

Fill in this information to identify the case:

Docket #2777 Date Filed: 3/2/2023

Debtor 1

Fair Finance Company

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the:

Northern District of Ohio

Case Number:

10-50494

**Form 1340 (12/22)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

\*ANY DEVIATIONS FROM THE STANDARDIZED APPLICATION AND EXHIBIT A MUST BE EXPLAINED HERE IN BOLD-FACED TYPE.

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$5,537.73
Claimant's Name:	Dilks & Knopik, LLC as assignee to Smith Family Revocable Living Trust
Claimant's Current Mailing Address, Telephone Number, and Email Address:	35308 SE Center Street Snoqualmie, WA 98065 425-836-5728 x123 admin@dilksknopik.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statement that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**Claimant's Tax ID/Social Security Number and other required documentation are submitted separately with Exhibit A and will be docketed as a private event.**



<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

10504942303020000000000002



**4. Notice to United States Attorney**

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Northern District of Ohio  
Carl B. Stokes United States Courthouse  
801 West Superior Ave., Suite 400  
Cleveland, OH 44113

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: February 28, 2023



Signature of Applicant  
Andrew T. Drake – Vice President  
Dilks & Knopik, LLC

35308 SE Center Street  
Snoqualmie, WA 98065  
428-836-5728 x123  
admin@dilksknopik.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable) \_\_\_\_\_

Printed Name of Co-Applicant (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF WASHINGTON

COUNTY OF KING

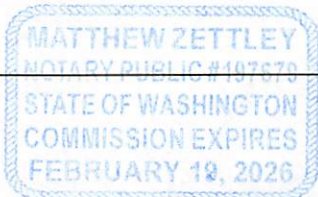
This Application for Unclaimed Funds, dated February 28, 2023 was subscribed and sworn to before me this 28th day of February, 2023 by Andrew T. Drake who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public: \_\_\_\_\_

Matthew Zettley

My commission expires: February 19, 2026



**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Explanation of Supporting Documentation  
for  
Application for Payment of Unclaimed Funds**

The claimant did not receive the dividend check in the above case for the following reason:

Dividends were not collected by the creditor, Smith, Trustee, Joseph M.

Joseph M. Smith was co-trustee to The Smith Family Revocable Living Trust along with Jane T. Smith. Jane T. Smith died 9/6/2007 and Joseph M. Smith died 7/7/2011. Upon their deaths, Terrence L. Smith became the Trustee for The Smith Family Revocable Living Trust, all as evidenced by Exhibit B.

The Smith Family Revocable Living Trust, through its Trustee, Terrence Smith, has assigned the unclaimed funds and its claim to Dilks & Knopik LLC as evidenced by the attached Assignment Agreement and/or the Transfer of Claim filed on 2/28/2023 (Docket #2770).

Date: February 28, 2023



Andrew T. Drake - Vice President  
Dilks & Knopik, LLC  
35308 SE Center Street  
Snoqualmie, WA 98065

# U.S. Courts Unclaimed Funds Locator

[Home](#)[About](#)

Court / OHNB

[Edit Search](#)

Case Number	10-50494	Page Total	\$6,239.77
Last/Business Name	FAIR FINANCE COMPANY	First Name	

Creditors | 4

	Court	Creditor Name	Amount
<input checked="" type="checkbox"/>	OHNB	David Smith	\$122.84
<input checked="" type="checkbox"/>	OHNB	Kathleen Smith	\$482.67
<input checked="" type="checkbox"/>	OHNB	<u>Joseph Smith, Trustee</u>	<u>\$5,537.73</u>
<input checked="" type="checkbox"/>	OHNB	Pat Smith	\$96.53

[First](#) [Prev](#) [Next](#) [Last](#)



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO**

In re:	)	Case No. 10-50494
	)	
FAIR FINANCE COMPANY	)	Chapter 7
	)	
	)	
Debtor(s).	)	Judge: JESSICA E. PRICE SMITH
	)	

**TRANSMITTAL OF UNCLAIMED FUNDS**

BRIAN A. BASH, TRUSTEE, trustee of the estate, reports the following.

