

CERTIFICATE OF DEATH

RECORDED DISTRICT 2201 REGISTERED NUMBER 431

1. NAME: FIRST MIDDLE LAST Lawrence G. Malbeuf 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR 09 06 95 3B. HOUR: 5:15 a.m.

4A. PLACE OF DEATH: HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify) 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 09 05 95

4C. NAME OF FACILITY: (If not facility give address) Samaritan Medical Center 4D. LOCALITY: (Check one and specify) CITY OF VILLAGE OF TOWN OF 4E. COUNTY OF DEATH: Jefferson

4F. MEDICAL RECORD NO. 272431 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)

5. DATE OF BIRTH: MONTH DAY YEAR Feb. 14 1931 6. AGE: IF UNDER 1 YEAR IF UNDER 1 DAY 64 yrs. 7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Lewisburg, New York 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? NO YES (Specify years) 0, 1, 1950-54 9. RACE: (Black, White, etc.) White 10. HISPANIC ORIGIN? (If yes, specify) NO YES 11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5-)

12. SOCIAL SECURITY NUMBER: 072 24 1737 13. MARITAL STATUS: NEVER MARRIED MARRIED OR SEPARATED WIDOWED DIVORCED 14. SURVIVING SPOUSE: (If wife, provide maiden name) Evelyn Peck

15A. USUAL OCCUPATION: (Do not enter retired) Laboratory Supervisor 15B. KIND OF BUSINESS OR INDUSTRY: Mining 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Gouverneur Talc, Gouverneur, NY

16A. RESIDENCE, STATE: New York 16B. COUNTY: Lewis 16C. LOCALITY: (Check one and specify) CITY OF VILLAGE OF TOWN OF Diana 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO

16D. STREET AND NUMBER OF RESIDENCE: North Shore Road - Lake Bonaparte 16E. ZIP CODE: 13648 16F. IF NO, SPECIFY TOWN: Diana

17. NAME OF FATHER: FIRST MI LAST Nelson Malbeuf 18. MAIDEN NAME OF MOTHER: FIRST MI LAST Anna McIntyre

19A. NAME OF INFORMANT: Evelyn Malbeuf 19B. MAILING ADDRESS: (include zip code) P.O. Box 143 Harrisville, New York 13648

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Burial 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Hillside Cemetery 20C. LOCATION: (City or town and state) Natural Bridge, New York

21A. NAME AND ADDRESS OF FUNERAL HOME: Bossuot Lundy Funeral Home 500 State St. Carthage, New York 13619 21B. REGISTRATION NUMBER: 00195

22A. NAME OF FUNERAL DIRECTOR: Samuel P. Lundy 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature] 22C. REGISTRATION NUMBER: 03038

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH DAY YEAR 9 17 95 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature] 24B. DATE ISSUED: MONTH DAY YEAR 9 17 95

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: Charles Romero 25B. THE PHYSICIAN ATTENDED THE DECEASED 25C. LAST SEEN ALIVE BY ATTENDANT: 25D. NAME OF ATTENDING PHYSICIAN: Charles Romero 25E. ATTENDING PHYSICIAN LICENSE NUMBER: 1439

25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: 25B. PRONOUNCED DEAD 25C. HOUR: 25D. DATE SIGNED: 25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: 25F. ME/COR. PHYS. LICENSE NUMBER:

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A. 826 Washington St. Watertown NY 13601

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) Medrotheloma, Thoracic, (B) Due to or as a consequence of: (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: 31B. LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 8 MONTHS? NO YES 33B. DATE OF DELIVERY: MONTH DAY YEAR

EXHIBIT 7