

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

21CP001223AX

AMENDED CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021002655

DATE ISSUED: MAY 21, 2021

DECEDENT INFORMATION

DATE FILED: JANUARY 12, 2021

NAME: WALTER E SAHM JR

DATE OF DEATH: JANUARY 5, 2021

SEX: MALE

AGE: 078 YEARS

DATE OF BIRTH: JANUARY 1, 1943

SSN: ***-**-****

PROBATE
JUN 3 2021 PM 2:59

BIRTHPLACE: EVANSVILLE, INDIANA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: THE VILLAGES REGIONAL HOSPITAL

LOCATION OF DEATH: THE VILLAGES, SUMTER COUNTY, 32159

RESIDENCE: 8230 SE 177 WINTERTHUR LOOP, THE VILLAGES, FLORIDA 32162, UNITED STATES

COUNTY: MARION

OCCUPATION, INDUSTRY: SALES MANAGER, INSURANCE

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: PATRICIA FARAGHER

FATHER'S/PARENT'S NAME: WALTER E SAHM SR

MOTHER'S/PARENT'S NAME: ANNE FREITAG

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: PATRICIA SAHM

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 8230 SE 177 WINTERTHUR LOOP, THE VILLAGES, FLORIDA 32162, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: ALEXIS GARCIA, F026901

FUNERAL FACILITY: NEPTUNE SOCIETY-SUMMERFIELD F064806

17350 SOUTH EAST 109TH TERRACE ROAD, SUMMERFIELD, FLORIDA 34491

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SOUTHEASTERN CREMATORIES
HUDSON, FLORIDA**CERTIFIER INFORMATION**

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0351

DATE CERTIFIED: JANUARY 9, 2021

CERTIFIER'S NAME: PABLO DOLDY CARDONA

CERTIFIER'S LICENSE NUMBER: ME120187

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

DATE AMENDED: 05/21/2021 ANY CERTIFICATION ISSUED PRIOR TO THE AMENDED DATE MAY BE NULL AND VOID.

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2022721434

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 4 2 4 9 4 9 4 8 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

