SCHRAFF THOMAS LAW, LLC

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EMIL F. SOS, *Of Counsel*

The Yamanashi Chuo Bank, Ltd.
HINO Branch
3-4-1 Hirayama, Hinoshi, Tokyo
JAPAN

RE: The Estate of Gary Leslie Katona
Lake County Probate Court Case No. 19 ES 1052

Dear Sir or Madam:

Please be advised that I represent Linda Sigworth regarding the Probate Estate of Gary Leslie Katona. Mr. Katona was an account holder at Yamanashi Chuo Bank, Ltd. A copy of the last available bank ledger for his account is attached. Mr. Katona died in October, 2016, in Tokyo. His death certificate was issued December 18, 2017. Documentation regarding Mr. Katona's Probate Estate was originally provided to your bank, care of Mari Higuchi, Business Planning and Control Division, in 2019. This letter is in continuance of the same.

In the State of Ohio, in the United States of America, if an individual dies without a Last Will and Testament, Ohio Revised Code 2105.06 determines the legal heirs of that individual. Paragraph (G) of that law confirms that, if at the time of his or her death the individual is unmarried, has no descendants, and has no surviving parents, that individual's siblings will be his or her legal heirs.

Mr. Katona had no Last Will and Testament, was unmarried, had no descendants, and had no surviving parents. He has two siblings, who are Linda Sigworth and Karen Boyd. Both are listed as being his closest living relatives on his U.S. Department of State Report of Death, form DS-206, and on Form 1.0 as filed with the Lake County Probate Court in the State of Ohio. As such, Mr. Katona's legal heirs are confirmed as being Linda Sigworth and Karen Boyd.

Both Linda and Karen are residents of the State of Ohio, and have never domiciled in Japan. Mr. Katona held a 'specialist in humanities/international services visa' and resided in Japan for less than 10 years. No assets were gifted by Mr. Katona in the 3 year period prior to his death, and the only known assets owned by Mr. Katona located in Japan consist of the account held by Yamanashi Chuo Bank, Ltd., which to our knowledge holds less than 4,225,427 yen. His total estate, including assets located in the United States of America and including the account held by Yamanashi Chuo Bank, is

valued at date of death as being $45,832.63 US Dollars (approximately 4,803,287 yen, using 2016 conversion factors) and would therefore be expected to fall well below the basic exemption level as to inheritance tax in Japan.

Linda Sigworth has been appointed by the Lake County Probate Court as the Administrator for Mr. Katona's Probate Estate, meaning that Linda is the legally appointed fiduciary and has the duty of requesting and receiving the funds held in Mr. Katona's account with Yamanashi Chuo Bank, Ltd. Upon receipt of the funds, Linda will update the Court and distribute the funds to Mr. Katona's heirs in accordance with Ohio law.

We are asking that all funds held in Mr. Katona's account with Yamanashi Chuo Bank, Ltd., minus any appropriate administrative fees, be paid out to Linda Sigworth on an immediate basis.

The funds can be directly deposited to the estate bank account via [account number, routing number, bank contact info], or can be sent as a check via mail, made out to 'The Estate of Mr. Katona Katona,' to my law firm address at:

Schraff Thomas Law, LLC
ATTN: Lindsay C. Jones
2802 SOM Center Road, #200
Willoughby Hills, Ohio 44094
USA

Enclosed please find the following supporting documentation, as numbered:

1. A copy of Ohio Revised Code 2105.06, which is our Statute of Decent and Distribution. See Paragraph G regarding heirs.
2. A copy of Form 1.0, as filed with the Lake County Probate Court in the State of Ohio. This lists Linda Sigworth and Karen Boyd as the heirs of Mr. Katona, as accepted and confirmed by the Lake County Probate Court.
3. A copy of Mr. Katona's U.S. Department of State Report of Death, form DS-206. This lists Linda Sigworth and Karen Boyd as his immediate family members, as confirmed by the U.S. Department of State.
4. A copy of Mr. Katona's Japanese documentation of his death, and a copy of Mr. Katona's last available residence card.
5. A copy of Linda Sigworth's Letters of Authority as issued by the Lake County Probate Court, which appointed her as Administrator, sealed and dated within the last 30 days.

