

CERTIFIED COPY

302 VIRGIN ISLANDS OF THE UNITED STATES DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 153-22-000302

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED - NAME Ryan William Greene FIRST MIDDLE LAST SEX Male DATE OF DEATH 16, 2022

RACE White AGE 50 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH Dec. 16, 1971 COUNTRY OF DEATH St. Thomas

CITY, TOWN, OR LOCATION OF DEATH Charlotte Amalie INSIDE CITY LIMITS I SPECIFY YES OR NO HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Peterborg Via Little Magens

STATE OF BIRTH (IF NOT IN U.S.A., NAME) Fort Worth, TX CITIZEN OF WHAT COUNTRY US MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) N/A SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

SOCIAL SECURITY NUMBER 451-79-6647 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR) Lawyer MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) N/A SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

RESIDENCE - STATE USVI COUNTY St. Thomas CITY, TOWN, OR LOCATION Charlotte Amalie KIND OF BUSINESS OR INDUSTRY Law Office INSIDE CITY LIMITS I SPECIFY YES OR NO STREET AND NUMBER 15 B Norre Gade

FATHER - NAME Richard Greene MOTHER - MAIDEN NAME Karen Dodson

INFORMANT - NAME Kelly Tepera MAILING ADDRESS 3908 Sagamore Hill Ct. Plano, TX 75025

PART I. DEATH WAS CAUSED BY: (a) Drowning (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Accident DATE OF INJURY (MONTH, DAY, YEAR) October 16, 2022 HOUR 1808 M. 200. DROWNING HOW INJURY OCCURRED: ENTER NATURE OF INJURY IN PART I, ITEM 18 I

INJURY AT WORK PLACE OF INJURY Magens Bay Beach LOCATION Magens Bay Beach-Petersborg St. Thomas, VI (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION - MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON BODY AFTER DEATH. I DID/DID NOT VIEW THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

DPNR-CCZP RECEIVED BY: DATE: 10-21-2024

I HEREBY CERTIFY that the attached is a true and correct copy of the Certificate of Death of Ryan William Greene as made from the certificate of such death filed in this office in accordance with law.

SIGNED Lorraine Benjamin-Matthew OFFICIAL TITLE Director of Vital Records & Statistics DATE October 27, 2022 ADDRESS Charlotte Amalie, St. Thomas

HD-hp

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

BURIAL