Claude Simon

Administrator Estate of Vicki Simon

534 West 42nd Street APT 8

New York, NY 10036

912-441-0062

212-683-9300

Computershare

462 South 4th Street, Suite 1600

Louisville, KY 40202

RE: Enbridge Account C0000474401 Re-Registration

To Whom It May Concern:

Enclosed please find the requested documents for the re-registration of Vicki Simon (deceased 9-30-2018) and John Simon (deceased 6-27-2013) in the name of Vicki Simon Estate.

1. Copy Death Certificate John M. Simon

2. Copy Death Certificate Vicki Simon

3. Copy Certificate of Appointment for Claude Simon for the Estate of Vicki Simon

4. Computershare Transfer Request, medallion signed

5. W9

6. Affadavit of Domicile, notarized

Thank You.

Sincerely,

Claude Simon

Administrator

Estate of Vicki Simon

Computershare

Computershare
PO Box 505005
Louisville, KY 40233-5005
www.computershare.com/investor

VICKI SIMON
& JOHN M SIMON JT TEN

Name of Current Account Holder
534 W. 42ND ST APT 8
Address
NEW YORK, NY 10036
City, State, Zip

Current Holder Account Number
C0000474401

Company Name
ENBRIDGE

## Transfer Request — See enclosed instructions

PLEASE PRINT CLEARLY

### CURRENT HOLDER INFORMATION

**Shares to be Transferred**

PLEASE NOTE: Whole shares cannot be divided into fractional shares.

**2** Daytime Telephone Number
9 1 2 - 4 4 1 - 0 0 6 2

**1** Date of death (mm / dd / yyyy)
0 9 / 3 0 / 2 0 1 8

**3** ☑ **Transfer ALL Shares** (all book-entry shares and any certificated shares submitted)
If this box is checked, do not complete sections 4, 5 and 6.

**PARTIAL TRANSFER:**

**4** **DRS Book-Entry Shares** (number of whole shares to transfer)

**5** **Certificated Shares** (number of whole shares to transfer)

**IMPORTANT:**
Original certificate(s) must be submitted for your transfer to be executed.

**6** **Investment Plan Book-Entry Shares** (number of whole and/or fractional shares to transfer, if applicable)

**7** ☐ **Check Replacements:** Check this box to have uncashed checks in the account reissued in the original issued name.

**8** **Authorized Signatures** — This section must be signed and stamped for your transfer to be executed.

The undersigned does (do) hereby irrevocably constitute and appoint Computershare as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises.

The signature(s) below on this Transfer Request form must correspond exactly with the name(s) as shown upon the face of the stock certificate or a Computershare-issued statement for book-entry shares, without alteration or enlargement or any change whatever. The below must be signed by all current registered holders, or a legally authorized representative with indication of his or her capacity next to the signature.

NOTE: Signature(s) must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings bank, savings and loan, US stockbroker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program **(A NOTARY SEAL IS NOT ACCEPTABLE).**

**Required ► Medallion Guarantee Stamp**
(Notary Seal Is Not Acceptable)

Affix the medallion stamp below **OR** if your total account value is under $10,000, and you live in the United States, you may be eligible to utilize the Medallion Waiver option. See the cover letter for further details and instead use this box to record the check number you will be enclosing in non-refundable payment of the Medallion Waiver option, along with a copy of a government issued photo ID if electing the option not to provide a Medallion Signature Guarantee stamp.

