

File No.: 294-4921335

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Timothy Day

Address: 530 Main St Medfield MA 02052

Daytime Phone Number: 508 359 4442

State: MA

County: NORFOLK

In the event **First American Title Insurance Agency of Mohave, Inc., a(n) AZ Corporation** comes across a problem with the Notary section I, _____ (notary public) authorizes **First American Title Insurance Agency of Mohave, Inc., a(n) AZ Corporation** to make changes to the notary section only.

Notary Public signature

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0210709

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(INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

250

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY
4c Hosp
5 Type
6 Hosp Race
10 Age
15 Resid
15 Out-State
23 Disp
31-32 Autop
34 Manner
35c Work Inj
35f Place
36-37 Cert
40a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

1 George		R.		Seaman		Male		March 24, 2003	
4a Cambridge		Middlesex		Chilton House Hospice					
4b <input type="checkbox"/> Inpatient <input type="checkbox"/> E/O Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Hospice		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR			
5 <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		8b White		9 5+					
6 59		10d June 19, 1943		11 New York City, NY					
12 Married		13 Evelyn A. McFadden		14a Musician		14b Music			
15a 69 Bostonia Avenue, Boston, Suffolk, MA		15b 02135		15c Germany		15d Kate Rosenbaum		15e Germany	
20 Evelyn A. McFadden		21 69 Bostonia Avenue, Boston, MA		22 spouse					
23 <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		24 Barbara A. Levine		25 6222					
26a Agawam Cemetery		26b Wareham, Massachusetts		27 March 26, 2003		28a/b Levine Chapel, Inc., 470 Harvard St., Brookline, MA 02446			
34 RESPIRATORY FAILURE		35a 1 DAY		35b 3 MONTHS		35c 4 MONTHS			
34 ANEMIA		35a 1 DAY		35b 3 MONTHS		35c 4 MONTHS			
34 KIDNEY CANCER		35a 1 DAY		35b 3 MONTHS		35c 4 MONTHS			
33 NO		34 NATURAL		35a NO		35b NO		35c NO	
36a DANIEL J. GEORGE, MD		36b 44 BINNEY STREET BOSTON, MA 02115		36c 4:30P		36d DANA-FARBER CANCER INSTITUTE		36e 157853	
37a MARCH 24, 2003		37b 4:30P		37c CAROLYN CHARRON		37d R.N. C.P.A.		37e MARCH 26, 2003	

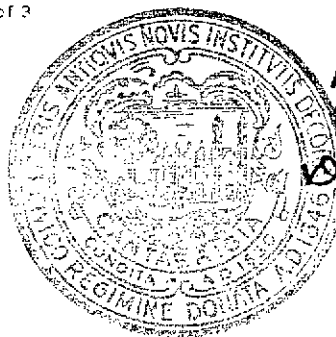
Pronouncement of Death Form (R-302) on File:

PERMANENT BLACK INK ONLY

R-301-01



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A TRUE COPY
ATTEST- MAR. 27 2003

Margaret Drury
City Clerk