6. A copy of Linda Sigworth's Driver's License, and a copy of Karen Boyd's U.S. Passport, to verify their identity.
7. A copy of the death certificates for Mr. Katona's father and mother, to confirm that they predeceased Mr. Katona's date of death.
8. A copy of Mr. Katona's last available bank ledger.
9. A copy of a Certificate of Good Standing issued by the Ohio State Bar Association, the Attorney Registration Card, and the Driver's License of Attorney Lindsay C. Jones, to verify her identity and status as a registered lawyer in the State of Ohio.
10. A copy of an authorization from Linda Sigworth to document that she is represented by Attorney Lindsay C. Jones, and that Attorney Jones is authorized to survey Mr. Katona's account.

Please contact me if you have any questions or require any additional information. The best method would be via email, at ljones@schraffthomaslaw.com.

Sincerely,

SCHRAFF THOMAS LAW, LLC

LINDSAY C. JONES

LCJ/tmp
Encls.

No. 1

Copy of Ohio Revised Code 2105.06. Paragraph (G) is the pertinent language.

(1)

2105.06 Statute of descent and distribution.

When a person dies intestate having title or right to any personal property, or to any real property or inheritance, in this state, the personal property shall be distributed, and the real property or inheritance shall descend and pass in parcenary, except as otherwise provided by law, in the following course:

(A) If there is no surviving spouse, to the children of the intestate or their lineal descendants, per stirpes;

(B) If there is a spouse and one or more children of the decedent or their lineal descendants surviving, and all of the decedent's children who survive or have lineal descendants surviving also are children of the surviving spouse, then the whole to the surviving spouse;

(C) If there is a spouse and one child of the decedent or the child's lineal descendants surviving and the surviving spouse is not the natural or adoptive parent of the decedent's child, the first twenty thousand dollars plus one-half of the balance of the intestate estate to the spouse and the remainder to the child or the child's lineal descendants, per stirpes;

(D) If there is a spouse and more than one child or their lineal descendants surviving, the first sixty thousand dollars if the spouse is the natural or adoptive parent of one, but not all, of the children, or the first twenty thousand dollars if the spouse is the natural or adoptive parent of none of the children, plus one-third of the balance of the intestate estate to the spouse and the remainder to the children equally, or to the lineal descendants of any deceased child, per stirpes;

(E) If there are no children or their lineal descendants, then the whole to the surviving spouse;

(F) Except as provided in section 2105.062 of the Revised Code, if there is no spouse and no children or their lineal descendants, to the parents of the intestate equally, or to the surviving parent;

(G) Except as provided in section 2105.062 of the Revised Code, if there is no spouse, no children or their lineal descendants, and no parent surviving, to the brothers and sisters, whether of the whole or of the half blood of the intestate, or their lineal descendants, per stirpes;

(H) Except as provided in section 2105.062 of the Revised Code, if there are no brothers or sisters or their lineal descendants, one-half to the paternal grandparents of the intestate equally, or to the survivor of them, and one-half to the maternal grandparents of the intestate equally, or to the survivor of them;

(I) Except as provided in section 2105.062 of the Revised Code, if there is no paternal grandparent or no maternal grandparent, one-half to the lineal descendants of the deceased grandparents, per stirpes; if there are no such lineal descendants, then to the surviving grandparents or their lineal descendants, per stirpes; if there are no surviving grandparents or their lineal descendants, then to the next of kin of the intestate, provided there shall be no representation among the next of kin;

(J) If there are no next of kin, to stepchildren or their lineal descendants, per stirpes;

(K) If there are no stepchildren or their lineal descendants, escheat to the state.

Amended by 130th General Assembly File No. TBD, SB 207, §1, eff. 3/23/2015.

