

EXHIBIT D

AL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH Certificate No. 156-09-005407

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
FEB 06 2009 10:04 PM

DECEDENT'S LEGAL NAME *Thea Spyer*
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	1. Place of Death 2a. New York City 2b. Borough <i>Manhattan</i>	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	2d. Any Hospice Care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) Redacted	
	3a. (Month) (Day) (Year-YYYY) <i>February 05 2009</i>	3b. Time <i>10 15</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex <i>Female</i>	5. Date last attended by a Physician mm dd YYY <i>02 05 2009</i>	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician <i>JANE IRIS FARHI M.D.</i>		Signature <i>[Signature]</i>		M.D.	
Address Redacted		New York, N.Y. 10019		License No. <i>150875</i> Date <i>02-06-2009</i>	
7a. Usual Residence State <i>New York</i>	7b. County <i>New York</i>	7c. City or town <i>New York</i>	7d. Street and Number Redacted	Apt. No.	ZIP Code <i>10011</i>
8. Date of Birth (Month) (Day) (Year-YYYY) <i>October 08 1931</i>		9. Age at last birthday (years) <i>77</i>	10. Social Security No. Redacted		7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") <i>Clinical Psychologist Private Practice</i>			11b. Kind of business or industry		
13. Birthplace (City & State or Foreign Country) <i>Amsterdam The Netherlands</i>			14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 <input checked="" type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) <i>Edith Schlain</i>	
18. Father's Name (First, Middle, Last) <i>Willem Spyer</i>		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <i>Elisabeth Ketelhapper</i>		20c. Address (Street and Number) Apt. No. City & State ZIP Code Redacted <i>N.Y., N.Y. 10011</i>	
20a. Informant's Name <i>Edith Windsor</i>		20b. Relationship to Decedent <i>Spouse</i>		21b. Place of Disposition (Name of cemetery, crematory, other place) <i>Garden State Crematory</i>	
21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify			21d. Date of Disposition mm dd YYY <i>02-08-2009</i>		
21c. Location of Disposition (City & State or Foreign Country) <i>North Bergen New Jersey</i>			22b. Address (Street and Number) City & State ZIP Code Redacted <i>N.Y., N.Y. 10023</i>		
22a. Funeral Establishment <i>Riverside Memorial Chapel</i>					

VR 15 (Rev. 01/09)



This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar

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DATE ISSUED **February 6, 2009**