1. Ninety days have passed since final distribution was made on this case. A stop payment has been issued on all checks remaining unpaid. The names of the persons to whom such unnegotiated checks were issued, the amount of such check(s) and their last known addresses are:

<b>Claim No.</b>	<b>Claimant Name</b>	<b>Unclaimed Funds</b>
49	Gold, June 1227 Drury Ct No 124 Mayfield Heights, OH 44124	\$1,169.10
54	Johnson Jr, Robert W 660 Beacher Rd Tallmadge, OH 44278	\$362.00
75	Bartholme, Raymond G 732 Nottingham Medina, OH 44256	\$4,430.18
90-7	Archie, Troy 1500 War Bird Drive Norman, OK 73071	\$241.34
119	Schoolcraft, Melvin or Darlie 441 Fox Lake Rd Dalton, OH 44618	\$3,322.64
123	Montgomery, Homer and Jean 2822 Lee Rd - Silver Lake Stow, OH 44224	\$6,036.12

Claim No.	Claimant Name	Unclaimed Funds
1874	Rampelt, Cheryl A 1224 Millers Ct Noblesville, IN 46060	\$1,908.85
1881	Smith, Trustee, Joseph M 705 Cooper Ave Akron, OH 44306	\$5,537.73
1889	Winkler, Deborah A 292 Branstetter St Wooster, OH 44691	\$124.41
1891	Winkler, Ross E 292 Branstetter St Wooster, OH 44691	\$460.32
1895	Vanpelt, Roy D or Carolyn F Vanpelt PO Box 108 Kidron, OH 44636	\$443.01
1897	Weiland, Gilbert or Barbara Weiland 1593 Highview Ave Akron, OH 44301	\$144.80
1921	Clevidence, Joan 2422 W Sterling Burbank, OH 44214	\$603.34
1933	Dudy, William M 9031 Cranbrook Dr Northfield Village, OH 44067	\$251.41
1963	Mcdermott, Charles E or Lois E Mcdermott 9041 Westfield Rd Seville, OH 44273	\$1,853.18
1972	Munka, Carl F or Agnes Munka c/o Linda Munka 2529 Copley Rd Copley, OH 44321	\$1,107.55
2063	Gabriel, Alice H 275 Shenandoah Blvd Barberton, OH 44203	\$1,117.26



# Dilks & Knopik

## CERTIFICATE OF LLC RESOLUTION

The undersigned Members of Dilks & Knopik, LLC, an LLC, duly organized under the laws of Washington (hereinafter "The LLC"), hereby certify that the following resolutions were duly adopted by said Members of The LLC on June 7<sup>th</sup>, 2002 and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that Brian J Dilks, Caryn M Dilks f/k/a Caryn M Knopik, Andrew T. Drake and Jeffrey Hudspeth, is hereby authorized and directed for and on behalf of The LLC to execute all legal documents as approved by him/her as being in the best interests of The LLC; and to take any and all further actions which may be necessary or appropriate to commence and complete said construction in such a manner as being, in his/her opinion, in the best interests of the LLC.

RESOLVED, that this action may be executed in counterparts and by facsimile signatures, each of which shall be deemed an original and all of which together shall constitute one action.

