VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

3107922 COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

MEDICAL EXAMINER'S CERTIFICATE

DATE RECORD FILED: MARCH 30, 2021
STATE FILE NUMBER: 21-021116

1. FULL NAME OF DECEDENT: DONOVON (first) WAYNE (middle) LYNCH (last) (suffix)
2. SEX: ☐ MALE ☐ FEMALE ☐ NOT DETERMINED
3. DATE OF DEATH: MARCH 27, 2021 ☐ ACTUAL ☐ PRESUMED ☐ APPROXIMATE ☐ FOUND
4. DATE OF BIRTH: APRIL 17, 1995
5. AGE: Years 25 — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 DAY: Hours, Minutes
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO ☐ UNKNOWN
7. BIRTHPLACE (U.S STATE OR FOREIGN COUNTRY): VIRGINIA
8. SOCIAL SECURITY NUMBER: 228 - 73 - 4197 — IF NO SSN, CHECK APPROPRIATE BOX: ☐ NONE ☐ NOT OBTAINABLE ☐ UNKNOWN
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.): 5428 SAFE HARBOUR WAY
10. CITY OR TOWN OF RESIDENCE: VIRGINIA BEACH — INSIDE CITY OR TOWN LIMITS? ☑ YES ☐ NO
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank):
12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: VIRGINIA — 12a. ZIP CODE: 23462
13. RACE OF DECEDENT (CHECK ONE OR MORE)
☐ WHITE ☑ BLACK OR AFRICAN AMERICAN ☐ FILIPINO ☐ KOREAN ☐ AMERICAN INDIAN OR ALASKAN NATIVE(SPECIFY)
☐ ASIAN INDIAN ☐ CHINESE ☐ SAMOAN ☐ VIETNAMESE ☐ OTHER PACIFIC ISLANDER(SPECIFY)
☐ NATIVE HAWAIIAN ☐ GUAMANIAN OR CHAMORRO ☐ JAPANESE ☐ UNKNOWN ☐ OTHER ASIAN (SPECIFY)
☐ OTHER (SPECIFY)
14. DECEDENT OF HISPANIC ORIGIN?
☑ NON-HISPANIC ☐ CENTRAL OR SOUTH AMERICAN ☐ CUBAN ☐ MEXICAN ☐ PUERTO RICAN ☐ OTHER (SPECIFY) ☐ UNKNOWN
15. EDUCATION (HIGHEST GRADE COMPLETED)
☐ ELEMENTARY/SECONDARY (0-12) ☐ HIGH SCHOOL DIPLOMA ☐ GED ☐ YEARS OF COLLEGE
☐ ASSOCIATE DEGREE ☑ BACHELOR'S DEGREE ☐ MASTER'S DEGREE ☐ DOCTORATE/PROFESSIONAL DEGREE ☐ UNKNOWN
16. CITIZEN OF WHAT COUNTRY: UNITED STATES OF AMERICA
17. USUAL OR LAST OCCUPATION: ENTREPRENEUR
18. KIND OF BUSINESS OR INDUSTRY: SMALL BUSINESS
19. MARITAL STATUS
☑ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ UNKNOWN
20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)
21. FULL NAME OF DECEDENT'S FATHER OR PARENT I(first,middle,last,suffix)(maiden name,if any): WAYNE LYNCH — 21a. GENDER: MALE
22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I(first,middle,last,suffix)(maiden name,if any): MARVA SILLS — 22a. GENDER: FEMALE
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION: FATHER/PARENT II
24. FULL NAME OF INFORMANT OR NAME OF SOURCE: WAYNE LYNCH
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): NONE
25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL: ☐ DOA ☐ OUT PAT. EMER RM ☐ INPATIENT
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ HOSPICE FACILITY ☐ NURSING HOME ☐ LONG TERM CARE FACILITY ☐ DECEDENT'S HOME ☐ CORRECTIONAL FACILITY ☑ OTHER (SPECIFY) ROAD
27. CITY OR TOWN OF DEATH: VIRGINIA BEACH
28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH: 20TH STREET
28a. ZIP CODE:
28b. COUNTY OF DEATH (if independent city, leave blank):
29. METHOD OF DISPOSITION
☑ BURIAL ☐ ENTOMBMENT / MAUSOLEUM ☐ CREMATION / INCINERATION ☐ CREMATION WITH BURIAL ☐ CREMATION WITH ENTOMBMENT / MAUSOLEUM
☐ BURIAL AT SEA ☐ DONATION ☐ OTHER (SPECIFY)
☐ REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY: PRINCESS ANNE MEMORIAL PARK
