State Of Maryland

FREDERICK COUNTY, ss:

I, THOMAS M. EICHELBERGER, Register of Wills, and, by law, keeper of the Seal and of the Records, and of the Original Papers of the Orphans' Court of Frederick County, DO HEREBY CERTIFY THAT the aforegoing is a true and full copy of the First Administration Accounting in the estate of Orestes F. Leatherman late of said county deceased, taken from Liber T.M.E. No. 8 folio 531 one of the Administration Account books kept in the office of the Register of Wills for Frederick County:

In Testimony Whereof, I hereunto subscribe my name and affix the Seal of said Court and office, this 29th day of April in the year of our Lord nineteen hundred and seventy-five

Thomas M. Eichelberger
Register of Wills for Frederick County

5C-74-CP

EXHIBIT O

CERTIFIED COPY

WE HEREBY CERTIFY THE COPY REPRODUCED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES DIVISION OF HEALTH AT JACKSONVILLE FLORIDA

NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES DIVISION OF HEALTH IS AFFIXED.

FEB 26 1975

AMENDED 7-11-72

Department of Health and Rehabilitative Services, Division of Health, Bureau of Vital Statistics

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 72-038160
REGISTRAR'S NO. 720471
DATE OF DEATH (MONTH, DAY, YEAR) April 17, 1972

DECEASED—NAME: 1. John (FIRST) Daniel (MIDDLE) Leatherman (LAST)
2. SEX: Male
3. DATE OF BIRTH (MONTH, DAY, YEAR): Mar. 17, 1905
4. COUNTY OF DEATH: Orange BREVARD
5. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): White
6. AGE—LAST BIRTHDAY (YEARS): 67
7. UNDER 1 YEAR: MOS. DAYS. HOURS. MIN.
8. INSIDE CITY LIMITS (SPECIFY YES OR NO):
9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN either, give street and number):
10. CITY, TOWN OR LOCATION OF DEATH:
11. CITIZEN OF WHAT COUNTRY: Yes
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Jess Parrish Memorial Hospital
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Frances Caston
14. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): U.S.A.
15. SOCIAL SECURITY NUMBER: 357-26-0328
16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Married
17. KIND OF BUSINESS OR INDUSTRY: Church
18. RESIDENCE—STATE: Maryland
19. COUNTY: Frederick
20. CITY, TOWN OR LOCATION: retired
21. STREET AND NUMBER: Rt. 1 Box 1
22. INSIDE CITY LIMITS (SPECIFY YES OR NO): no
23. FATHER—NAME (FIRST, MIDDLE, LAST): Orestes F. Leatherman
24. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Norma Hill

25. INFORMANT—NAME: Dr. Frances C. Leatherman
26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Rt. 1 Box 1 - Thurmont, Maryland

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) IMMEDIATE CAUSE:
(a) Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:
(b) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerosis
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

27. (Probably) ACCIDENT, SUICIDE, OR HOMICIDE, OR UNDETERMINED (Specify): DATE OF INJURY (MONTH, DAY, YEAR)
28. HOUR
29. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
30. INJURY AT WORK (SPECIFY YES OR NO)
31. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY)
32. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
33. AUTOPSY (YES OR NO): NO
34. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? N/A

CERTIFICATION—PHYSICIAN: 35. ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 4-13-72 TO (MONTH, DAY, YEAR): 4-17-72
36. LAST SAW ALIVE (MONTH, DAY, YEAR): 4-17-72
37. DID/DID NOT VIEW THE BODY AFTER DEATH: DID
38. DEATH OCCURRED AT (HOUR): 6:26P M.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: 39. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
40. TIME OF DEATH (HOUR): 6:26P M.

CERTIFIER—NAME (TYPE OR PRINT):
SIGNATURE:
41. DATE SIGNED (MONTH, DAY, YEAR): APRIL 18, 1972
42. MAILING ADDRESS—CERTIFIER: 1309 GARDEN ST. TITUSVILLE, FLORIDA 32780
43. DEGREE OR TITLE:

BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
44. DATE (MONTH, DAY, YEAR): April 18, 1972
45. CEMETERY OR CREMATORY—NAME: Thurmont Cemetery
46. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Carey Hand Chapel-36 W. Pine St.-Orlando, Fla. 32801
47. LOCATION (CITY OR TOWN, STATE): Frederick Co., Maryland
48. FUNERAL DIRECTOR—SIGNATURE: Thomas L. Minnie
49. REGISTRAR—SIGNATURE: [illegible]
DATE RECEIVED BY LOCAL REGISTRAR: 4/18/1972