IN WITNESS WHEREOF, the undersigned has executed this instrument as of this 5<sup>th</sup> day of

January, 2022

Brian J Dilks  
Brian J Dilks – Member

Date: 1/5/22

Subscribed and sworn to me this

1/5/2022

Notary Signature Ryan L Bell

My Commission Expires: 6/19/2025

Caryn M Dilks  
Caryn M Dilks f/k/a Caryn M Knopik – Member

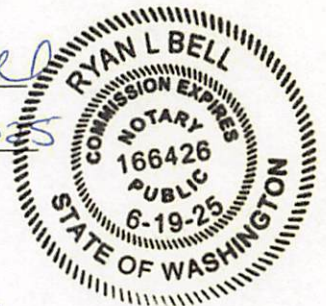
Date: 1/5/2022

Subscribed and sworn to me this

1/5/2022

Notary Signature Ryan L Bell

My Commission Expires: 6/19/2025







**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

Filed  
Secretary of State  
State of Washington  
Date Filed: 01/05/2022  
Effective Date: 01/05/2022  
UBI #: 602 211 447

## Annual Report

### BUSINESS INFORMATION

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Business Name:  
**DILKS & KNOPIK, LLC**

UBI Number:  
**602 211 447**

Business Type:  
**WA LIMITED LIABILITY COMPANY**

Business Status:  
**ACTIVE**

Principal Office Street Address:  
**35308 SE CENTER ST, SNOQUALMIE, WA, 98065-9216, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:  
**06/30/2023**

Jurisdiction:  
**UNITED STATES, WASHINGTON**

Formation/Registration Date:  
**06/07/2002**

Period of Duration:  
**PERPETUAL**

Inactive Date:

Nature of Business:  
**OTHER SERVICES, ANY LAWFUL PURPOSE**

### REGISTERED AGENT [RCW 23.95.410](#)

---

Registered Agent Name	Street Address	Mailing Address
BRIAN DILKS	28431 SE PRESTON WAY, ISSAQUAH, WA, 98027-0000, UNITED STATES	28431 SE PRESTON WAY, ISSAQUAH, WA, 98027-0000, UNITED STATES

### PRINCIPAL OFFICE

---

Phone:  
**4258365728**

Email:  
**DK@DKLLC.COM**

This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Work Order #: 2022010500010893 - 1  
Received Date: 01/05/2022  
Amount Received: \$60.00



Street Address:  
35308 SE CENTER ST, SNOQUALMIE, WA, 98065-9216, USA  
Mailing Address:

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		BRIAN	DILKS
GOVERNOR	INDIVIDUAL		CARYN	DILKS

## NATURE OF BUSINESS

- OTHER SERVICES
- ANY LAWFUL PURPOSE

## EFFECTIVE DATE

Effective Date:  
01/05/2022

## CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?  
NO
2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?  
NO
  - a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?  
NO
3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?  
NO

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

## RETURN ADDRESS FOR THIS FILING

Attention:  
Email:  
Address:

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

## EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I

This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Work Order #: 2022010500010893 - 1  
Received Date: 01/05/2022  
Amount Received: \$60.00

acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

---

☒ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**BRIAN**

Last Name:

**DILKS**

Title:

**MEMBER**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.



# UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

In re Fair Finance Company ,

Case No. 10-50494

## TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Dilks & Knopik, LLC  
Name of Transferee

Smith, Trustee, Joseph M  
Name of Transferor

Name and Address where notices to transferee  
Should be sent:

35308 SE Center Street  
Snoqualmie WA 98065

Court Claim # (if known): 1881

Amount of Claim: \_\_\_\_\_

Date Claim Filed: \_\_\_\_\_

Phone: 425-836-5728

Last Four Digits of Acct #: \_\_\_\_\_

Phone: 972-989-0002

Last Four Digits of Acct #: \_\_\_\_\_

Name and Address where transferee payments  
should be sent (if different from above):

Phone: \_\_\_\_\_

Last Four Digits of Acct #: \_\_\_\_\_

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Brian J Dilks - President  
Transferee/Transferee's Agent

Date: 2/28/2023


*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.*





## Dilks & Knopik

On this 28<sup>th</sup> day of February, 2023, I certify that the preceding or attached document titled (Assignment Agreement), (2 pages) is a true, accurate and complete redacted copy of the original being held at 35308 SE Center Street, Snoqualmie, WA 98065

  
Matthew Zettley - Notary Public  
My commission expires: February 19, 2026

### Assignment Agreement

This Assignment Agreement (the "Agreement") is entered into as of February 22, 2023 (the "Effective Date") by and between Dilks & Knopik, LLC, with a principal place of business at 35308 SE Center Street, Snoqualmie, WA 98065, (the "Assignee") and Smith Family Revocable Living Trust with an address of 3501 Elmsted Dr, Richardson TX 75082 (the "Assignor").