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY: 1110 NORTH GREAT NECK ROAD
31a. CITY / COUNTY: VIRGINIA BEACH
31b. STATE: VIRGINIA
31c. ZIP CODE: 23454
31d. COUNTRY:
32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE): /S/ KEVIN ANDRE SANDERLIN
32a. LICENSEE'S NO.: 0502900526
32b. NAME OF FUNERAL HOME OR FACILITY: BEACH FUNERAL & CREMATION SERVICES, INC.
33. NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN: KEVIN ANDRE SANDERLIN
33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (Include street address, city, state and zip code): 4456 BONNEY RD VIRGINIA BCH VIRGINIA 23462
34. TIME OF DEATH: To the best of my knowledge, death occurred at 12:07 ☑ A.M. ☐ P.M. ☐ ACTUAL ☐ APPROXIMATE ☐ PRESUMED ☑ FOUND
35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death): (A) GUNSHOT WOUNDS TO THE TORSO AND THIGH.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): (B)
DUE TO (OR AS A CONSEQUENCE OF): (C)
DUE TO (OR AS A CONSEQUENCE OF): (D)
INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
36. WAS THE MEDICAL EXAMINER CONTACTED? ☑ YES ☐ NO
36a. AUTOPSY? ☑ YES ☐ NO
36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☑ YES ☐ NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ YES ☑ NO ☐ POSSIBLY ☐ UNKNOWN
38. IF FEMALE:
☐ PREGNANT AT TIME OF DEATH ☐ UNKNOWN IF PREGNANT WITHIN THE PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH
☐ NOT PREGNANT WITHIN PAST YEAR ☐ NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH ☐ NOT APPLICABLE (if decedent's age is 0-5 or 75 years)
39. IF EXTERNAL, TO WHAT EXTENT IF CONTRIBUTED TO CAUSE OF DEATH? ☑ PRIMARY ☐ CONTRIBUTING
40. MANNER OF DEATH: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☑ HOMICIDE ☐ UNDETERMINED ☐ PENDING
41. DATE OF INJURY: MARCH 26, 2021
42. TIME OF INJURY: 11:52 ☐ A.M. ☑ P.M
43. INJURY AT WORK? ☐ YES ☑ NO ☐ UNKNOWN
44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.): OUTDOORS
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.): 20TH STREET
45a. CITY / COUNTY: VIRGINIA BEACH
45b. STATE: VIRGINIA
45c. ZIP CODE:
45d. COUNTRY:
46. IF TRANSPORTATION INJURY, SPECIFY ☐ DRIVER/OPERATOR ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER (SPECIFY)
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED: SHOT WITH HANDGUN.
48. SIGNATURE OF MEDICAL EXAMINER: /S/ NICOLE MARIE MASIAN
48a. NAME OF MEDICAL EXAMINER: NICOLE MARIE MASIAN
48b. DATE SIGNED: MARCH 29, 2021
49. OFFICE STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.): 830 SOUTHAMPTON AVENUE SUITE 100
49a. CITY: NORFOLK
49b. STATE: VIRGINIA
49c. ZIP CODE: 23510

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED MARCH 31, 2021

Janet M. Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended. VS 15C

EXHIBIT
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Dear Sir or Madam,

This document is a record of the information provided at the time of the event. This certificate is a legal document and all information should be reviewed for accuracy.
If you have any questions or concerns please return the certificate (if necessary) with a letter of explanation to:

State Health Department
Division of Vital Records
P.O. Box 1000
Richmond, VA 23218