

KAITLIN HENNESSEY WOLF TRUST AGREEMENT

The parties to this Trust Agreement are KAITLIN HENNESSEY WOLF of 5010 Bayshore Blvd. #5, Tampa, Florida, who is the Grantor and the Trustee, and FRED DAVID WOLF of 5010 Bayshore Blvd. #5, Tampa, Florida, who is the Successor Trustee.

The purpose of this Agreement is to create trusts as described in Exhibit A for the benefit of the Grantor, and for FRED DAVID WOLF, who is the Grantor's spouse, and for other designated beneficiaries.

The Grantor declares that upon her execution of this Agreement she holds the property described in Exhibit B in trust according to the provisions of Exhibit A; and she has caused, or may cause, the Successor Trustee to be named as the beneficiary of one or more insurance policies. The Successor Trustee agrees to serve as Trustee in accordance with the provisions of Exhibit A upon the death or incapacity of the Grantor, or upon her resignation as Trustee.

This instrument is executed and delivered on July 12, 2005.

Kaitlin Hennessey Wolf
KAITLIN HENNESSEY WOLF
GRANTOR AND TRUSTEE

This instrument was signed, published and declared by Kaitlin Hennessey Wolf as the Kaitlin Hennessey Wolf Trust Agreement, in our joint presence, and at her request we have signed our names as attesting witnesses in her presence and in the presence of each other on the date written above her signature, believing Kaitlin Hennessey Wolf to be of sound mind and under no undue influence.

[Signature]

Residing at

151 ALICE B TOLKES, 812
SF CA 94109

Frank M. Hennessey

Residing at

8 TWIN POST ROAD

WESTWOOD, MI 48090

STATE OF MICHIGAN)
) SS.
COUNTY OF LAPEER)

We, the undersigned, being Kaitlin Hennessey Wolf and the witnesses, respectively, whose names are signed to the foregoing instrument, having been sworn, declared to the undersigned officer that Kaitlin Hennessey Wolf, in the presence of the witnesses, signed the instrument as the Kaitlin Hennessey Wolf Trust Agreement, and that each of the witnesses, in the presence of Kaitlin Hennessey Wolf and in the presence of each other, signed the Agreement as a witness.

Kaitlin Hennessey Wolf
KAITLIN HENNESSEY WOLF

[Signature]

WITNESS

Frank M. Hennessey
WITNESS

STATE OF MICHIGAN)
) SS.
COUNTY OF LAPEER)

The foregoing instrument was acknowledged, subscribed and sworn to before me on JULY 12, 2005, by Kaitlin Hennessey Wolf, who is personally known to me or has produced _____ as identification, and by the following individuals as witnesses: MICHAEL L. HENNESSEY, who is personally known to me or who has produced _____ as identification, and FRANK M. HENNESSEY who is personally

James M. Elsworth

Frank N. Hummer

James M Elsworth

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BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024024596

DATE ISSUED: FEBRUARY 13, 2024

DECEDENT INFORMATION

DATE FILED: FEBRUARY 13, 2024

NAME: KAITLIN HENNESSEY WOLF

AKA: PHYLLIS HENNESSEY

DATE OF DEATH: JANUARY 31, 2024

SEX: FEMALE

AGE: 059 YEARS

DATE OF BIRTH: SEPTEMBER 23, 1964

SSN: ***-**-3148

BIRTHPLACE: LYNN, MASSACHUSETTS, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: HCA FLORIDA SOUTH TAMPA HOSPITAL

LOCATION OF DEATH: TAMPA, HILLSBOROUGH COUNTY, 33609

RESIDENCE: 5145 S DALE MABRY HWY UNIT 20101, TAMPA, FLORIDA 33611, UNITED STATES

COUNTY: HILLSBOROUGH

OCCUPATION, INDUSTRY: HOMEMAKER, HOME

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: FRED DAVID WOLF

FATHER'S/PARENT'S NAME: FRANK MARTIN HENNESSEY

MOTHER'S/PARENT'S NAME: CAROL ANNE MCDONALD

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: FRED DAVID WOLF

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 5145 S DALE MABRY HWY UNIT 20101, TAMPA, FLORIDA 33611, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KRISTINE KOEZE, F285337

FUNERAL FACILITY: BLOUNT & CURRY LIFE EVENT CENTER F078972

605 S MACDILL AVE, TAMPA, FLORIDA 33609

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY
CLEARWATER, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 0047

CERTIFIER'S NAME: KARON RITA LOCICERO

CERTIFIER'S LICENSE NUMBER: ME47336

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: FEBRUARY 2, 2024

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2026182822

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD