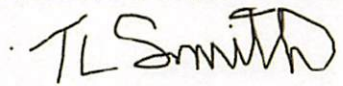
1. Assignor is/was a creditor in Fair Finance Company (10-50494) as filed in the Northern District of Ohio (the "Case"). As a creditor in the Case, Assignor was entitled to distribution of funds from the assets of the Debtor's Bankruptcy Estate in the approximate amount of \$5,537.73 (the "Funds"). Remittance to Assignor was not successful, and pursuant to Federal Rule of Bankruptcy Procedure 3011 and 11 U.S.C. 347, the Funds were deposited into the Registry of the Court. The Funds then being subject to withdrawal in accordance with 28 U.S.C. 2042.
2. Assignor not desirous of attempting collection of the Funds, nor wishing to incur the time and expense of such collection, does hereby wish and does assign, and convey to the Assignee, for good and valuable consideration, all of Assignor's rights, title and interest in the Funds, without the presence of undue influence or coercion.

NOW THEREFORE, in consideration of mutual obligations, covenants, representations, and warranties herein, the parties agree as follows:


3. Assets Assigned: The assets herein assigned to Assignee are those stated in paragraph 1 above, that collectively are the Funds held for the benefit of Assignor by the Clerk of the Court of the court identified in paragraph 1 in the Unclaimed Funds Registry.
4. Consideration: The consideration herein given by Assignee to Assignor shall be the sum \$            which sum shall be remitted to Assignor. A check will be issue to the Assignor for the above stated amount once this claim is approved. **In the event Assignee recovers an amount over and above the Funds then Assignor shall be entitled to       % of the additional amount recovered.**
5. This assignment shall be deemed an absolute and unconditional assignment of funds/claim for the purpose of collection and satisfaction, and shall not be deemed to create a security interest.
6. Assignor represents and warrants to Assignee that no payment or other distribution has been received by or on behalf of Assignor in full or partial satisfaction of the assigned rights; that Assignor has not previously sold or assigned the rights, in whole or in part, to any party.
7. Power of Attorney: To the extent necessary under applicable law, the Assignor does hereby appoint for the limited purpose of collection of the Funds and fulfillment of Assignor's obligation(s) under this Agreement, Dilks and Knopik, LLC as its attorney-in-fact.
8. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter above.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the day and year first written above.

Assignor:

  
Smith Family Revocable Living Trust  
Terrence L. Smith - Trustee

Assignee:

  
Dilks & Knopik, LLC  
Andrew T. Drake - Vice President





#### NOTICE OF ASSIGNMENT

For good and valuable consideration, the undersigned, Smith Family Revocable Living Trust ("Assignor"), hereby, assigns, conveys and transfers over and unto Dilks & Knopik, LLC ("Assignee"), any and all of right, title and interest in and to the below referenced funds/claim(s).

The Assigned funds/claim(s):

Debtor: Fair Finance Company  
Court: United States Bankruptcy Court - Northern District of Ohio  
Case Number: 10-50494  
Chapter: 7  
Claim: 1881  
Original Creditor: Smith, Trustee, Joseph M

FUNDS/CLAIM(S) ARE BEING ASSIGNED "AS-IS, WHERE-IS" WITH NO WARRANTIES OR REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE ASSIGNMENT AGREEMENT, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this notice of assignment to be executed as of the Wednesday, February 22, 2023.

Smith Family Revocable Living Trust

A handwritten signature in blue ink, appearing to read "TL Smith".

