

THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

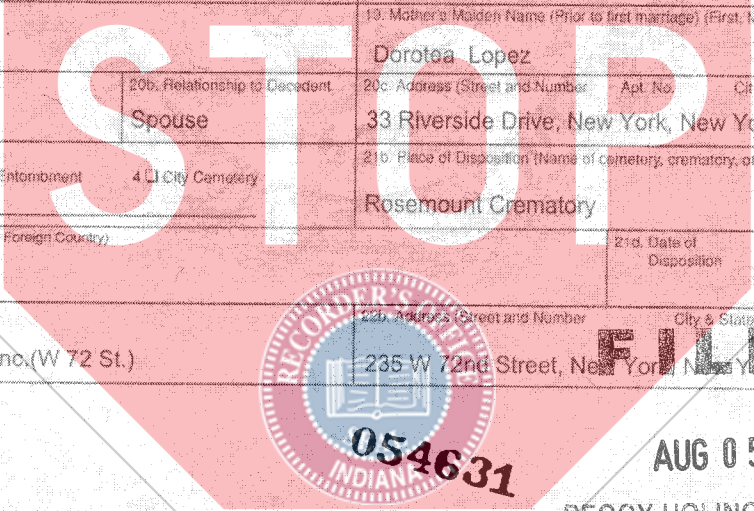
DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH Certificate No. 156-10-020559

NEW YORK CITY
 DEPARTMENT OF HEALTH
 AND MENTAL HYGIENE
 MAY 24, 2010 08:54 PM

1. DECEDENT'S LEGAL NAME **FILEMON LOPEZ**
(First, Middle, Last)

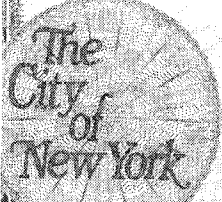
2011 042247
 2011 AUG 5 AM 10:45
 FILED FOR RECORD

MEDICAL CERTIFICATE OF DEATH <small>(To be filled in by the Physician)</small>	2a. New York City	2b. Borough	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2e. Any hospice care in last 30 days	2f. Name of hospital or other facility (if not facility, street address)
	Manhattan	Hospital Inpatient	5 <input type="checkbox"/> Hospice Facility	6 <input type="checkbox"/> Decedent's Residence	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	St. Luke's - Roosevelt Hospital Center (Roosevelt Hospital Division)
Date and Time of Death			3a. (Month) (Day) (Year-yyyy)	3b. Time	4. Sex	5. Date last attended by a Physician
			May 22 2010	03:46 PM	Male	mm dd yyyy 05 22 2010
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.						
Name of Physician			Signature		Signature Electronically Authenticated	
Cindy Jessica Wang MD <small>(Type or Print)</small>			<i>Cindy Jessica Wang</i>		Date	
Address			License No.		Date	
1000 Tenth Avenue, New York, New York 10019			354967		MAY-23-2010	
7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code	7e. Inside City Limits
New York	New York	New York	33 Riverside Drive		10023	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Date of Birth (Month) (Day) (Year-yyyy)			9. Age at last birthday (years)		10. Social Security No.	
March 24 1922			88		[REDACTED]	
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")		11b. Kind of business or industry		12. Aliases or AKAs		
Physician		Hospital		Filemon P. Lopez Dr.		
13. Birthplace (City & State or Foreign Country)		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)				
Minalin, Pampanga, Philippines		<input type="checkbox"/> 8th grade or less, none <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSc, MBA) <input checked="" type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)				
15. Ever in U.S. Armed Forces?	16. Marital/Partnership Status at time of death			17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)		
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other, Specify			Soledad M. Llorente		
15. Father's Name (First, Middle, Last)			13. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)			
Zacarias Lopez			Dorotea Lopez			
20a. Informant's Name		20b. Relationship to Decedent	20c. Address (Street and Number, Apt. No., City & State, ZIP Code)			
Soledad Lopez		Spouse	33 Riverside Drive, New York, New York 10023			
21a. Method of Disposition			21b. Place of Disposition (Name of cemetery, crematory, other place)			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> City Cemetery <input type="checkbox"/> Other Specify			Rosemount Crematory			
21c. Location of Disposition (City & State or Foreign Country)			21d. Date of Disposition			
Elizabeth, New Jersey			mm dd yyyy 05 27 2010			
22a. Funeral Establishment			22b. Address (Street and Number, City & State, ZIP Code)			
R.G. Ortiz Funeral Home, Inc.(W 72 St.)			235 W 72nd Street, New York, New York 10023			



FILED
 AUG 05 2011
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR
 \$11
 CK# 1974
 CIA

45-15-32-100-003-000-013



This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made therein, as no inquiry as to the facts has been provided by law.

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DATE ISSUED **May 25, 2010** Order No. 20100513892

Steven P. Schwartz, Ph.D., City Registrar

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