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BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022061762

DATE ISSUED: APRIL 1, 2022

DECEDENT INFORMATION

DATE FILED: MARCH 31, 2022

NAME: LYNN EDWARD BAKER

DATE OF DEATH: MARCH 26, 2022

SEX: MALE

AGE: 074 YEARS

DATE OF BIRTH: APRIL 22, 1947

SSN: ***-**-2691

BIRTHPLACE: ALBERT LEA, MINNESOTA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: PHYSICIANS REGIONAL MEDICAL CENTER PINE RIDGE RD

LOCATION OF DEATH: NAPLES, COLLIER COUNTY, 34119

RESIDENCE: 5965 ASHFORD LANE, NAPLES, FLORIDA 34110, UNITED STATES

COUNTY: COLLIER

OCCUPATION, INDUSTRY: ASSET MANAGEMENT, INVESTMENTS/TRUSTS

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE; IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: LYNNE MARLEY

FATHER'S/PARENT'S NAME: MERYL BAKER

MOTHER'S/PARENT'S NAME: JUNICE KELLY

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: LYNNE M BAKER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 5965 ASHFORD LANE, NAPLES, FLORIDA 34110, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MARCIA MULLER, F043929

FUNERAL FACILITY: ALL CREMATION OPTIONS F060701

5051 CASTELLO DRIVE, NAPLES, FLORIDA 34103

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GULF COAST CREMATION SERVICES
NAPLES, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0300

DATE CERTIFIED: MARCH 28, 2022

CERTIFIER'S NAME: PETER SALAH BOSHRA FARAG

CERTIFIER'S LICENSE NUMBER: ME133762

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §19.071(5), Florida Statutes.

[Signature]

STATE REGISTRAR

REQ: 2023825969

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