---

Terrence L. Smith - Trustee

A handwritten signature in blue ink, enclosed within a blue oval.

6

TRANSFERRED

2011 AUG 11 PM 1:37

RECEIVED  
FEB 11 2011

10434  
TRANSFERRED IN COMPLIANCE WITH  
SEC.319.202 REV. CODE  
\$ 711 FEE  
Consideration  
KRISTEN M. SCALISE CPA, CFE By LB  
FISCAL OFFICER Deputy Fiscal Officer  
No. of pages 5

Description approved by Tax Maps  
Approval good for 30 days from  
7/31/11 8/11/11

**AFFIDAVIT TO REMOVE TRUSTEE FROM TITLE TO REALTY**  
(O.R.C. 5302.171)

I, TERRENCE L. SMITH, being first duly sworn depose and say as follows:

1. That JOSEPH M. SMITH AND JANE T. SMITH, **trustees of THE SMITH FAMILY REVOCABLE LIVING TRUST DATED MAY 27, 2003**, are the owner of property under a duly recorded WARRANTY DEED the original of which is recorded in **Instrument: 54883748, PAGES 1-2** of the SUMMIT COUNTY Records.

2. That the property is known as:  
705 COOPER AVENUE, AKRON, OHIO 44306, is described as follows:

SEE ATTACHED EXHIBIT A FOR FULL LEGAL DESCRIPTION

Parcel No.: 6832270 ALT ID: 070037803018000

3. Trustee, Jane T. Smith died September 6, 2007 (attached is a copy of her death certificate); Trustee, Joseph M. Smith died July 7, 2011 (attached is a copy of his death certificate);

4. That by virtue of the deaths of the parties listed in item #3 above, **TERRENCE L. SMITH, trustee, of THE SMITH FAMILY REVOCABLE LIVING TRUST DATED MAY 27, 2003** is the fee simple owner of the above described property and requests that this fact be reflected on the land and tax records of SUMMIT COUNTY, Ohio. Trustee, **TERRENCE L. SMITH's** address is: 3501 Elmsted Drive, Richardson, TX 75082.

55796666  
Pg: 1 of 5  
08/11/2011 01:41P  
DE 52.00  
Kristen Scalise, Summit Co Fiscal Office

**Exhibit B**



(Parcel No.: 6832270 - Continued)

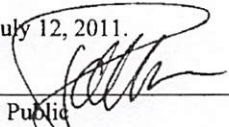
DATE: July 12, 2011

Terrence L. Smith, Trustee  
TERRENCE L. SMITH, TRUSTEE,

THE SMITH FAMILY REVOCABLE LIVING TRUST DATED MAY 27, 2003

STATE OF OHIO )  
COUNTY OF SUMMIT ) SS.

Sworn to and subscribed before me this day of July 12, 2011.

  
Notary Public

*This instrument was prepared by:*  
Paul L. Miller, Attorney at Law  
3465 S. Arlington Road, Suite A  
Akron, OH 44312-5272

PAUL L. MILLER, Attorney at Law  
Notary Public - State of Ohio  
My Commission has no expiration date  
Sec. 147.03 R.C.

 55796666  
Pg: 2 of 5  
08/11/2011 01:41P  
DE 52.00  
Kristen Scalise, Summit Co Fiscal Office

**Exhibit B**

(Parcel No.: 6832270 – Continued)

EXHIBIT A

Situated in the City of Akron, County of Summit and State of Ohio:

And known as being the Westerly 60 feet between parallel lines of the southerly 110 feet between parallel lines of Lot #39 in the Ardmore Allotment, as recorded in Plat Book 33, Pages 74 – 78, Summit County Records.

Parcel No.: 6832270

ALT\_ID: 070037803018000

Street Address: 705 Cooper Avenue, Akron, Ohio 44306

Prior Instrument Reference: Reception No.: 54883748 of the Summit County Records.



