

5-2-14

To Whom it May Concern:

P.U.C. (attn: Rosemary Chiavetta)

Docket # C-2014-2414815  
A-00123095

RECEIVED  
2014 MAY -5 AM 10:36  
PA P.U.C. BUREAU  
SECRETARY'S BUREAU

An Affair to Remember, LLC T/A  
O Special Occasion Anniversary has been closed  
for business with the state of PA. & MD. since  
2-28-14. The owner, John W. McFadden, passed  
on 11-8-13. The P.U.C. was notified of the  
upcoming closure on 2-1-13. The business  
was sold on 2-28-14.

Sincerely,  
Mrs. Barbara McFadden  
Administrator of Estate  
214 Hall Dr.  
Hanover, PA. 17331  
443-838-9113

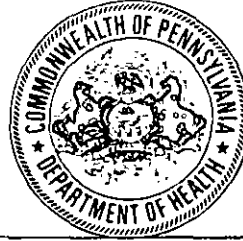
# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00

P 20338558

Certification Number



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

*Debra J. Glass* JAN 1/1 2014  
Local Registrar Date Issued

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Type/Print in Permanent Block **FINAL** File Number

1. Decedent's Legal Name (First, Middle, Last, Suffix) **John William McFadden** 2. Sex **Male** 3. Date of Death (Mo/Day/Yr) (Spell Mo) **November 9 2013**

5a. Age - Last Birthday (Yrs) **49** 5b. Under 1 Year **0** 5c. Under 1 Day **0** 6. Date of Birth (Mo/Day/Year) (Spell Month) **January 15, 1964** 7a. Birthplace (City and State or Foreign Country) **Philadelphia, PA** 7b. Birthplace (County) **Philadelphia**

8a. Residence (State or Foreign Country) **PA** 8b. Residence (Street and Number - Include Apt No.) **214 Hall Drive** 8c. Did decedent live in a Township? **No** Yes, decedent lived in **Penn** (wp) 8d. Residence (County) **York** 8e. Residence (Zip Code) **17331** 8f. No, decedent lived within limits of **\_\_\_\_\_** city/town

9. Ever in US Armed Forces? **No** 10. Marital Status at Time of Death **Married** 11. Surviving Spouse's Name (If wif., give name prior to first marriage) **Barbara A. Veitenovsky**

12. Father's Name (First, Middle, Last, Suffix) **William McFadden** 13. Mother's Name Prior to First Marriage (First, Middle, Last) **Marguerite Houston**

14a. Informant's Name **Barbara A. McFadden** 14b. Relationship to Decedent **Wife** 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) **214 Hall Drive, Hanover, PA 17331**

15a. Place of Death (Check only one) **Residence** 15b. Place of Death (Check only one) **Home**

16a. Method of Disposition **Burial** 16b. Date of Disposition **Nov. 13, 2013** 16c. Place of Disposition (Name of cemetery, crematory, or other place) **Kenworthy Funeral Home, Inc.**

17a. Name and Complete Address of Funeral Facility **Kenworthy Funeral Home, Inc., 269 Frederick Street, Hanover, PA 17331** 17b. License Number **FD - 014246 - L**

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is of Spanish/Hispanic/Latino descent

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Owner/Operator**

22b. Kind of Business/Industry **Limousine Service**

23a. Date Signed (Mo/Day/Yr) **December 31 2013** 23b. Date Pronounced Dead (Mo/Day/Yr) **11/9/13** 23c. Signature of Person Pronouncing Death (Only when applicable) **Michelle L. Richard** 23d. License Number

24. Time of Death **0:24** 25. Was Medical Examiner or Coroner Contacted? **Yes**

26. Part I. Enter the (chain of events) - causes, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. mixed substance toxicity and asphyxia**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

**b. cold Environmental**

**c. chronic substance abuse**

**d. obesity**

27. Was an autopsy performed? **Yes**

28. Were autopsy findings available to complete the cause of death? **Yes**

29. If Female: **No**

30. Did Tobacco Use Contribute to Death? **No**

31. Manner of Death **Natural**

32. Date of Injury (Mo/Day/Yr) (Spell Month) **November 9 2013**

33. Time of Injury **UNKNOWN**

34. Place of Injury (e.g. home, construction site, farm, school) **car** 35. Location of Injury (Street and Number, City, County, State, Zip Code) **327 south street methersytown Adams PA 17344**

36. Injury at Work **No** 37. Is Transportation Injury, Specify: **Operator** 38. Describe How Injury Occurred **Found in car face down**

39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): **Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated**

39b. Medical Examiner/Coroner - 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

Signature of certifier **Francis D. D'Amico** Title of certifier **Chief Deputy Coroner** License Number: **\_\_\_\_\_**

40. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) **Francis D'Amico 45 Windsor Bell Lane Gettysburg PA 17325** 41. Registrar's Signature **Debra J. Glass** 42. Registrar's Date (Mo/Day/Yr) **December 31 2013**

43. Registrar's District Number **67-614** 44. Registrar's Signature **Debra J. Glass** 45. Registrar's Date (Mo/Day/Yr) **Jan. 10, 2014**

46. Amendments

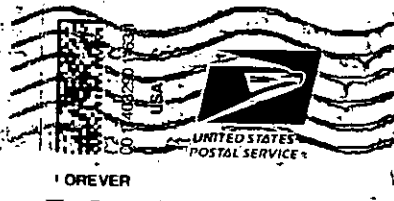
NAME OF DECEDENT **John William McFadden**



Barbara A McFadden  
214 Hall Dr  
Hanover, PA 17331-3418

HARRISBURG PA 171

02 MAY 2014 PM 8 L



RECEIVED

2014 MAY -5 AM 10:36

PA F.U.C.  
SECRETARY'S BUREAU

PUC  
P.O. BOX 3265  
Harrisburg, PA 17105-3265  
Attn: Rosemary Chisetta

171053265