Signature of All Current Holders or Legal Representatives

Administrator

Date (mm / dd / yyyy)
10 / 11 /

**IMPORTANT ► You must complete both sides of this form for it to be valid.**

E254UTR

Computershare

## Transfer Request — See enclosed instructions

PLEASE PRINT CLEARLY

### NEW HOLDER / RECIPIENT INFORMATION

• Please complete for each new holder • Use additional pages as necessary

**9 Account Type** (mark only one box with an "X"):

- ☐ **Individual** (complete A, B, C, G & H)
- ☐ **Joint** (complete A, B, C, D, G & H)
- ☐ **Other** (indicate type and complete A, B, C, D, G & H) _____
- ☐ **Custodial with Minor** (complete A, B, C, D, G & H)
- ☒ **Estate** (complete A, B, C, E, G & H)
- ☐ **Transfer on Death** (complete A, B, C, D, G & H)
- ☐ **Trustee/Trust** (complete A-H)

A — New Holder's Existing Account Number (if applicable)

B — *Social Security Number (SSN) or Employer Identification Number (EIN) ***(do not use hyphens)***

8 4 6 6 5 6 6 4 9

SSN ☐ EIN ☑ (check one box above)

C — Name (First, MI, Last) - Individual / Custodian / Trustee / Executor / Other

C L A U D E S I M O N / A D M I N I S T R A T O R

D — Name (First, MI, Last) - Joint Holder / Minor / Co-Trustee / TOD Beneficiary / Other (if applicable)

E — Trust / Estate Name (if applicable)

V I C K I C L A I R E A U X S I M O N

Trust / Estate Name - *continued*

F — Date of Trust (mm / dd / yyyy) (if applicable) / /

G — Address Number and Street Name / PO Box

5 3 4 W E S T 4 2 N D S T

Apt. / Unit Number

8

H — City

N E W Y O R K

State

N Y

Zip Code

1 0 0 3 6

**10 Purpose for Transfer/Cost Basis Data**

Please check off the applicable purpose of the transfer for shares acquired after 12/31/10. If this section is not fully completed, all transfers will be treated as Gifts, unless we receive documentation that this is a decedent transfer (i.e. Affidavit of Domicile) in which case the transfer will be treated as an inheritance. We recommend that you consult with your tax advisor regarding the tax implications for each type of transfer.

**Please check ONLY ONE box.** If you check more than one box your transfer will be treated as if you had not made any selection. Please see section 10 of How to Complete the Transfer Request Form for further details.

- ☐ Private Sale — Date of Sale: _____ Cost Per Share: _____ US Dollars
- ☐ Gift — Date of Gift: _____
- ☐ Inheritance — Date of Death: _____ *(If blank we will default to the effective date of the transfer.)* Value Per Share: _____ US Dollars
- ☑ No Change of Ownership *(please specify)* Re register in name of the estate

E255UTR

Computershare

Computershare
PO Box 505005
Louisville, KY 40233-5005
www.computershare.com/investor

VICKI CLAIREAUX SIMON ESTATE
CLAUDE A SIMON ADM

Name

Address

City, State, Zip

Use black ink. Print in CAPITAL letters inside the grey areas as shown in this example. A B C | 1 2 3 | X

## Form W-9 Request for Taxpayer Identification Number and Certification

**Dear Shareholder:**

**Our records indicate that your U.S. Social Security Number or Employer Identification Number is not certified. If this Form W-9 is not completed and returned, your account may be subject to backup withholding at the applicable tax rate on all dividends and sale proceeds.**
**For joint tenant accounts, the TIN provided must belong to the first owner listed above to avoid backup withholding.**

### A Taxpayer Identification Number (TIN)

**Enter your TIN for the above registered name and address in the appropriate box. For individuals, this is your Social Security number (SSN). For other entities, it is your Employer Identification Number (EIN). COMPLETE ONLY ONE BOX.**

Social Security Number

OR

Employer Identification Number: 8 4 6 6 5 6 6 4 9

### B Federal Tax Classification

Check appropriate box (required); check only **ONE** of the following boxes:

- ☐ Individual/Sole Proprietor or Single-Member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☑ Partnership
- ☐ Trust/ Estate

Note: For a single-member LLC that is disregarded, check the appropriate box above for the tax classification of the single-member owner.

**Limited Liability Company or Other Classification**
If you are an LLC or Other Classification, do not complete this form. You must complete an IRS Form W-9. This form can be found on the IRS website at **www.irs.gov**. See "Limited Liability Company or Other Classification" on the back of this form for more information.