**Exhibit B**



Reg. Dist. No. 77

Ohio Department of Health

Primary Reg. Dist. No. 7701

VITAL STATISTICS

State File No.

Registrar's No. 77002011002450

CERTIFICATE OF DEATH

1. Decedent's Legal Name (include AKA's if any) (First Middle, LAST, suffix) <b>JOSEPH MARVIN SMITH</b>						2. Sex <b>Male</b>	3. Date of Death (Mo/Day/Year) <b>July 07, 2011</b>
4. Social Security Number <b>3204</b>	5a. Age (Years) <b>84</b>	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) <b>AKRON, OHIO</b>	7. Birthplace (City and State or Foreign Country) <b>AKRON, OHIO</b>	
8a. Residence State <b>OHIO</b>		8b. County <b>SUMMIT</b>		8c. City or Town <b>AKRON</b>		8d. Zip Code <b>44306</b>	
8e. Street and Number <b>705 Cooper Ave.</b>		8f. Apt. No.		8g. Inside City Limits? <b>Yes</b>			
9. Ever in US Armed Forces? <b>Yes</b>		10. Marital Status at Time of Death <b>Widowed (and not remarried)</b>		11. Surviving Spouse's Name (if wife, give name prior to first marriage)			
12. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>		13. Decedent of Hispanic Origin <b>No</b>		14. Decedent's Race <b>White</b>			
15. Father's Name <b>JOSEPH WILLIAM SMITH</b>				16. Mother's Name (prior to first marriage) <b>MARY V</b>			
17a. Informant's Name <b>TERRENCE L SMITH</b>				17b. Relationship to Decedent <b>Son</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>3501 Elmsted Dr. RICHARDSON, TEXAS 75082</b>	
18a. Place of Death <b>Decedent's Home</b>				18b. Facility Name (if not institution, give street & number) <b>705 Cooper Ave.</b>			
18c. City or Town, State and Zip Code <b>AKRON, OH 44306</b>				18d. County of Death <b>SUMMIT</b>			
19. Signature of Funeral Home or Other Agent <i>David R. Pagon</i>				20. License Number (of licensee) <b>008288</b>		21. Name and Complete Address of Funeral Facility <b>KUCKO-ANTHONY-KERTESZ FUNERAL HO 1990 S MAIN ST AKRON, OH 44301</b>	
22a. Method of Disposition <b>Cremation</b>				22b. Date of Disposition <b>7-11-2011</b>		22c. Location (City/Town and State) <b>AKRON, OH</b>	
23. Registrar's Signature <i>Tawanda Weems</i>				24. Date Filed <b>7-11-2011</b>		25. Date Burial Permit Issued <b>7-11-2011</b>	
25a. Name of Person Issuing Burial Permit <b>WEEMS, TAWANDA</b>				25b. District No. <b>7700</b>		25c. Date Burial Permit Issued <b>7-11-2011</b>	
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> 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.				26b. Time of Death <b>2227</b>			
26c. Date Pronounced Dead (Mo/Day/Year) <b>7-7-2011</b>				26d. Was case referred to coroner? <b>No</b>			
26e. Signature and Title of Certifier <i>Smith</i>				26f. License number <b>35.081519</b>		26g. Date Signed <b>7-11-2011</b>	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>MC GEE, SCOTT WILLIAM, 224 W. Exchange St. AKRON, OH 44302</b>							
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death)		a. <b>Non-Hodgkin Lymphoma</b>				Approximate Interval Between Onset and Death <b>1 month</b>	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)					
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)					
		d. Due to (or as Consequence of)					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No				31. If Female, Pregnancy Status <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		32. 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	
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:							
33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other							

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Exhibit B



Reg. Dist. No. 77  
 Primary Reg. Dist. No. 7701  
 Registrar's No. 7701-2007001771

Ohio Department of Health  
 VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
Type or print in permanent blue or black ink.

State File No.