Amended by 129th General AssemblyFile No.52, SB 124, §1, eff. 1/13/2012.

Effective Date: 03-22-2001 .

No. 2

Copy of Form 1.0, as filed with the Lake County Probate Court. Confirms Linda Sigworth and Karen Boyd as the heirs of Mr. Katona.

MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO

ESTATE OF Gary Leslie Katona **DECEASED**

CASE NO. 19ES1052

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES
(R.C. 2105.06, 2106.13, 2107.19)

(Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes. Update as required).

The following are decedent's known surviving spouse, children, and the lineal descendant's of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	
Linda Sigworth	8050 Harbor Creek Dr., #2204		
	Mentor-on-the-Lake, OH 44060	Adult sister	
Karen Boyd	6919 Traymore Court		
	Mentor, OH 44060	Adult sister	

(Check whichever of the following is applicable)

- ☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- ☐ The surviving spouse is the natural or adoptive parent of at least one, but not all of the decedent's children.
- ☐ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- ☐ There are minor children of the decedent who are not the children of the surviving spouse.
- ☐ There are minor children of the decedent and no surviving spouse.

Case No. 19ES1052

The following are the vested beneficiaries named in the decedent's Will:

Name	Residence Address	Birthdate of Minor
No Will		

(Check whichever of the following is applicable)

☐ The Will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

☐ The Will is not subject to R.C. 109.23 to 109.41, relating to charitable trusts.

Jan 14 2019
Date

Linda Sigworth
Applicant (or give other title)

No. 3

Copy of the U.S. Department of State Report of Death, form DS-206. Confirms Mr. Katona's death, and that Linda Sigworth and Karen Boyd are the closest surviving relatives of Mr. Katona.

(3)

U.S. Department of State

REPORT OF DEATH OF A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL ABROAD

Tokyo, Japan — Post
12-18-2017 — Date of Issue *(mm-dd-yyyy)*

SSA No. XXXXXXXXXX

Name in full Gary Leslie KATONA — Age 51

Date *(mm-dd-yyyy)* and Place of Birth 12-12-1964 OH United States of America

Evidence of U.S. Citizenship Regular Passport #503268204 issued on May 21, 2013

Address in U.S.A.

Permanent or Temporary Address Abroad Takahatadai Danchi 29-302, 650 Hodokubo, Hino-shi, Tokyo

Date of death Approximately October 2016
Month Day Hour Minute Year

Place of death Southern side of Kazahari Pass Road, 5112 Hinohara-mura, Nishitama-gun, Tokyo Japan
Number and street or Hospital/hotel City Country

Cause of death Unknown, according to Dr. Akira Shindo, Oguno Hospital, Hinode-cho, Nishitama-gun, Tokyo
Including authority for statement - if physician, include full name and official title, if any.

Disposition of the remains Cremated for burial in the U.S.

Local law governing disinterment of remains provides that

Disposition of the effects In possession of the Consular Section, U.S. Embassy, Tokyo

Person or official responsible for custody of effects and accounting therefore
Sean Robinson, Consul

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS

Informed by telegram or telephone

NAME	ADDRESS	DATE *(mm-dd-yyyy)* NOTIFIED
Karen Katona Boyd	6919 Traymore, Court Mentor, OH 44060	4/24/2017

Copy of this report sent to:

NAME	ADDRESS	DATE *(mm-dd-yyyy)* SENT
Linda Katona Sigworth	8050 Harbor Creek Dr. #2204, Mentor on the Lake, OH 44060	12/18/2017

Notification or copy sent to Federal Agencies: SSA x VA ___ CSC ___ Other ___ OH
State Agency

The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State, Washington, DC 20520.

Remarks:
Passport cancelled and returned to Ms. Linda Katona Sigworth.

(Continue on reverse if necessary.)

[SEAL]

Signature on all copies.