### C Exempt Payee Code (if any)

If you are exempt from backup withholding, enter in the Exemptions box, any code that may apply to you. See Exempt payee codes on the back of this form.

Exemption from FATCA reporting code (if any)
**Not Applicable**
(Applies to accounts maintained outside the U.S.)

### D Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined on reverse).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (defined on reverse).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**This form must be signed and dated for us to accept as proper certification.**

**Sign Here**

Signature of U.S. Person - Please keep signature within the box: Claude Simon

Date (mm/dd/yyyy): 10/11/19

Daytime Telephone Number: 9 1 2 4 4 1 0 0 6 2

**Send form to Computershare. Do not send to the IRS.**

E23UW9

DOH-1961 (8/2011)

RECORDED DISTRICT: 2901
REGISTER NUMBER: 229

RESIDENCE

NCHS

4C

4G

# NEW YORK STATE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER

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.

Vicki Claireaux Deputy Registrar

## DECEDENT

1. NAME: FIRST: JOHN | MIDDLE: M. | LAST: SIMON
2. SEX: MALE [X] FEMALE [ ]
3A. DATE OF DEATH: MONTH 6 | DAY 27 | YEAR 2013
3B. HOUR: 6:30 A.M.
4A. PLACE OF DEATH (Check one): HOSPITAL DOA ER [ ] | HOSPITAL OUTPATIENT [ ] | HOSPITAL INPATIENT [ ] | NURSING HOME [ ] | PRIVATE RESIDENCE [X] | 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 [X] 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 [X] 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 [X] 1: 1942-45
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A [X] 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 [X] 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 [X] 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 [X] 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 and specify) CITY [X] VILLAGE [ ] TOWN [ ] Glen Cove
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [ ] NO [X] IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 6 Edwards Lane
16E. ZIP CODE: 11542 Glen Cove

## PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST Samuel | MI | LAST Simon
18. BIRTH NAME OF MOTHER / PARENT: FIRST Lizzie | MI | LAST Dichner (Duchman)

## DISPOSITION

19A. NAME OF INFORMANT: Vicki Simon
19B. MAILING ADDRESS: (include zip code) 6 Edwards Lane Glen Cove, NY 11542
20A. 1 [ ] BURIAL 2 [X] 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: 130 Carleton Avenue, Central Islip, NY 11722 — Affordable Cremation Services of New York
21B. REGISTRATION NUMBER: 00029
22A. NAME OF FUNERAL DIRECTOR: MICHAEL BOSTYN
22B. SIGNATURE OF FUNERAL DIRECTOR:
22C. REGISTRATION NUMBER: 12550
23A. SIGNATURE OF REGISTRAR:
23B. DATE FILED: MONTH 06 | DAY 28 | YEAR 2013
24A. BURIAL OR REMOVAL PERMIT ISSUED BY:
24B. DATE ISSUED: MONTH 06 | DAY 28 | YEAR 2013

## CERTIFIER

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

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: | Month 6 | Day 27 | Year 13
Certifier's Title: 0 [X] 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 A.M.
27. MANNER OF DEATH: NATURAL CAUSE [X] 1 | ACCIDENT [ ] 2 | HOMICIDE [ ] 3 | SUICIDE [ ] 4 | UNDETERMINED CIRCUMSTANCES [ ] 5 | PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [X] NO 1 [ ] YES
29A. AUTOPSY? NO [X] 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).)
PART I. IMMEDIATE CAUSE: (A) Pancreatic Cancer — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 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 [X] NO 1 [ ] YES 2 [ ] PROBABLY 3 [ ] UNKNOWN
31A. IF INJURY, DATE: MONTH | DAY | YEAR | HOUR:
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 [X]
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
TIME OF DEATH: 6:30 AM PM
DATE OF DEATH: 6/27/13

(8/2011)

