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COUNTY OF OAKLAND

STATE OF MICHIGAN

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STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 3859476

Form with sections: DECEASED, INFORMANT, DISPOSITION, CERTIFICATION, CAUSE OF DEATH, MEDICAL EXAMINER. Includes fields for name, birth date, sex, residence, occupation, and cause of death.

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MAY 24 2017

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

LISA BROWN, Oakland County Clerk and Register of Deeds

Handwritten signature of Lisa Brown

Deputy Clerk

