

MICHIGAN
DRIVER LICENSE



D 140 302 403 369
DOB 05-15-1940
HERBERT JESS DIPPLE JR
19515 ROSLYN RD
DETROIT, MI 48221-1839



Sex M

Lic Type 0
Restrictions NONE

Hgt 511
End NONE



Eyes BRO

Herbert Jess Dipple Jr.

DD1607517500742

Rev 6-25-2011

LF E 0510

CF



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

027601

1. DECEDENT'S NAME (First, Middle, Last) Herbert Jess Dipple		2. DATE OF BIRTH May 15, 1940		3. SEX Male		4. DATE OF DEATH February 01, 2021	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS				6a. AGE- Last Birthday (Years) 80		6b. UNDER 1 YEAR MONTHS DAYS	
						6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH Beaumont Hospital Royal Oak				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Royal Oak		7c. COUNTY OF DEATH Oakland	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Macomb		8c. LOCALITY Sterling Heights		8d. STREET AND NUMBER 34643 Ketsin	
8e. ZIP CODE 48310		9. BIRTH PLACE Unknown, Unknown		10. SOCIAL SECURITY NUMBER 370-46-8646		11. DECEDENT'S EDUCATION Unknown	
12. RACE White		13a. ANCESTRY Caucasian		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? Unknown	
15. USUAL OCCUPATION Unknown		16. KIND OF BUSINESS OR INDUSTRY Unknown		17. MARITAL STATUS Unknown		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) Unknown Unknown				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Unknown Unknown			
21a. INFORMANT'S NAME Arthur McNamara		21b. RELATIONSHIP TO DECEDENT Administrator		21c. MAILING ADDRESS 1200 N. Telegraph, Pontiac, Michigan 48341			
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Southern Michigan Services		23b. LOCATION - City or Village, State Royal Oak, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE LaShonda D. Martin		25. LICENSE NUMBER 4501008230		26. NAME AND ADDRESS OF FUNERAL FACILITY Kemp Funeral Home & Cremation Services, 24585 Evergreen, Southfield, Michigan 48075			
27a. CERTIFIER <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (Disease) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, is my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title: L.J. Dragovic, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH 07:41 AM		28b. PRONOUNCED DEAD ON February 01, 2021		28c. TIME PRONOUNCED DEAD 07:41 AM	
27b. DATE SIGNED March 12, 2021		27c. LICENSE NUMBER 49398		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Hospital	
		32. MEDICAL EXAMINER'S CASE NUMBER 21-1744		31. IF HOSPITAL Inpatient			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN L.J. Dragovic, MD, Oakland County ME, 1200 N. Telegraph Rd. Bldg 28E, Pontiac, Michigan 48341-0438				33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
35a. REGISTRAR'S SIGNATURE Melanie Halas				35b. DATE FILED April 07, 2021			
36. PART I. ENTER the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list IF ANY, leading to the fatal on line & Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting LAST PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I Chronic Obstructive Pulmonary Disease; Valvular Heart Disease; Sarcoidosis							Approximate Interval Between Onset and Death Years
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable			
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION	

COPY

I, Melanie Halas, Clerk of the City of Royal Oak, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office.

662621

Melanie Halas

Melanie Halas
City of Royal Oak, Michigan

LAST WILL AND TESTAMENT
OF
HERBERT JESS DIPPLE JR

I, Herbert J. Dipple, a resident of Wayne County, Michigan, do hereby make, publish and declare this to be my last will and testament.

ITEM I

I hereby revoke any and all wills and codicils by me heretofore made.

ITEM II

I direct that my just debts and funeral expenses be paid as soon after my decease as may be found convenient.

ITEM III

I direct that all estate taxes, inheritance taxes and succession duties of every kind of nature that may be assessed or become payable because of my death be paid out of the residuary estate passing under this will.

ITEM IV

I devise all the residue and remainder of my estate, real and personal, of every kind and nature, and wheresoever situated, which I may own or have the right to dispose of at the time of my decease to my partner, Joel D Yglesias, but if he does not survive me, then I devise 100% of said residue to Owen Fontane, Joel's only son.

ITEM V

I hereby nominate and appoint my partner, Joel D Yglesias, as Personal Representative of this my last will and testament. If he should fail for any reason, I then nominate and appoint his father, Daniel A. Yglesias, as such Personal Representative. My Personal Representative shall have full power, without order or approval of any court (a) to mortgage, belonging to my estate; (b) to settle or adjust any and all claims or demands whatsoever against or in favor of my estate; and (c) to do any and all things necessary or expedient for the guardian or conservator by reasons of my death, I nominate the same person nominated above as personal Representative.

ITEM VI

I direct that no bond be required of the Personal Representative hereunder.

ITEM VII

I am executing this will in duplicate and if either duplicate executed by me shall be in existence at the time of my death, then it shall be allowed and admitted to probated as my last will and testament, even if one of the executed duplicates is not found.

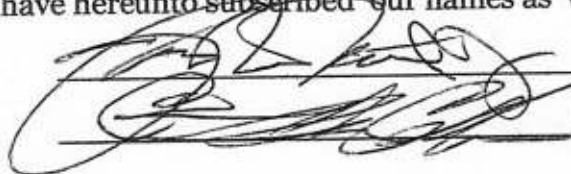
ITEM VIII

All contracts, to Joel Yglesias from 3/5/11, until my decease, is accurate and admissible as a creditor and caregiver.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of *December*, A.D., 2015.

Herbert Dipple

The foregoing instrument bearing the signature of Herbert J. Dipple, was by his on the date hereof, signed, sealed, published and declared to be his last will and testament, in our presence of each other, we believing him to be of sound and disposing mind and memory, have hereunto subscribed our names as witnesses.


12/23/2015
12/23/2015