



I WILL KILL YOU & BIRTH YOU



How to kill someone and
bury the body yourself
without a shovel

&

How to make Babies and
then Harvest them

Chris Rock

chris@kustodian.com



Why research DEATH



NEWS

Austin Health mistakenly 'kills off' 200 patients with death notices alerting family doctors

LUJIE VAN DEN BERG MEDICAL REPORTER | HERALD SUN | AUGUST 14, 2014 11:24AM

SHARE       4 COMMENTS  SAVE THIS STORY

Ads By Google

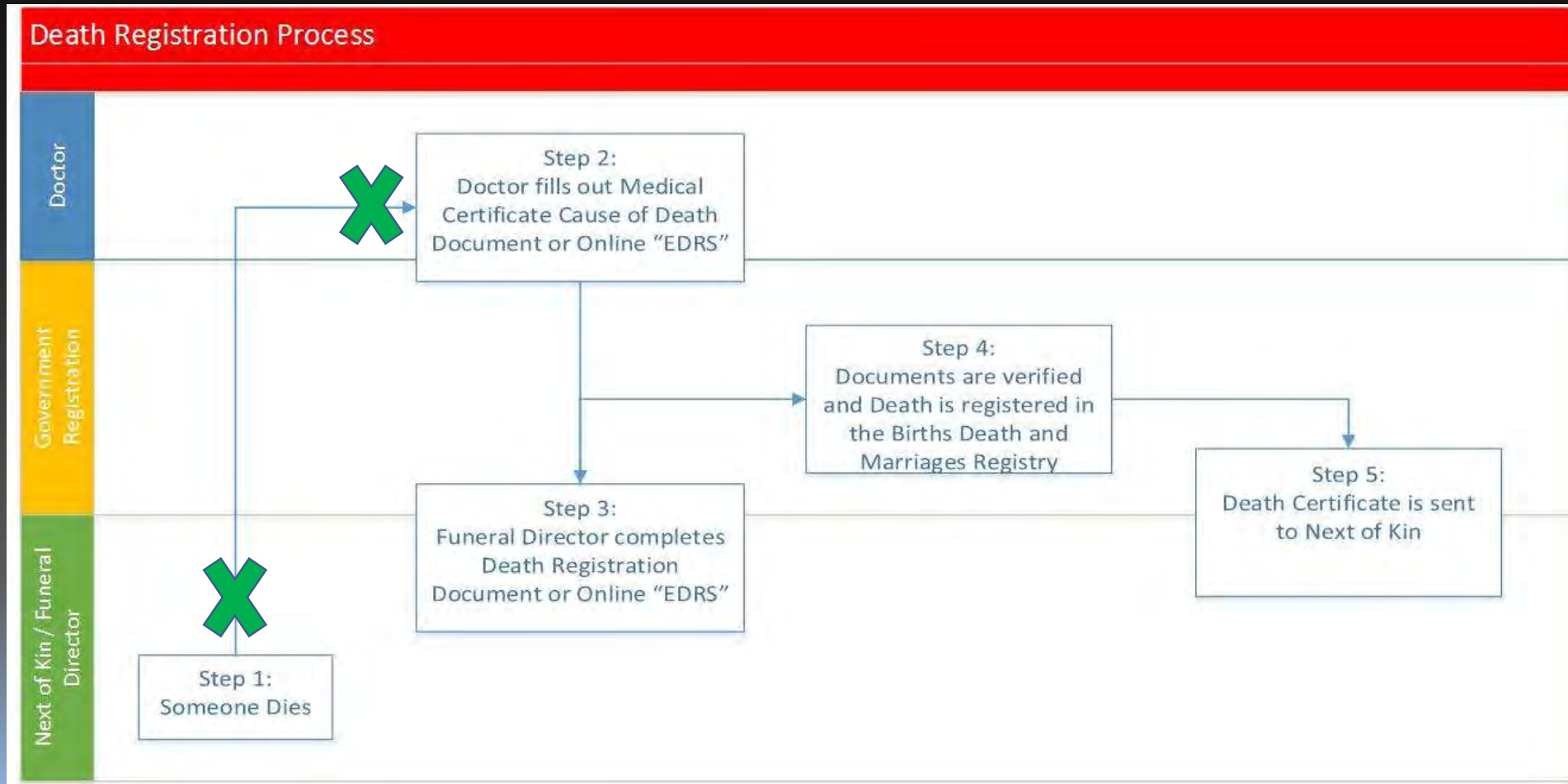
[Hey, Sandra Bullock Lied](#) Her Fans Are In Shock. Her Huge Secret Is Finally Exposed! [HeraldSun.com](#)



Hospital tells 200 patients they are dead



Death Process behind the curtain Globally





U.S. Certificate of Death

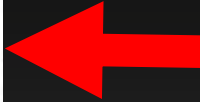


LOCAL FILE NO.		U.S. STANDARD CERTIFICATE OF DEATH				STATE FILE NO.	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)				2. SEX	3. SOCIAL SECURITY NUMBER		
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR	4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)
		Months	Days	Hours	Minutes		
7a. RESIDENCE-STATE			7b. COUNTY		7c. CITY OR TOWN		
7d. STREET AND NUMBER			7e. APT. NO.	7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):			
15. FACILITY NAME (If not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE			17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT					23. LICENSE NUMBER (Of Licensee)		
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CAUSE OF DEATH (See instructions and examples)							Approximate interval: Onset to death
32. PART I. Enter the chain of events—diseases, 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. _____ Due to (or as a consequence of):					_____
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. _____ Due to (or as a consequence of):					_____
		c. _____ Due to (or as a consequence of):					_____
		d. _____ Due to (or as a consequence of):					_____
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				33. WAS AN AUTOPSY PERFORMED?			