Jermaine Perkins of the United States of America.
Vice Consul

KATONA (Last name)
GARY (First name)
LESLIE (Middle name)
Approximately October 2016 (Date *(mm-dd-yyyy)* of death)

DS-2060 *(Formerly OF-180)*
11-2012

For Additional Certified Copies, see
http://travel.state.gov/content/passports/english/abroad/events-and-records/death/CRDA-copy.html

No. 4

Copy of Mr. Katona's Japanese documentation regarding his residency and death.

No. 5

Copy of Linda Sigworth's Letters of Authority, appointing her Administrator. Linda has the legal duty and authority to request and receive the funds held in Mr. Katona's account.

PROBATE COURT OF LAKE COUNTY, OHIO
MARK J. BARTOLOTTA, JUDGE

FILED

2019 FEB -1 PM 12: 40

JUDGE MARK BARTOLOTTA
PROBATE COURT
LAKE COUNTY, OHIO

Estate Of: **GARY LESLIE KATONA,** Deceased
Case No: **19 ES 1052**

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY

[For Executors and all Administrators]

Name and Title of Fiduciary: **LINDA SIGWORTH, ADMINISTRATOR**

On hearing in open court the application of the above fiduciary for authority to administer decedent's estate the Court finds that: Decedent died (check one of the following)- □ testate X intestate – on **APPROXIMATELY OCTOBER 2016**, domiciled in **HINO-SHI, TOKYO.**

(Check one of the following) - □ Bond is dispensed with by the Will - ☒ Bond is dispensed with by law - □ Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust. The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

2/1/19
Date

MARK J. BARTOLOTTA, Probate Judge

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

MARK J. BARTOLOTTA
Probate Judge

Deputy Clerk Joan M Alspach

08-02-22
Date

(Seal)

