

AFFIDAVIT

_____ or in the City of Toronto, Province of Ontario, make oath
and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Medical Certificate (Inference) of Resident Death
3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 17th day of Jan 2025

A Notary Public in and for the
Province of Ontario

1. **CONCLUSIONS AND NOTES**

Medical Certificate (Inference) of Resident Death

The third copy: kept by the family of the deceased

Num [REDACTED]

Code of administrative division [REDACTED]

Serial number [REDACTED]

Name of deceased	[REDACTED]	Gender	Male
Nationality and region	Chinese Mainland	Nation	Han
ID number	[REDACTED]	Age	[REDACTED] years
Household address	[REDACTED] yi A [REDACTED] Street, Wuchang District, Wuhan City, Hubei Province		
Permanent address	P [REDACTED] Street, V [REDACTED] trict, V [REDACTED] vince		
Date of Birth	[REDACTED]	Date of death	September [REDACTED] am
Names of family members	[REDACTED]	Place of death	Medical and health institutions
Contact No.:	[REDACTED]		
Causes of death:	Circulatory failure		
Families address or work unit:	[REDACTED] yi A [REDACTED] Street, Wuchang District, Wuhan City, Hubei Province		
Physician / Forensic expert signature	[REDACTED]	Signature of police	Household registration police
Issuing agency (medical and health institution / public security authority) (seal)	(Opinion of the public security authority) (seal)		
Seal: [REDACTED] Hospital of [REDACTED] Medical College of [REDACTED] Science and Technology	Seal: Y [REDACTED]		
Date: September 22, 2024			

Note: 1. The families of the deceased hold this association to the public security institutions to affix their seals; 2. The certificate is invalid without the signature doctor and police, and the seal of medical and health institutions and police station. 3. The cause of death outside the medical facility is postmortem inference.

Barrister, Solicitor and Notary

2024

iam



居民死亡医学证明（推断）书

第三联死者家属保存

行政区划代码

流水号

死者姓名		性别	男
国家或地区	中国大陆	民族	汉族
证件号码		年龄	
户籍地址	湖北省武汉市武昌区杨园街道		
常住地址	湖北省武汉市武昌区杨园街道		
出生日期		死亡日期	2021年11月11日11时38分
家属姓名		死亡地点	医疗卫生机构
联系电话			
死亡原因	循环衰竭		
家属住址或单位	湖北省武汉市武昌区杨园街道		
医师签名	夏佩	民警签名	
医疗卫生机构（盖章）		（盖章）	
2021年11月11日		2021年11月11日	

注：①死者家属持此联到公安机关备案；②无医师及民警签名、医疗卫生机构及派出所盖章无效；③死于救治机构以外的死亡原因系死后推断。

I certify that this is a true copy
of the original document

Date: 17th day of Jun, 2021