

EXHIBIT

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ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

11-27452

County File Number

State File Number 101

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TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

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1. DECEASED - NAME First Middle Last (Type last name of capital)		2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
Charles David FANCHER		August 1, 2011		Autauga	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE			5. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - (If not in either, give street & no number)		
Prattville 36066			Prattville Baptist Medical Center		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, OCA)		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.		10. SEX	
Inpatient		No		White Male	
11. AGE		13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
54		[REDACTED]		[REDACTED]	
15. EDUCATION (Specify ONLY the highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If wife, give maiden name)	
Elementary or High School (0-12) 2		Never Married		[REDACTED]	
19. STATE OF BIRTH (If not in USA, state country)		20. RESIDENCE - STATE		21. COUNTY	
Alabama		Alabama		Montgomery	
22. CITY, TOWN, OR LOCATION AND ZIP CODE		23. RESIDENCE - CITY		24. STREET AND NUMBER	
Montgomery, AL 36117		Montgomery		Pat Fancher	
25. USUAL OCCUPATION (Give kind of work being done at time of death)		26. KIND OF BUSINESS OR INDUSTRY		27. MOTHER'S MAIDEN NAME (First Middle Last)	
IT Director		Transportation		Patricia Ann Otwell	
28. FATHER - NAME (First Middle Last)		29. MOTHER'S MAIDEN NAME (First Middle Last)		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	
Walter Leonard Fancher		Patricia Ann Otwell		Burial	
31. DATE OF BURIAL (Month, Day, Year)		32. CEMETERY OR CREMATORY - Name		33. LOCATION - City or Town - State	
Aug 4, 2011		Highland Memorial Gardens		Bessemer, AL	
34. FUNERAL HOME - Name and Address		35. FUNERAL DIRECTOR - Signature		36. DATE SIGNED BY FUNERAL DIRECTOR	
475 Cahaba Valley Rd, Pelham, AL 35124		[Signature]		Aug 5, 2011	
37. Certifying Physician (Physician certifying cause of death) To the best of my knowledge and belief, and due to the cause and manner stated, I certify that the death of the deceased was due to the cause and manner stated.		38. DATE SIGNED (Month, Day, Year)		39. TIME AND DATE OF DEATH	
Medical Examiner - Coroner [Signature]		August 1, 2011		06:02 8/1/2011	
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 48)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 48)		42. DEPTER LICENSE NUMBER	
124 South Memorial Drive, Prattville, AL 36066		Joel C. Sullivan, MD		10094	
43. REGISTRAR - Signature		44. DATE FILED (Month, Day, Year)		45. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
[Signature]		August 10, 2011		10 min	

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of entry, such as cardiac or respiratory arrest, shock, or brain failure. LIST ONLY ONE CAUSE ON EACH LINE.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Blunt Trauma		10 min	
DUE TO (OR AS A CONSEQUENCE OF) Motor Vehicle Accident			
DUE TO (OR AS A CONSEQUENCE OF)			
DUE TO (OR AS A CONSEQUENCE OF)			
47. PART II. Only significant conditions contributing to death but not resulting in the underlying cause given in Part I.		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)	
49. MANNER OF DEATH (Specify Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. AUTOPSY (Specify Yes or No)	
Accident			
51. HOW INJURY OCCURRED (Enter nature of injury to item 46, Part I, or item 47, Part II)		52. DATE OF INJURY (Month, Day, Year)	
53. INJURY AT WORK (Specify Yes or No)		54. HOUR OF INJURY	
55. PLACE OF INJURY (Specify if home, farm, store, factory, office, etc.)			
56. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)			

This is a legal record and must be filed within five (5) days after death.

AUG 12 2011

ADPH-115 2/11/11 11-25

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2011-345-302-2

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

August 17, 2011

SSN 416 82 7063

Fancher, Charles

NAME OF DECEASED

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