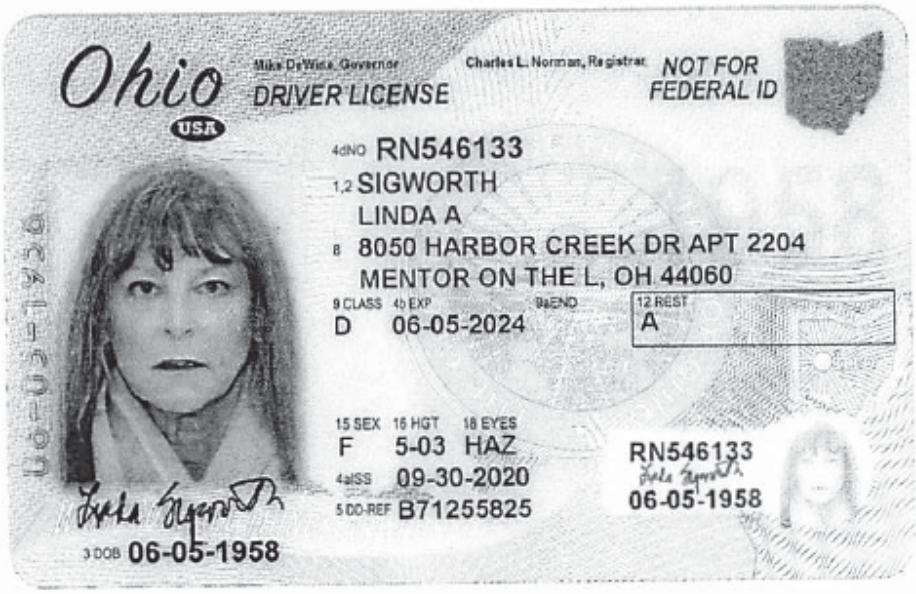
No. 6

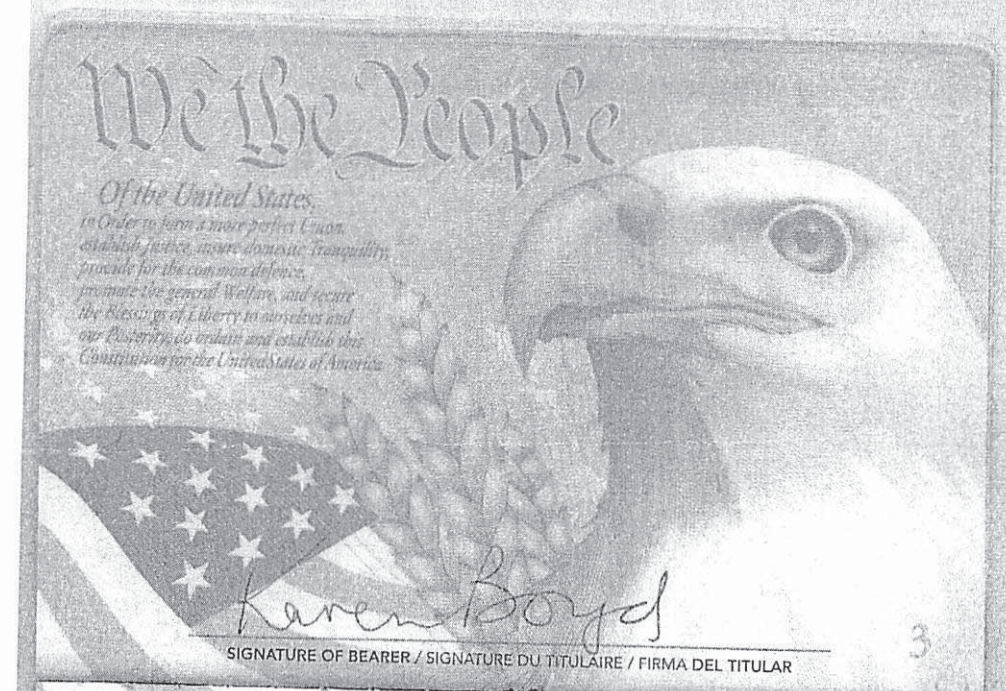
Copy of Linda Sigworth's Driver's License.

Copy of Karen Boyd's U.S. Passport.

Verifies the legal identity of both heirs.

(6)


Ohio
USA
Mike DeWine, Governor
Charles L. Norman, Registrar
DRIVER LICENSE
NOT FOR FEDERAL ID
4dNO RN546133
1,2 SIGWORTH
LINDA A
8 8050 HARBOR CREEK DR APT 2204
MENTOR ON THE L, OH 44060
9 CLASS 4b EXP 9aEND
D 06-05-2024
12 REST
A
15 SEX 16 HGT 18 EYES
F 5-03 HAZ
4a ISS 09-30-2020
5 DD-REF B71255825
3 DOB 06-05-1958
RN546133
06-05-1958



PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 531404669

Surname / Nom / Apellidos
BOYD

Given Names / Prénoms / Nombres
KAREN SUE

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
07 Sep 1960

Place of birth / Lieu de naissance / Lugar de nacimiento
OHIO, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
17 Apr 2015

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
16 Apr 2025

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USABOYD<<KAREN<SUE<<<<<<<<<<<<<<<<<<<<<<<<<<<<
5314046696USA6009072F2504166267570660<895298

No. 7

Copies of death certificates for both of Mr. Katona's parents. Confirms that they each predeceased Mr. Katona.

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

(7)

