



MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE
(Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays : **Canada**

This public document / Le présent acte public

2. has been signed by / a été signé

3. acting in the capacity of / agissant en
qualité de

Notary Public

4. bears the seal / stamp of / est revêtu du
sceau / timbre de

Notary Public

Certified
Attesté

5. at / à

Toronto, Ontario

6. the / le **2026-03-09**

7. by / par

8. N° / sous n°

9. Seal / stamp / Sceau / timbre :

10. Signature / Signature :



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AFFIDAVIT

I, **WEN GUO**, translator 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 English into Chinese with regard to the following document:

Statement of 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 5th day of March, 2026

A Notary Public in and for
Province of Ontario

WEN GUO
Barrister, Solicitor, Notary Public
Markham

Wen Guo

WEN GUO



Ontario
Office of the Registrar General
Bureau du registraire général

Certified A True
Photostatic
Print of a Record

Photocopie certifiée
conforme d'un document

on file at the
Office of the Registrar General
Ontario, Canada

déposée aux dossiers du
Bureau du registraire général
(Ontario) Canada

Registration Number:
Numéro d'enregistrement :

Certificate number:
Numéro de certificat : P

Date issued:
Date de délivrance :

File number:
Numéro de dossier :

2017
PAGE

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Ontario

Ministry of
Government Services

Office of the
Registrar General

Statement of death - Form 15

Note: Form 7 must be completed for stillbirths. This is a permanent record.

Please PRINT clearly in blue or black ink.

Hospital code number

INFORMATION ABOUT THE DECEASED

1. Last name
2. Social insurance number (optional)
3. First and middle names Sex (M or F)
4. Date of death (d/m/y) 5. Date of birth (d/m/y) 6. City and province where born (if outside Canada, state the country)
7. Age at time of death (years) If less than a year old (months and days) If less than a day old (hours and minutes)
8. Place of death (name of facility or location) hospital nursing home residence other (please specify)
City, town, village or township regional municipality, county or district
9. Name of physician/coroner/other who pronounced death 10. Marital or relationship status (check one)
11. Last name of the deceased's spouse or partner (before this marriage or relationship)
12. Type of work done most of working life 13. Type of business or industry that the deceased worked in most of working life
14. Deceased's usual residence (street number and name, city, province, postal code) (do not use post office or rural route)
15. City and province where father was born (if outside of Canada, state the country) 16. Father's name (last, first)
17. City and province where mother was born (if outside of Canada, state the country) 18. Mother's maiden name (last, first)

TO BE COMPLETED BY THE PERSON PROVIDING THIS INFORMATION

19. Name (last, first, middle) 20. Relationship to deceased
21. Signature
22. Address (street number and name, city, province, postal code)
Date (d/m/y)

TO BE COMPLETED ONLY BY THE FUNERAL DIRECTOR OR PERSON(S) IN CHARGE OF REMAINS

23. Type of disposition (burial, cremation or if other specify) 24. Proposed date of disposition (d/m/y)
25. Name and address of proposed cemetery, crematorium or place of disposition
26. Name of funeral director (last, first, middle) 27. Name of funeral home
28. Address of the funeral home (street number and name, city, province, postal code)
29. Signature of funeral director 30. Business code number 31. Date (d/m/y)

TO BE COMPLETED ONLY BY THE DIVISION REGISTRAR

Name of person who issued burial Place of issue Date issued (d/m/y)
By signing below, I am satisfied with the information in the Medical certificate of death and this Statement of death is correct and sufficient and I agree to register the death.
Date (d/m/y) Registration number Div. Reg. code number

For the use of the Office of the Registrar General only

APR 2 2017

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay ON P7B 6L8 Telephone 1 800 461-2156 or 416 325-8305.

