

Ontario

MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY  
Ministère des Services au public et aux entreprises

**APOSTILLE**  
(Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays : **Canada**

This public document / Le présent acte public

2. has been signed by / a été signé par **J( [redacted]**

3. acting in the capacity of / agissant en  
qualité de **Notary Public**

4. bears the seal / stamp of / est revêtu du  
sceau / timbre de **Notary Public**

**Certified**  
Attesté

5. at / à **Toronto, Ontario**

6. the / le **2024-03-05**

7. by / par **Manager Official Documents Services**

8. N° / sous n° **ON-24-[redacted]**

9. Seal / stamp / Sceau / timbre :

10. Signature / Signature : **[redacted]**



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A<sup>b</sup> 1 03R X 224.2296

# AFFIDAVIT

I, \_\_\_\_\_ translator in the City of Toronto, Province of Ontario, make oath and say:

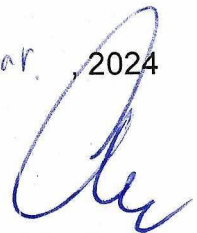
1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from English into Chinese with regard to the following document:

Proof of Death

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto  
In the Regional Municipality of Metropolitan  
Toronto )

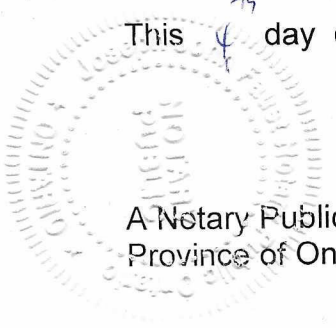
This <sup>7<sup>th</sup></sup> day of Mar., 2024 )



A Notary Public in and for the  
Province of Ontario )

\_\_\_\_\_

2024. 3. 4



Barrie  
Te  
Notary Public

Highland 殡仪馆  
Arbor 万锦 Chapel 纪念教堂

死亡证明

死者: 先生

地址:

出生地: 中国

SIN 号: 出生日期:

性别: 男 婚姻状况: 已婚 年龄: 62 岁

死亡日期: 服务日期: 2021年1月12日

死亡地点:

(最后) 处置: 埋葬

地址:

日期: 2021年1月12日

日期:

位于: 安省 万锦

兹证明上述资料摘自我们的档案记录, 我们相信它是真实和正确的。

签名: 签名

W. J. ... rt  
arkha  
3G

电话: 905-887-8660  
传真: 905-887-8600

Funera  
le...





Highland Funeral Home  
 Markham Chapel  
 by Arbor Memorial

**Proof of Death**

Deceased: [Name]

Address: [Address]

Place of Birth: [Place]

SIN: [SIN]

Date of Birth: [Date]

Gender: Male

Marital Status: Married

Age(yrs): 62

Date of Death: [Date]

Date of Service: [Date]

Place of Death: 45

[Location] 5

(Final) Disposition: [Disposition]

Address: Hig

[Address]

Date: Ja

Dated: [Date]

At: [Location]

We hereby certify that the above information has been taken from our records and we believe it to be true and correct.

Signature: \_\_\_\_\_

I certify that this is a true copy  
 of the original document  
 day of Nov, 2024

10 Ce [Address]  
 Ma [Address]  
 Lr [Address]

600

[Text]

CANTARIO