DOH-1961 (8/2011)

RECORDED DISTRICT 2901

REGISTER NUMBER 227

RESIDENCE

NCHS

4C

4G

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. NAME: FIRST: John | MIDDLE: M. | LAST: Simon

2. SEX: MALE ☒ 1 / FEMALE ☐ 2

3A. DATE OF DEATH: MONTH 6 DAY 27 YEAR 2013

3B. HOUR: 6:30 Am

4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ☐ ER ☐ / HOSPITAL OUTPATIENT ☐ / HOSPITAL INPATIENT ☐ / NURSING HOME ☐ / PRIVATE RESIDENCE ☒ / HOSPICE FACILITY ☐ / OTHER (Specify): ☐

4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C. NAME OF FACILITY: (If not facility, give address) 6 Edwards Lane Glen Cove,NY 11542

4D. LOCALITY: (Check one and specify) CITY/VILLAGE ☒ TOWN ☐ Glen Cove

4E. COUNTY OF DEATH: Nassau

4F. MEDICAL RECORD NO.

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐

5. DATE OF BIRTH: MONTH 04 DAY 25 YEAR 1922

6A. AGE IN YEARS: 91 yrs.

6B. IF UNDER 1 YEAR ENTER: months days

6C. IF UNDER 1 DAY ENTER: hours minutes

7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) New York, NY

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☐ 0 YES ☒ 1 1942-45

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A ☒ No, not Spanish/Hispanic/Latino
B ☐ Yes, Mexican, Mexican American, Chicano
C ☐ Yes, Puerto Rican
D ☐ Yes, Cuban
E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)

10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be:
A ☒ White/Caucasian B ☐ Black or African American C ☐ Asian Indian D ☐ Chinese
E ☐ Filipino F ☐ Japanese G ☐ Korean H ☐ Vietnamese
J ☐ Native Hawaiian K ☐ Guamanian or Chamorro M ☐ Samoan
N ☐ American Indian or Alaska Native (specify)
P ☐ Other Asian (specify) R ☐ Other Pacific Islander (specify)
S ☐ Other (specify)

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 ☐ ≤ 8th grade 2 ☐ 9th-12th grade; no diploma 3 ☐ High school graduate or GED
4 ☐ Some college credit, but no degree 5 ☒ Associate's degree 6 ☐ Bachelor's degree
7 ☐ Master's degree 8 ☐ Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 015-16-5808

13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4 SEPARATED ☐ 5

14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Vicki Claireaux

15A. USUAL OCCUPATION: (Do not enter retired) Chairman

15B. KIND OF BUSINESS OR INDUSTRY: Textiles

15C. NAME AND LOCALITY OF COMPANY OR FIRM: Veratex Inc, New York, NY

16A. RESIDENCE: (State or Country if not USA) New York

16B. County or Region/Province if not USA: Nassau

16C. LOCALITY: (Check one and specify) CITY ☒ VILLAGE ☐ TOWN ☐ Glen Cove

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☒ NO IF NO, SPECIFY TOWN: Glen Cove

16D. STREET AND NUMBER OF RESIDENCE: 6 Edwards Lane

16E. ZIP CODE: 11542

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST Samuel MI LAST Simon

18. BIRTH NAME OF MOTHER / PARENT: FIRST Lizzie MI LAST Dichner(Duchman)

19A. NAME OF INFORMANT: Vicki Simon

19B. MAILING ADDRESS: (include zip code) 6 Edwards Lane Glen Cove, NY 11542

DISPOSITION

20A. 1 ☐ BURIAL 2 ☒ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT — MONTH 06 DAY 28 YEAR 2013

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION. Nassau-Suffolk Crematory

20C. LOCATION: (City or town and state) Lake Ronkonkoma, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Affordable Cremation Services of New York, 130 Carleton Avenue, Central Islip, NY 11722

21B. REGISTRATION NUMBER: 00029

22A. NAME OF FUNERAL DIRECTOR: Michael Bostyn

22B. SIGNATURE OF FUNERAL DIRECTOR: [signature]

22C. REGISTRATION NUMBER: 12550

23A. SIGNATURE OF REGISTRAR: [signature]

23B. DATE FILED: MONTH 06 DAY 28 YEAR 2013

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [signature]

24B. DATE ISSUED: MONTH 06 DAY 28 YEAR 2013

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Russell H. Samuel | License No.: 161000 | Signature: [signature] | Month 6 Day 27 Year 13

Certifier's Title: 0 ☒ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner

Address: 104 Forest Ave Glen Cove, NY 11542

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:

26A. Attending physician attended deceased: FROM Month 6 Day 1 Year 1993 TO Month 6 Day 13 Year 2013

26B. Deceased last seen alive by attending physician: Month 06 Day 13 Year 2013

26C. Pronounced Dead ON Month 6 Day 27 Year 13 AT Time 6:30 AM

27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☒ NO 1 ☐ YES

29A. AUTOPSY? NO ☒ 0 YES ☐ 1 REFUSED ☐ 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CAUSE OF DEATH

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE: (A) Pancreatic Cancer — 3 weeks

DUE TO OR AS A CONSEQUENCE OF: (B)

DUE TO OR AS A CONSEQUENCE OF: (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Kidney Cancer

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☒ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR | HOUR: m

31B. INJURY LOCALITY: (City or town and county and state)

31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY:

31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER (specify)

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☒

33A. IF FEMALE: 0 ☐ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution: NAME OF DECEDENT: John Simon DATE OF DEATH: 6/27/13 TIME OF DEATH: 6:30 AM

This is to certify this document is a true copy of a record on file in the office of the Registrar, City Hall, Glen Cove, New York. DO NOT ACCEPT a copy unless the raised seal of the City of Glen Cove is affixed.

[signature] Deputy Registrar

C20 (Rev. 1/07)

Certificate# 256343

Surrogate's Court of the State of New York
Nassau County

File#: 2015-383818

Certificate of Appointment of Executor

IT IS HEREBY CERTIFIED that Letters for the Estate of the Decedent named below have been granted by this Court, and such Letters are unrevoked, are valid and are in full force as of this date.

Name of Decedent: **John Simon**
aka John M Simon

Date of Death: June 27, 2013

Domicile: Nassau County

Fiduciary Appointed: **Claude Simon**
71 Tonjes Road
Calicoon NY 12723

Letters Issued: LETTERS TESTAMENTARY

Letters Issued On: May 6, 2015

and such Letters are unrevoked and in full force as of this date.

Dated: November 12, 2019
Mineola, New York

IN TESTIMONY WHEREOF, the seal of the Nassau County Surrogate's Court has been affixed.

WITNESS, Honorable Margaret C. Reilly, Judge of the Nassau County Surrogate's Court.

Debra Keller Leimbach, Chief Clerk
Nassau County Surrogate's Court

This Certificate is Not Valid Without the Raised Seal of the Nassau County Surrogate's Court and expires 6 months from the issue date of this certificate, unless otherwise stated above.