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I certify that this is a true copy
of the original document
Date: 15 of March, 2026

Alexandra Schmidt
Deputy Registrar General
Registraire générale adjointe
de l'état civil

---CERTIFIED COPY---
NOT VALID WITHOUT ALL PAGES

安大略省

注册编号:

2017 05
第1页, 共2页

总注册官办公室

已公证的记录复印件

加拿大安大略省总注册官
办公室存档

证书号码:

P 300000

签发日期:

2017年05月15日

文件号:

01000000

死亡声明书 - 表 15

医院编号

安大略省

政府消费者服务部

总注册官办公室

注: 死产必须填写表格 7, 这是永久的法律记录。请用蓝色或黑色墨水书写清楚。

死者信息		
1. 姓氏: [redacted]		2. 社会保险号码 (可选):
3. 名和中间名: [redacted]		性别: 男
4. 死亡日期: 2017年05月01日	5. 出生日期: 19[redacted]年[redacted]月[redacted]日	6. 出生的城市和省 (如果在加拿大以外, 说明国家) [redacted], 中国
7. 死亡时年龄 (年份) [redacted] 岁	如果小于一岁 (月和日)	如果小于一天 (小时和分钟)
8. 死亡地点 (机构名称或地点) [redacted] <input checked="" type="checkbox"/> 医院 <input type="checkbox"/> 疗养院 <input type="checkbox"/> 居所 <input type="checkbox"/> 其他 (请具体说明)		
城市、城镇、村庄或乡镇 多伦多		区域市镇、国家或地区
9. 宣布死亡的医生/验尸官/其他宣布死亡的人 F [redacted]		10. 婚姻或感情状况 ((请选择) <input type="checkbox"/> 未婚 <input checked="" type="checkbox"/> 已婚 <input type="checkbox"/> 寡居 <input type="checkbox"/> 离婚 <input type="checkbox"/> 同居 <input type="checkbox"/> 同性伴侣
11. 死者的配偶或伴侣姓氏或婚前姓 (在本婚姻或关系之前): [redacted]		
12. 从事的工作类型-工作生涯的大部分时间: 工程师		13. 死者在大多数职业生涯中的商业或行业类型: 出口贸易
14. 死者的常住地 (街道编号和名称、城市、省、邮政编码) (不能使用邮箱或乡村路线) [redacted]		
15. 父亲出生的城市和省 (如果在加拿大以外, 说明国家) 甘肃, 中国		16. 父亲的姓名 (姓、名)
17. 母亲出生的城市和省 (如果在加拿大以外, 说明国家) 甘肃, 中国		18. 母亲娘家的姓名 (姓、名)
仅由提供此信息的个人完成:		
19. 姓名 (姓、名、中间名): [redacted]		20. 与死者的关系: 妻子
21. 签名: [redacted]		22. 地址 (街道编号和名称、城市、省、邮政编码) 7 [redacted]
23. 日期 (年/月/日): 2017年04月04日		24. 拟议处置日期 (年/月/日) 2017年04月04日
只由殡葬主任或坟场负责人填写		
25. 拟议的坟场火葬场或处置地点的名称及地址 E [redacted] St., [redacted] ON [redacted]		26. 殡仪馆名称 C [redacted] l Homes Ltd.
27. 殡仪馆姓名 (姓、名、中间名) HOEBER, KATHLEEN.		28. 殡仪馆地址 (街道编号和名称、城市、省、邮政编码) [redacted] St., Tor [redacted], [redacted]
29. 殡仪馆主任签名: [redacted]		30. 商业代码号码: [redacted]
31. 日期 (年/月/日) 2017年05月01日		32. 日期 (年/月/日) 2017年05月01日
由分区注册官完成		
签发殡葬许可人员的姓名: [redacted]		签发地点: 多伦多
33. 日期 (年/月/日): 2017年05月01日		注册号: [redacted]
34. 分区登记号码: [redacted]		35. 日期 (年/月/日): 2017年05月01日
我确信相应的死亡证明和这份死亡陈述中的信息是正确的, 我同意登记死亡。特此签名		
36. 签名: [redacted]		37. 日期 (年/月/日): 2017年05月01日
38. 注册号: [redacted]		
39. 分区登记号码: [redacted]		
仅供总注册官办公室使用		

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11105 (03/16) (2009/05) 安大略皇后印刷公司 2009

2017年05月28日

[redacted] 注册局副局长

认证过的副本
如果页面不全则无效

章: 总注册官

11105 (03/16)