I HEREBY CERTIFY this to be a true and correct copy of the original on file with the office of COUNTY CLERK. This Certified Copy VALID Only When SEAL and RED SIGNATURE Are Affixed.

LF.	
CF D2019-00761	:
DECEDENCE	
i. Decedents name Amber June Lazen	(First, Middle, La

STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

			CERT	FICATE OF DE	ATH	MUSINE	PONTON	ATY CLE
I. DECEDENT'S NAME (First, Mil	ddle, Last)	- 1	MENDED:	07/25/2019				2
Amber June Lazenby			The second secon	TE OF BIRTH	3. SEX	4. DATE OF DE	ATH	100
5. NAME AT BIRTH OR OTHER NA	METISED FOR REDCOM		Ser	tember 20, 1994	Female	On or After		21 11 001
Amber June Lazenby	JOSSING PERSONA	L BUSINESS	S	6a. AGE- Last Birthday	6b. UNDER	I YPAD ALLE!		il 11, 201
				(Years)	MON			RIDAY
72. LOCATION OF DEATH				24	MON	THS DAYS	HOURS	MINUT
2022 Ret Com UP DEATH	CA SC. S. All Mills Co.		7b. CITY	VILLAGE OR TO			11	
2022 8th Street 49444	and the same of the same of			VILLAGE OR TOWNS	HIP OF DEATI	Te. COUN	TY OF DEATH	1
Pa Crimer and	5-17	Muskegon Heights Muske						
84. CURRENT RESIDENCE - STATE	8b. COUNTY	8b. COUNTY IS LOCALITY					AL 200	
Michigan	Muskego		orton Sho		8d. STRE	ET AND NUMBE	R .	
8e. ZIP CODE 9. E	BIRTH PLACE	- 11	TO THE PARTY OF THE PARTY OF THE PARTY.	L 2002 (195 EL ALBANDA LA LE LE LA LE LE LA LOCALIA	11438 V	est Norton A	venue Ant	N8
49441	The state of the s		10. SOCI	AL SECURITY NUMB	ER II. DEC	EDENT'S EDUCA	TION	
12. RACE	New Port Richey,	Florida		-9204	8th G		I COLE	
White	130	L ANCESTR	Y		- Jour	The second secon		
E-N-E-N	130	ottish, Ge	rman			13b. HISP, ORIGIN	ANIC 14. EV	ER IN THE
		1		1	12-11-12	N	ARME	D FORCES
15. USUAL OCCUPATION	16. KIND OF BU	ICINIECO OD I	DIDITE	HE CHAR		14	0	No
Unknown	Unknown	SINESS OK I	INDUSTRY	17: MARITAL S		NAME OF SUR	VIVING SPOU	26
19. FATHER'S NAME (First, Midd	le Lost)	100	Part II	Never m			cfore first married	<b>计</b>
Jeffrey Theodore Lazenby	4.44		20	. MOTHER'S NAME BI	FORE FIRST	MARRIED (FI	st, Middle. Lust	
21a. INFORMANT'S NAME	The same of the sa	100	IV	lelissa Lynn Heat	h	110	or, franktie, P(12)	,
James W. Lazenby	21b. RELATIONS	SHIP TO DEC	CEDENT			-		
TAZELDY	Grandfather	A LOS						
<u> </u>								
22. METHOD OF DISPOSITION	72- DI ACTE OF	(CDA)	or all the		L Maria			
Cremation	23a. PLACE OF DI			236	LOCATION	- City or Villago, State		
4. SIGNATURE OF MORTUARY SC	Sytsema Crei			ALC: NO STATE OF THE PARTY OF T	uskegon, M			
offers Tal	TENCE LICENSEE	25. LICENSE	ENUMBER	26. NAME AND A	DORESSOF	INEDAL FACIL	and a	
effrey Jakeway				Sytsema Fune	ral Harman	I T C	IY	20.000
		450]	1008034	Sytsema Fune	Chara 3	, mc Lee C	napel, 6291	S. Harve
7a. CERTIFIER			all Selection and the selection of the s	Street, Norton	onores, M	iichigan 4944	4	
Certifying Physician - To the best of my k	nowledge, death occured due to the	28a ACTUA	L OR PRESU	MED 28b. PRONO	UNCED DEAD	ON IZE TIME	PRONOUNCE	0.0540
			F DEATH			SARCONI VERMONE RESOURCES		
	nation, and/or investigation, in my		nknown	The same of the sa	1 25, 2019	09:34	Militar	Time
opinion death occuped at the time, date, and place, and manner stated.  *Elizabeth A. Dougla	that to the mane(s) and	29. MEDICA CONTAC	TED TEN		ATH 31. IF	HOSPITAL	1 - 7	