RECORDED DISTRICT 2901
REGISTER NUMBER 278

NEW YORK STATE
DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME: FIRST MIDDLE LAST — VICKI R.C. SIMON
2. SEX: MALE ☐1 FEMALE ☒2
3A. DATE OF DEATH: MONTH DAY YEAR — 09 30 2018
3B. HOUR: 10:40 A m
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 DAY YEAR — 08 19 1924
6A. AGE IN YEARS: 94 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) — LONDON, UNITED ENGLAND, KINGDOM
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒0 YES ☐1
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. ☒ 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: ☒ 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 or less 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: 067-24-5882
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.
15A. USUAL OCCUPATION: (Do not enter retired) — HOME MAKER
15B. KIND OF BUSINESS OR INDUSTRY: — HOME MAKER
15C. NAME AND LOCALITY OF COMPANY OR FIRM: — OWN HOME
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:
16D. STREET AND NUMBER OF RESIDENCE: — 6 EDWARDS LANE, GLEN COVE
16E. ZIP CODE: 11542
17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST — CHARLES CLAIREAUX
18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST — FLORRIE GREEN
19A. NAME OF INFORMANT: — CLAUDE SIMON
19B. MAILING ADDRESS: (include zip code) — 71 TONJES ROAD, CALLICOON, NY 12723
20A. 1 ☐ BURIAL 2 ☒ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT — MONTH DAY YEAR: 10 05 2018
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: — NICHOLAS A WHEELER
22B. SIGNATURE OF FUNERAL DIRECTOR:
22C. REGISTRATION NUMBER: 14544
23A. SIGNATURE OF REGISTRAR: ▸ Eileen Borer
23B. DATE FILED: MONTH DAY YEAR — 10 05 2018
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Eileen Borer
24B. DATE ISSUED: MONTH DAY YEAR — 10 05 2018

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

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: Carmen Bassaragh ANP-C — License No.: 305792 — Signature: ▸ Carmen Bassaragh ANP-C — Month Day Year: 10 01 2018
Certifier's Title: 0 ☐ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner — Address: 99 Sunnyside Blvd Woodbury NY 11797
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 08 18 2018 TO 09 30 2018
26B. Deceased last seen alive by attending physician: 09 29 2018
26C. Pronounced Dead ON 09 30 2018 AT 10:40 A M
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

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) Sepsis unspecified organism — Weeks
DUE TO OR AS A CONSEQUENCE OF:
(B) Cholangitis — 8/13/2018
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): Atherosclerotic Heart Disease
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
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☒0 YES ☐1
32A. IF FEMALE: 0 ☒ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death
33B. DATE OF DELIVERY: MONTH DAY YEAR

DATE OF DEATH: 09/30/2018
TIME OF DEATH: 10:40 AM PM

New York. DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE CITY OF GLEN COVE IS AFFIXED THEREON.
Registrar Eileen Borer

## AFFIDAVIT OF DOMICILE

*To be completed for decedent transfers only.*

Account Name: VICKI SIMON & JOHN M SIMON JT TEN Account Number: C0000474401

Name of Stock: ENBRIDGE

Deceased Holder's Taxpayer Identification or Social Security Number: 067-24-5882

The undersigned, CLAUDE SIMON

residing at 71 TONJES ROAD, CALLICOON, NY 12723

being duly sworn, deposes and says that he/she is ADMINISTRATOR

*Describe your status, i.e. Executor, Administrator, Survivor in Joint Tenancy, etc.*
*(If a corporate fiduciary show title of affiant and name of corporation)*

of (the estate of) VICKI SIMON

who died on 9-30-2018

that at the time of death the domicile (legal residence) of said decedent was at

6 EDWARDS LANE, GLEN COVE, NY 11542

and that (s)he resided in the State of NEW YORK

for 55 years prior to death and was not a resident of any (other) state within the United States of America at time of death.

Signature: Claude Simon

Sworn to before me, a notary public, this

11 day of October, 20 2019

AFFIX SEAL

Signature: Claude Simon

*(official administering oath)*

Title: Notary

My commission expires 6/28/2020

SONIA GARCIA
Notary Public – State of New York
NO. 01GA6112017
Qualified in Orange County
My Commission Expires Jun 28, 2020