Reg. Dist. No. 43
Primary Reg. Dist. No. 4300
Registrar's No. 4300-2013-000509

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

State File No. 2013029067

DECEDENT

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix): LESLIE W KATONA
2. Sex: Male
3. Date of Death (Mo/Day/Year): March 20, 2013
4. Social Security Number:
5a. Age (Years): 81
5b. Under 1 Year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of Birth (Mo/Day/Year): September 15, 1931
7. Birthplace (City and State or Foreign Country): DUQUESNE, PENNSYLVANIA
8a. Residence State: OHIO
8b. County: LAKE
8c. City or Town: PAINESVILLE TOWNSHIP
8d. Street and Number: 261 Meadows Drive
8e. Apt. No.:
8f. Zipcode: 44077
8g. Inside City Limits? No
9. Ever in US Armed Forces? Yes
10. Marital Status at Time of Death: Widowed (and not remarried)
11. Surviving Spouse's Name (If wife, give name prior to first marriage)
12. Decedent's Education: HIGH SCHOOL GRADUATE OR GED
13. Decedent of Hispanic Origin? No
14. Decedent's Race: White
15. Father's Name: JOHN KATONA
16. Mother's Name (prior to first marriage): MARY ESTU
17a. Informant's Name: LINDA SIGWORTH
17b. Relationship to Decedent: Daughter
17c. Mailing Address (Street and Number, City, State, Zip Code): 4301 Loreto Landing Drive, PERRY, OHIO 44081

DISPOSITION

18a. Place of Death: Daughters Home
18b. Facility Name (If not Institution, give street & number): 4301 Loreto Landing Drive
18c. City or Town, State and Zip Code: PERRY, OH 44081
18d. County of Death: LAKE
19. Signature of Funeral Service Licensee or Other Agent: Lisa M. Potti
20. License Number (of licensee): 007688
21. Name and Complete Address of Funeral Facility: POTTI FUNERAL HOME, 1009 MENTOR AVE, PAINESVILLE, OH 44077
22a. Method of Disposition: Cremation
22b. Date of Disposition: 3.28.2013
22c. Place of Disposition (Name of Cemetery, Crematory, or other place): NORTH SHORE CREMATORY
22d. Location (City/Town and State): MADISON, OH

REGISTRAR

23. Registrar's Signature: Vicki Estep
24. Date Filed: March 28, 2013
25a. Name of Person Issuing Burial Permit: ESTEP, VICKI
25b. District No.: 4300
25c. Date Burial Permit Issued: 3-28-2013

CERTIFIER

26a. Certifier (Check only one)
[X] 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.
[ ] 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: 07:15
26c. Date Pronounced Dead (Mo/Day/Year): March 20, 2013
26d. Was case referred to coroner? No
26e. Signature and Title of Certifier: Afshin Dowlati MD
26f. License number: 35.076391
26g. Date Signed: 3/27/13
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death: DOWLATI, AFSHIN, 11100 EUCLID AVE CLEVELAND, OH 44106

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. METASTATIC NON-SMALL CELL LUNG CANCER	4 MONTHS
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.

29a. Was An Autopsy Performed? [ ] Yes [X] No
29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? [ ] Yes [ ] No [X] Not Applicable
30. Did Tobacco Use Contribute to Death? [ ] Yes [ ] Unknown [ ] No [X] Probably
31. If Female, Pregnancy Status: [ ] Not pregnant within past year; [ ] Pregnant at time of death; [ ] Not pregnant, but pregnant within 42 days of death; [ ] Not pregnant, but pregnant 43 days to 1 year before death; [ ] Unknown if pregnant within the past year
32. Manner of Death: [X] Natural; [ ] Homicide; [ ] Accident; [ ] Pending Investigation; [ ] Suicide; [ ] 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? [ ] Yes [ ] 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: [ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other:

HEA 2724 Rev. 01/07

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Reg. Dist. No. 43
Primary Reg. Dist. No. 4300
Registrar's No. 4300-2011-000574

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

State File No.

483027

DECEDENT

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix)	2. Sex	3. Date of Death (Mo/Day/Year)
JULIA ANN KATONA	Female	April 18, 2011

4. Social Security Number	5a. Age (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 day: Hours / Minutes	6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)
	78			May 14, 1932	CRESCENT, OHIO

8a. Residence State	8b. County	8c. City or Town	8d. Street and Number	8e. Apt. No.	8f. Zipcode	8g. Inside City Limits?
OHIO	LAKE	PAINESVILLE	261 MEADOWS DRIVE		44077	No

9. Ever in US Armed Forces?	10. Marital Status at Time of Death	11. Surviving Spouse's Name (If wife, give name prior to first marriage)
No	Married	LES KATONA