1 Decedent's Legal Name (Include AKA's if any) (First Middle LAST suffix) <b>JANE TALBOTT SMITH</b>		2 Sex <b>Female</b>	3 Date of Death (Mo/Day/Year) <b>September 06, 2007</b>
4 Social Security Number <b>2818</b>	5a Age (Years) <b>81</b>	5b Under 1 Year Months Days Hours Minutes	6 Date of Birth (Mo/Day/Year) <b>AKRON, OHIO</b>
7a Residence State <b>OHIO</b>	7b County <b>SUMMIT</b>	7c City or Town <b>AKRON</b>	7d Zip Code <b>44306</b>
8a Street and Number <b>705 Cooper Avenue</b>	8b Inside City Limits? <b>Yes</b>		
9 Ever in US Armed Forces? <b>No</b>	10 Marital Status at Time of Death <b>Married</b>	11 Surviving Spouse's Name (If wife, give name prior to first m. marriage) <b>JOSEPH M SMITH</b>	
12 Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>	13 Decedent of Hispanic Origin <b>No</b>	14 Decedent's Race <b>White</b>	
15 Father's Name <b>PAUL TALBOTT</b>	16 Mother's Name (prior to first marriage) <b>GLADYS</b>		
17a Informant's Name <b>JOSEPH M SMITH</b>	17b Relationship to Decedent <b>Husband</b>	17c Mailing Address (Street and Number, City, State, Zip Code) <b>705 Cooper Avenue AKRON, OHIO 44306</b>	
18a Place of Death <b>Hospital - Inpatient</b>	18b Facility Name (If not institution, give street & number) <b>SUMMA HEALTH SYSTEMS HOSPITALS</b>	18c City or Town, State and Zip Code <b>AKRON, OH 44304</b>	18d County or Death <b>SUMMIT</b>
19 Signature of Funeral Service Licensee or Other Agent <b>DANIELA PARSON</b>	20 License Number (of licensee) <b>008288</b>	21 Name and Complete Address of Funeral Facility <b>KUCKO-ANTHONY-KERTESZ FUNERAL HO 95 W WATERLOO RD AKRON, OH 44319</b>	
22a Method of Disposition <b>Cremation</b>	22b Date of Disposition <b>September 12, 2007</b>	22c Location (City/Town or State) <b>AKRON, OH</b>	
22d Place of Disposition (Name of Cemetery, Crematory, or other place) <b>AKRON VAULT &amp; CREMATORY</b>			
23 Registrar's Signature <b>Tawanda M. Weems</b>	24 Date Filed <b>September 11, 2007</b>	25a District No. <b>7701</b>	25b Date Burial Permit Issued <b>9/11/07</b>
26a Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> 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.			
26b Time of Death <b>11:15</b>	26c Date Pronounced Dead (Mo/Day/Year) <b>09/06/2007</b>	26d Was case referred to coroner? <b>No</b>	
26e Signature and Title of Certifier <b>JL Payne MD</b>	26f License number <b>35.082787</b>	26g Days Signed <b>9/10/07</b>	
27 Name (Last, First, Middle) and Address of Person who Completed Cause of Death <b>PAYNE, JENNIFER EILEEN, 75 ARCH STREET AKRON, OH 44304</b>			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as trauma or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.			
Immediate Cause (Final disease or condition resulting in death)	a. Due to (or as consequence of)		Approximate Interval Between Onset and Death <b>3 yrs.</b>
Sequentially list conditions, if any, leading to immediate cause	b. Due to (or as consequence of)		
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as consequence of)		
	d. Due to (or as consequence of)		
Part II. Enter significant conditions contributing to death, but not resulting in the underlying cause given in Part I.			29a. Was An Autopsy Performed? <b>476</b>
			29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
30. Did Tobacco Use Contribute to Death? <b>NO</b>	31. If Female, Pregnancy Status <b>Negative</b>	32. Manner of Death <b>Natural</b>	
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work?
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			
33f. Describe How Injury Occurred			33g. If Transportation Injury, Specify:

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