

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 28680091

Karen H. Whyte

1/24/22

Certification Number

Local Registrar

Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH State File Number: **421051-2021**

Type/Print in Permanent Black Ink

1. Decedent's Legal Name (First, Middle, Last, Suffix) George Ernest Watts Jr		2. Sex Male	3. Social Security Number 100-86-4931	4. Date of Death (Month dd, yyyy) October 27, 2021
5a. Age-Last Birthday (Yrs) 24		5b. Under 1 Year Months: 24	5c. Under 1 Day Days: 00 Hours: 00 Minutes: 00	6. Date of Birth (Mo/Day/Year) (Spell Month) June 11, 1997
7a. Birthplace (City and State or Foreign Country) Elmira, New York		7b. Birthplace (County) Chemung		
8a. Residence (State or Foreign Country) New York		8b. Residence (Street and Number - Include Apt No.) 488 Barnes Hill Road		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in Van Etten twp.
8d. Residence (County) Chemung		8e. Residence (Zip Code) 14859 <input type="checkbox"/> No, decedent lived within limits of _____ city/town/boro.		
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage)
12. Father / Parent's Name (First, Middle, Last, Suffix) George E. Watts		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Kelly L. Conrad		
14a. Informant's Name George E. Watts		14b. Relationship to Decedent Father		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 488 Barnes Hill Road Lockwood, NY 14859
15a. Place of Death (Check only one) <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
15b. Facility Name (If not institution, give street and number) Robert Packer Hospital		15c. City or Town, State, and Zip Code Sayre, Pennsylvania 18840		15d. County of Death Bradford
16a. Method of Disposition <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		16b. Date of Disposition October 28, 2021		
16c. Location of Disposition (City or Town, State, and Zip) Pittsford, New York		16d. Place of Disposition (Name of cemetery, crematory, or other place) White Haven Memorial Park		
17a. Signature of Funeral Service Licensee or Person in Charge of Interment <i>Kevin R. Sullivan (Electronically Signed)</i>		17b. License Number 13502		
17c. Name and Complete Address of Funeral Facility Sullivan's Funeral Home 365 E Franklin Street Horseheads, New York 14845				
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. Ph.D, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify)
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other (Specify)		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Student		
22b. Kind of Business/Industry n/a				
ITEMS 23a-24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		23a. Date Pronounced Dead (Mo/Day/Yr) October 27, 2021		23b. Signature of Person Pronouncing Death (Only when applicable) Lon Ovedovitz MD
23c. Date Signed (Mo/Day/Yr) October 27, 2021		24. Time of Death Pronounced 09:05		23d. License Number MD065759L
25. Was Medical Examiner or Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
CAUSE OF DEATH				
26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary				Approximate Interval: Onset to Death
IMMEDIATE CAUSE → a. COVID-19 Vaccine-related myocarditis				Weeks
Due to (or as a consequence of):				
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
27. Was an autopsy performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
28. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
32. Date of Injury (Mo/Day/Yr) (Spell Month)		33. Time of Injury		
34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, State, Zip Code)		
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		38. Describe How Injury Occurred:
39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): <input type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
Signature of certifier: <i>Timothy R. Cahill Jr (Electronically Signed)</i>		Title of certifier: <i>ME/Coroner</i>		License Number:
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) Timothy Cahill 22537 Route 187 Wysox, Pennsylvania 18854		39c. Date Signed (Mo/Day/Yr) January 14, 2022		
40. Registrar's District Number 08-096		41. Registrar's Signature <i>Karen H. Whyte (Electronically Signed)</i>		42. Registrar File Date (Mo/Day/Yr) November 01, 2021
43. Amendments				

Exhibit 7