12. Decedent's Education	13. Decedent of Hispanic Origin	14. Decedent's Race
HIGH SCHOOL GRADUATE OR GED	No	White

15. Father's Name	16. Mother's Name (prior to first marriage)
BARNEY KATONA	BRIDGET HRNNYAK

17a. Informant's Name	17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)
LES KATONA	Husband	261 MEADOWS DRIVE PAINESVILLE, OHIO 44077

18a. Place of Death	18b. Facility Name (If not Institution, give street & number)	18c. City or Town, State and Zip Code	18d. County of Death
Decedent's Home	261 MEADOWS DRIVE	PAINESVILLE, OH 44077	LAKE

DISPOSITION

19. Signature of Funeral Service Licensee or Other Agent	20. License Number (of licensee)	21. Name and Complete Address of Funeral Facility
Lisa M. Potti	007688	POTTI FUNERAL HOME 1009 MENTOR AVE PAINESVILLE, OH 44077

22a. Method of Disposition	22b. Date of Disposition	
Burial	April 22, 2011	

22c. Place of Disposition (Name of Cemetery, Crematory, or other place)	22d. Location (City/Town and State)
RIVERSIDE CEMETERY	PAINESVILLE, OH

REGISTRAR

23. Registrar's Signature	24. Date Filed
Vicki Estep	April 26, 2011

25a. Name of Person Issuing Burial Permit	25b. District No.	25c. Date Burial Permit Issued
ESTEP, VICKI	4300	April 22, 2011

CERTIFIER

26a. Certifier (Check only one)

- [X] 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.
- [ ] 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	26c. Date Pronounced Dead (Mo/Day/Year)	26d. Was case referred to coroner?
11:30	April 18, 2011	No

26e. Signature and Title of Certifier		26f. License number	26g. Date Signed
Rana Hejal	MD	35.061240	4/25/11

27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death
HEJAL, RANA BASHIR, UHCase Medical Center, 11100 Euclid Ave CLEVELAND, OH 44106

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. progressive pulmonary fibrosis	years
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	b. Due to (or as Consequence of): non-small cell lung cancer	years
	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.

29a. Was An Autopsy Performed?	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
[ ] Yes [X] No	[ ] Yes [ ] No [X] Not Applicable

30. Did Tobacco Use Contribute to Death?	31. If Female, Pregnancy Status	32. Manner of Death	
[ ] Yes [ ] Unknown	[X] Not pregnant within past year	[X] Natural	[ ] Homicide
[X] No [ ] Probably	[ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year	[ ] Accident	[ ] Pending Investigation
		[ ] Suicide	[ ] 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?
			[ ] Yes [ ] 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:
	[ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other:

HEA 2724 Rev. 01/07

I CERTIFY THIS IS AN EXACT COPY OF THE RECORD WITH THE OHIO DEPARTMENT OF HEALTH

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

No. 8

Copy of the last available bank ledger for Mr. Katona's account.

No. 9

Copies of verifications regarding the affiliated Attorney, Lindsay C. Jones. Includes:

1. Certificate of Good Standing.
2. Attorney Registration Card (front and back).
3. Copy of Driver's License.

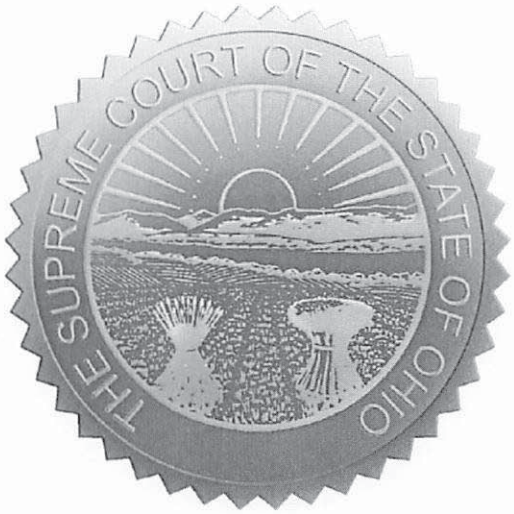
THE SUPREME COURT *of* OHIO

CERTIFICATE OF GOOD STANDING

I, GINA WHITE PALMER, Director of the Attorney Services Division of the Supreme Court of Ohio, do hereby certify that I am the custodian of the records of the Office of Attorney Services of the Supreme Court and that the Attorney Services Division is responsible for reviewing Court records to determine the status of Ohio attorneys. I further certify that, having fulfilled all of the requirements for admission to the practice of law in Ohio,

