

PROBATE COURT OF ASHTABULA, COUNTY
JUDGE ALBERT S CAMPLESE

FILED

MAY 05 2023

ESTATE OF LINDA S JANSON, DECEASED
CASE NO 2023 ES 00198

ALBERT S CAMPLESE
PROBATE JUDGE

ENTRY APPOINTING FIDUCIARY, LETTERS OF AUTHORITY
(FOR EXECUTORS AND ALL ADMINISTRATORS)

Name and Title of Fiduciary **JUSTIN D JANSON, Executor, of 1272 MECHANICSVILLE RD,
ROCK CREEK, OH 44084**

On hearing in open court the application of the above Fiduciary for authority to administer decedent's estate, the Court finds that **LINDA S JANSON, Decedent, died**

(Check One of the following)

TESTATE INTESTATE on 10/19/2022, domiciled in 1540 MECHANICSVILLE RD,
ROCK CREEK, OH 44084

(Check One of the following)

- Bond is dispensed with by the will -
- Bond is dispensed with by law -
- Applicant has executed and filed an appropriate bond, which is approved by the court,

Applicant is suitable and competent person to execute the trust

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate The entry of appointment constitutes the Fiduciary's Letters of Authority

5/5/23
DATE

Albert S. Campese
ALBERT S CAMPLESE, PROBATE JUDGE

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above documents is a true copy of the original kept by me as custodian of the records of this court It constitutes the appointment and Letters of Authority of the named fiduciary who is qualified and acting in such capacity

Albert S. Campese
PROBATE JUDGE

BY *Justin B. Baglieri*
DEPUTY CLERK

4/2/2024
DATE

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Primary Reg. Dist. No. 0400
 Registrar's No. 2022000610

Ohio Department of Health - Vital Statistics
CERTIFICATE OF DEATH

State File No. 2022110202

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) LINDA S JANSON						2. Sex FEMALE	3. Date of Death (Month/Day/Year) OCTOBER 19, 2022
	4. Social Security Number	5a. Age (Years) 59	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Mo/Day/Year) NOVEMBER 11, 1962	7. Birthplace (City and State or Foreign Country) GENEVA, OHIO		
	8a. Residence State OHIO		8b. County ASHTABULA			8c. City or Town ROCK CREEK		
	8d. Street Address and Zip Code 1540 MECHANICSVILLE RD 44084						9. Ever in US Armed Forces? NO	
10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)						11. Surviving Spouse's Name (if wife, give name prior to first marriage)		
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE			
15. Father's Name DONALD JANSON				16. Mother's Name (prior to first marriage) LORETTA DAVIS				
17a. Informant's Name JUSTIN JANSON				17b. Relationship to Decedent SON	17c. Mailing Address (Street and Number, City, State, Zip Code) 1272 MECHANICSVILLE RD ROCK CREEK, OHIO 44084			
18a. Place of Death DECEDENT'S HOME				18b. Facility Name (if not institution, give street & number) 1540 MECHANICSVILLE RD		18c. City or Town, State and Zip Code ROCK CREEK, OH 44084	18d. County of Death ASHTABULA	
19. Funeral Service Licensee or Other Agent GARY D BEST				20. License Number (of licensee) 009269		21. Name and Complete Address of Funeral Facility BEST FUNERAL HOME, LLC 15809 MADISON RD. MIDDLEFIELD, OH 44062		
DISPOSITION	22. Method and Place of Disposition CREMATION - OHIO VAULT WORKS INC, VALLEY VIEW, OH				23. Local Registrar Keri Marney			
	24. Date Filed (Month/Day/Year) 10-20-2022				25. Date Pronounced Dead (Month/Day/Year) October 19, 2022			
CERTIFIER	26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
	26b. Time of Death 0332 hrs		26c. Date Pronounced Dead (Month/Day/Year) October 19, 2022		26d. Was Case Referred to Medical Examiner or Coroner? NO			
	26e. Certifier Name and Title Shirley Hurd		26f. License number MD 35.064549	26g. Date Signed (Month/Day/Year) 10/20/22				
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death IMRAAN HANIFF, 2420 LAKE AVE, ASHTABULA, OH 44004								
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	liver cancer					Months	
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No	31. If Female, Pregnancy Status <input checked="" 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								



1953973
2022110202

