



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)

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This public document / Le présent acte public

2. has been signed by / a été signé par



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 **2025-04-16**

7. by / par



8. N° / sous n°



9. Seal / stamp / Sceau / timbre :

10. Signature / Signature :



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AFFIDAVIT

I, WUWEN GUO, 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.

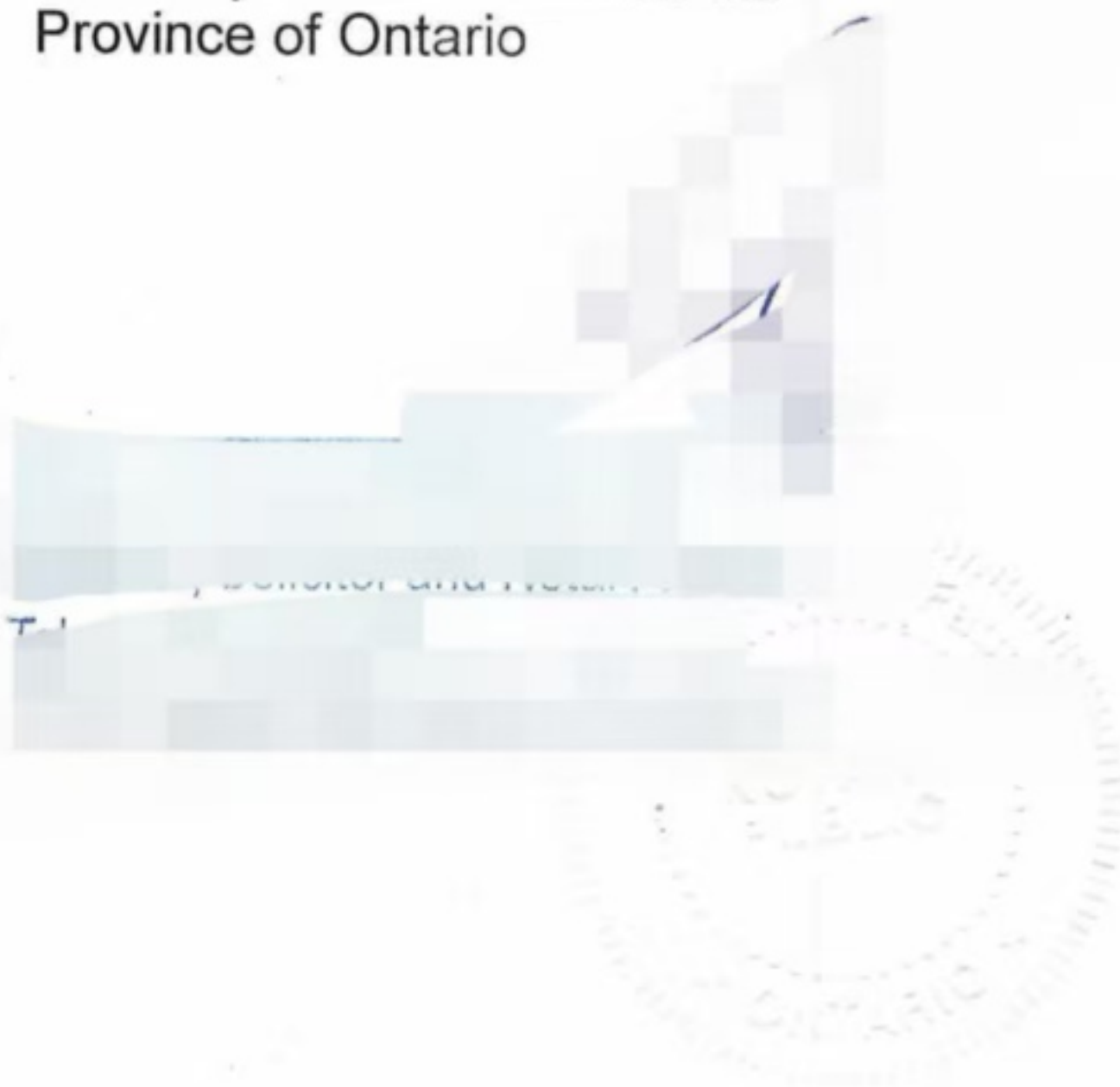
SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 12th day of Apr., 2025

A Notary Public in and for the
Province of Ontario



WUWEN GUO



死亡证明

死者: [REDACTED] 士

地址: [REDACTED]

出生地: 中国

SIN 号: [REDACTED]

出生日期: [REDACTED] 年 [REDACTED] 月 [REDACTED] 日

性别: 女

婚姻状况: 已婚

年龄: [REDACTED]

死亡日期: [REDACTED] 日

服务日期: [REDACTED] 年 [REDACTED] 月 [REDACTED] 日

死亡地点: [REDACTED]

(最后) 处置: 火葬

地址 [REDACTED] 殡仪馆和公墓, [REDACTED]

日期: 20 [REDACTED] 年 [REDACTED] 月 [REDACTED] 日

通知人: [REDACTED]

与死者关系: 配偶

家庭住址: [REDACTED]

通知人: [REDACTED]

与死者关系: [REDACTED] 子

家庭住址: [REDACTED]

日期: 20 [REDACTED] 年 [REDACTED] 月 [REDACTED] 日

位于: [REDACTED], Ontario

兹证明上述资料摘自我们的记录, 我们相信它是真实和正确的。

签名: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

加 最佳
拿 管理
大 公司

电话: [REDACTED] 555 5555

传真: [REDACTED]

[REDACTED]

Arbor 纪念公司.





Highland Hills
Funeral Home & Cemetery
by Arbor Memorial

Proof of Death

Deceased: Mrs. [REDACTED]

Address: [REDACTED]

Place of Birth: China

SIN: [REDACTED]

Date of Birth: [REDACTED]

Gender: Female

Marital Status: Married

Age(yrs): [REDACTED]

Date of Death: Apr [REDACTED]

Date of Service: / [REDACTED]

Place of Death: C [REDACTED]

(Final) Disposition: [REDACTED]

Address: [REDACTED]

Date: [REDACTED]

Informant: [REDACTED]

Relationship: Spouse

Home Address: [REDACTED]

Informant: [REDACTED]

Relationship: Son

Home Address: [REDACTED]

Dated: Apr [REDACTED]

At: [REDACTED]

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

Signature: [REDACTED]

[REDACTED] Ave.,
Gormley, ON
L0H 1K0
T: [REDACTED]
F: [REDACTED]
Highland Hills
Arbor Memorial Inc.



I certify that this is a true copy
of the original document
Date: / 2 day of [REDACTED]