Lindsay Caitlin Jones
Attorney Registration No. **79789**

was admitted to the practice of law in Ohio on November 7, 2005; has registered as an active attorney pursuant to the Supreme Court Rules for the Government of the Bar of Ohio; is in good standing with the Supreme Court of Ohio; and is entitled to practice law in this state.



IN TESTIMONY WHEREOF, I have subscribed my name and affixed the seal of the Supreme Court, this 20th day of September, 2021.

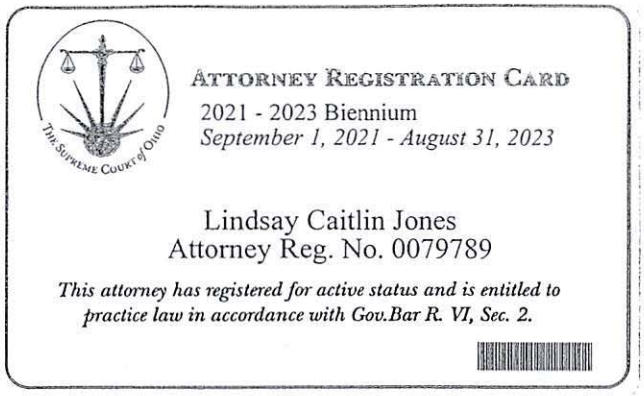
GINA WHITE PALMER
Director, Attorney Services Division

Bradley J. Martinez
Attorney Services Counsel

No. 2021-09-20-1
Verify by email at GoodStandingRequests@sc.ohio.gov

9

(Front of Registration Card)



ATTORNEY REGISTRATION CARD
2021 - 2023 Biennium
September 1, 2021 - August 31, 2023

Lindsay Caitlin Jones
Attorney Reg. No. 0079789

This attorney has registered for active status and is entitled to practice law in accordance with Gov.Bar R. VI, Sec. 2.

(Back of Registration Card)

THE SUPREME COURT *of* OHIO
Office of Attorney Services

This card does not verify good standing.
To request a certificate of good standing,
go to sc.ohio.gov/AttySvcs/GoodStandingRequest.

Signature

65 South Front Street, Columbus, Ohio 43215-3431
614.387.9320 ■ Fax 614.387.9323 ■ AttyReg@sc.ohio.gov ■ SupremeCourt.ohio.gov

(Ohio Driver's License)

No. 10

Copy of Authorization signed by Linda Sigworth, authorizing Attorney Lindsay C. Jones to survey Mr. Katona's account and request and receive information.

(10)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, Linda Sigworth, Administrator of the of Gary Leslie Katona Estate in Lake County, Ohio Probate Court Case No. 19 ES 1052 have retained Attorney Lindsay C. Jones of the law firm Schraff Thomas Law, LLC located at 2802 S.O.M. Center Road, Willoughby Hills, Ohio 44094 USA, to assist me with the administration of the Estate. I hereby authorize The Yamanashi Chuo Bank, Ltd to furnish Attorney Lindsay C. Jones and/or her law firm, Schraff Thomas Law, LLC, with any and all information which may be requested regarding Gary Leslie Katona, and/or any account pertaining to Gary Leslie Katona; and further authorize the discussion and disclosure of any bank statements of any accounts of Gary Leslie Katona with said attorney and/or law firm.

(X) Linda A Sigworth

LINDA SIGWORTH, Administrator
of the Estate of Gary Leslie Katona

Date: _____