ignature and	15, IVID	Yes		Motor Vehicle				
7b. DATE SIGNED	27- 1 1000100	32, MEDICAI	PYAMPIC	DIO CARR Jan Aire	- 11			
April 26, 2019	27c. LICENSE NUMBER 4301103261	NUMBER	The state of the s	NA CASE 13. NAME	OF ATTENDI	G PHYSICIAN IF	OTHER THAN	CERTIFIE
A. NAME AND ADDRESS OF CERTIF	4301103201		W19-035	7			4	
*Elizabeth A Douglas MD M	TING PHYSICIAN		HILE	HE-HE-				
*Elizabeth A. Douglas, MD, M	uskegon County ME, N	Mailing Add	dress 1000	Oakland Drive Kal	amazon Mi	40009 Mucho	Mi-L:	
a. REGISTRAR'S SIGNATURE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		43000, MILISKE	gon, Michig	an
	Harry a	101	<del></del>	35	b. DATE FILE	D May 20	2010	-
PART I. GHTER the chain of meners of resease intention		SAME.		•		Iviay 20	, 2019	
PARTI, GNTER the chain of events diseases, unjuries includes without showing the chickey. Laster only a dishete was so	or cultic on line that country country is	be death DO NOT	enice-territori-enen	is much as conding amount			14	
identyling or countributing is *Found dea	de following		1	PHA.	Model and the		Between O	nset and Dec
see of death be sure to	d: following completed	te autopsy	, histolog	y, and toxicology	a cause of	death could r	ant #I Intene	Mace after their
Part II of the cause of De determin	CCI	100				VVUIU I	i OHEHO	МП
h.	DUE TO IDE AS A C	CONSEQUENCE	NF)				+	
(MEDIATE CAUSE (Final)								
sulting in death)	DUE TO COR AS A C	TO CHARLES					1 4	
ANY, leading to the	IVA NA A C	ON PROPERTY OF					-	-
ted on line a. Enter the			313/					
DERLYING CAUSE	DUE TO (OR AS A C	ONSEQUENCE OF	f)	10 N S ( )			100	
listed like ovents resulting		January 1	000					1000
LAST	ST CONTRACTOR						1 1	
RT II. OTHER SIGNIFICANT CONDI	TIONS contributing to death	but not receive	no in the				d	
on in Part 1	Commission of the control of the con	result	- m and and	making cross	37. DID TO	BACCO USE	38. IF FEMA	LE
		the	ور داد داد و الما	en energia esperador especial en		TE TO DEATH?	Not proga	ant withtn pass ye
					☐ Yes		543517010 000000000000000000000000000000000	u time of death
MANNER OF DEATH	40a. WAS AN AU	TOPSV PER	FORMEDS	JANA DIEDE CO	☐ No	Unknown	Within 41	ant, but programs days of death
47		VI I BRI	Oldarab!	40b. WERE AUTOPS	Y FINDINGS	AVAILABLE	D Unknown	if pregnant within
*Indeterminate		Yes		PRIOR TO COMPLE		SE OF DEATH?	upe light Ac	ar
DATE OF INJURY	41b. TIME OF INJUR		Ar. ppe	DAME TO SERVICE OF SER	Yes	<u> </u>	Mni prograd	ini, but prognom 4 war bufore death
*Indeterminate		The state of the s	PENING A	RIBE HOW INJURY OF	CCURRED			
muctenninate	*Unknow	wn	positive for	in a disabled vehicle on prince contact insufficient investig	rate property with	traumatic injuries to th	ic hoad and neck; t	oxicology
INJURY AT WORK  41c. PLACE OF	10/11/20	exemple?			MAC OCCURS 81 (Fill	ume to determine man	nner of death	
	1111 24 111	ANSPORTAT	TION INJUR	Y 41g LOCATION				
*No *Unknown	and the second s	plicable		* Unknown				
		CDO	200	O O D				
the state of the s		The second secon	ALCOHOL: THE RESERVE OF THE PARTY OF THE PAR	# 1 B 1 B 1 C C C C C C C C C C C C C C C				