

[illegible]

NO. _____

NAME OF DECEASED: _____

SOCIAL SECURITY: _____ DL OR ID#: _____

ADDRESS: _____

D.O.B. _____ DATE OF INQUEST: _____ DATE OF DEATH: _____

TIME OF INQUEST: TIME OF DEATH:

WHERE INQUEST WAS HELD: _____ WHERE BODY WAS FOUND: _____

AUTOPSY ORDERED: CERTIFIED: DATE OF CERTIFICATION:

DESCRIPTION OF DECEASED:

REPORT AND

FINDINGS:

I, Karin E. Knolle, a Justice of the Peace in and for Jim Wells County, Texas, do hereby certify that said inquest was held before me, on the day mentioned and that the proceedings in said inquest, as described above, are correct.

Date: _____

(Continuation)

NO.: _____ NAME: _____

REPORT AND FINDINGS: _____

I, Karin E. Knolle, a Justice of the Peace in and for Jim Wells County, Texas, do hereby certify that said inquest was held before me, on the day mentioned and that the proceedings in said inquest, as described above, are correct.

Date: _____