CT 06511		
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: NOV 09 2017			BY REGISTRAR <i>[Signature]</i>			
50. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		51. DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)		52. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)		
53. DECEDENT'S USUAL OCCUPATION Author/Filmmaker		54. KIND OF BUSINESS/INDUSTRY Arts				

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

CoD 7

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECEIVED FOR RECORD.

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

CERTIFICATE OF DEATH RW

STATE FILE NUMBER
2017-07-078033

1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last)
Noah Samuel Pozner

2. SEX
 MALE
 FEMALE

3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year)
December 14, 2012

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

5. Age at last birthday
6

6. Date of Birth (MM/DD/YYYY)
November 20, 2006

7. BIRTHPLACE (City, State or Foreign Country)
Danbury, Connecticut

8. RESIDENCE-STATE
Connecticut

9. RESIDENCE-COUNTY
Fairfield

10. RESIDENCE-CITY OR TOWN
Sandy Hook

11. APPT NO
06482

12. ZIP CODE
06482

13. EVER IN US ARMED FORCES?
 Yes No

14. MARITAL STATUS AT TIME OF DEATH
 Married Married but Separated Widowed Divorced Never Married Unknown

15. SURVIVING SPOUSE'S NAME (if wife, give maiden name)
Veronique Patricia Haller

16. FATHER'S NAME (First, Middle, Last)
Lenny Pozner

17. MOTHER'S NAME (First, Middle, Last)
Veronique Patricia Haller

18. INFORMANT'S NAME
Veronique Pozner

19. INFORMANT'S RELATIONSHIP TO DECEASED
Mother

20. MAILING ADDRESS (Street and P.O. Box, Apt. No., City, State, Zip Code)
3 Kale Davis Road, Sandy Hook, Connecticut 06482

21. IF DEATH OCCURRED IN A HOSPITAL:
 Hospital Outpatient Death on Arrival Home Facility Nursing Home Residential Home Other (specify)

22. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
 Home Public School Factory Name (if not residential, give street & number)
12 Dickinson Drive

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

24. COUNTY OF DEATH
FAIRFIELD

25. METHOD OF DISPOSITION
 Burial Cremation Donation Entombment Possessed (State law)
 Other (specify)

26. DATE OF DEATH
12/17/2012

27. WAS BODY BURIED?
 Yes No (If Yes, Name of Burial Site)

28. FUNERAL HOME (Name and Address, including phone, street, city, state, zip)
Abraham L. Green and Son Funeral Home, 88 Beach Rd., Fairfield, Connecticut 06424

29. SIGNATURE OF FUNERAL DIRECTOR OR BURIALER
Samuel A. Green

30. LICENSE NUMBER OF SIGNER IN BOX 29
2130

31. H.E. CASE NUMBER
12-17604

32. DATE PRONOUNCED DEAD (Month/Day/Year)
12/14/2012

33. TIME PRONOUNCED DEAD
11:00 AM

34. PART I. Enter only significant conditions contributing to death but not resulting in the underlying cause given in PART II.
Multiple Gunshot Wounds

35. CAUSE OF DEATH
a. Due to (or as a consequence of):
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):

36. PART II. Enter only significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Homicide

37. MANNER OF DEATH (Homicide, Suicide, Accidents, Natural, Unknown/Indefinite)
Homicide

38. DATE OF INJURY (Month/Day/Year)
December 14, 2012

39. TIME OF INJURY
AM

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

41. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No Unknown

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

43. DESCRIBE HOW INJURY OCCURRED
Shooting

44. IF TRANSPORTATION INQUIRY, SPECIFY
 Driver/Operator Passenger Other (specify)

45. SIGNATURE OF CHIEF MEDICAL EXAMINER
H. Wayne Carver, II, M.D.

46. CHIEF MEDICAL EXAMINER
H. Wayne Carver, II, M.D.

47. DATE CERTIFIED
Dec 15, 2012

48. MAILING-CERTIFIER (Street, City or Town, State, Zip Code)
Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-9399

49. TITLE OF CERTIFIER
Chief Medical Examiner

50. DATE CERTIFIED
Dec 15, 2012

51. ZIP CODE
06032

52. THIS CERTIFICATE WAS RECEIVED FOR RECORD ON
December 26, 2012

53. BY
Debbie A. Aurelia

54. DECEASED'S EDUCATION-Check the box that best describes the highest degree or level of school completed as 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. DECEASED'S OCCUPATION
Student

56. DECEASED'S BUSINESS/INDUSTRY
Elementary School

57. DECEASED'S RACE
 White Black or African American Asian Indian American Indian or Alaska Native (Please of the enrolled or principle blood)
 Chinese Filipino Hawaiian Korean Vietnamese Other Asian (specify) Mexican or Chicano Puerto Rican Other Pacific Islander (specify) Other (specify)

58. DECEASED'S SOCIAL SECURITY NUMBER
[REDACTED]

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
REGISTRAR OF VITAL RECORDS

NOV 14 2018

DATE OF ISSUE