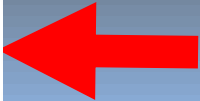
Funeral Director



Details about the Dead Person



Medical Practitioner Cause of Death





IDIOTS GUIDE for Doctors

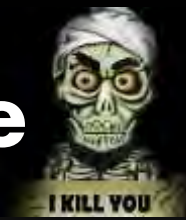


SAFER • HEALTHIER • PEOPLE™

Medical Certification of Death

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
32. PART I. Enter the <u>chain of events</u> --diseases, 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. <u>Pulmonary embolism</u> Due to (or as a consequence of):	<u>30 minutes</u>
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. <u>Deep venous thrombosis in left thigh</u> Due to (or as a consequence of):	<u>3 days</u>
	c. <u>Acute hepatic failure</u> Due to (or as a consequence of):	<u>3 days</u>
	d. <u>Moderately differentiated hepatocellular carcinoma</u>	<u>over 3 months</u>
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	36. IF FEMALE: <input 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	37. 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


The cause-of-death section is designed to elicit the opinion of the medical certifier. Causes of death on the death certificate represent a medical opinion that might vary among individual medical-legal officers. A properly



AUS Medical Certificate Cause of Death Online

https://onform.com.au/... Identified by Ge... onform.com.au

Please fill out the following form. You can save data typed into this form.



Victorian Registry of Births, Deaths and Marriages
Births
Deaths
Marriages
VICTORIA

Victorian Registry of Births, Deaths and Marriages
Medical Certificate of Cause of Death
of a person aged 28 days or over
Births, Deaths and Marriages Registration Act 1996 and Regulations 2008

MCCD 28+

Victorian Registry of Births, Deaths and Marriages
Email: bdmmedicals@justice.vic.gov.au Website: www.bdm.vic.gov.au
Fields marked with an asterisk (*) must be completed.

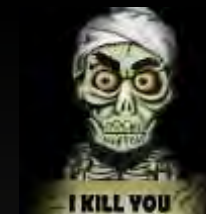
User Verification

* Doctor's first name	* Doctor's last name	* AHPRA Registration No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Suburb / Town	* Postcode	e.g. MED0001234567
<input type="text"/>	<input type="text"/>	

*Upon submission it may take a few seconds for Medical practitioner details to be confirmed and the remainder of the form to open for completion.
For technical support contact BDM on (03) 9613 5124*



US Register a Death online – EDRS Electronic Death Registration System



The Electronic Death Registration System (EDRS), provides a secure method for electronically creating, updating and certifying death certificates.

Getting Started

- [Register](#)
- [Obtain Forms](#)
- [Learn more about EDRS](#)

Services

- [Validate Burial Permits](#)

Login

Username

Password

Login

Need Login Assistance?

[Forgot username?](#)

[Forgot password?](#)

[Need to register?](#)

Register New User

How do I obtain Login Information?

Please click on one of the titles below for specific instructions.

[**I am a Physician**](#)

[**I am a Medical Resident**](#)

[**I am a Registered Nurse**](#)

[**I am a Mortuary Practitioner**](#)

[**I am a Local Registrar**](#)

[**I am a Facility Administrator**](#)

[**Other**](#)



US EDRS Registration



All fields marked * are required.
A valid, active email address is required to self-register.

Physician Registration

Personal Information

* First Name	<input type="text"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text"/>	Suffix	<input type="text"/>
* Medical License Number	<input type="text" value="P"/>	* Issuing State	<input type="text"/>
* Address as on license	<input type="text"/>		
* State	<input type="text"/>	* City	<input type="text"/>
		* Zip	<input type="text"/>

The contact information provided below will be used only within EDRS to contact you and will not be shared among any other systems.

* Telephone Number 1	<input type="text"/>	Ext:	<input type="text"/>
Telephone Number 2	<input type="text"/>	Ext:	<input type="text"/>
Telephone Number 3	<input type="text"/>	Ext:	<input type="text"/>
* Email Address	<input type="text"/>	Fax #	<input type="text"/>

User Access Information

* Desired Username	<input type="text"/>		
* Password	<input type="password" value="*****"/>		
* Re-type Password	<input type="password" value="*****"/>		
The password must have at least eight (8) characters made up of uppercase and lowercase letters, numbers, and symbols (#, @, %, *, etc.). Avoid using personal information or common words.			
* Secret Question 1	<input type="text" value="Mother's birthplace"/>	* Secret Question 2	<input type="text" value="Favorite pastime"/>
* Secret Answer	<input type="text"/>	* Secret Answer	<input type="text"/>

Continue



Is my Doctor real or fake?



USA: California

License Number: 13 Current Date: 05/07/2015 05:30 PM

Name: SMITH, A
 License Type: Physician and Surgeon A
 License Status: License Renewed & Current
 Expiration Date: 07/31/2016
 School Name: NY019 - NEW YORK UNIVERSITY SCHOOL OF MEDICINE
 Date of Graduation: 05/22/2013
 Original Issuance Date: 07/24/2014

Addresses

Address of Record (Required)	Address
	MC 0834 SAN DIEGO, CA US View on a map

Survey Information

The following information is self-reported by the licensee and has not been verified by the Board.

Australia

Miss Adele Maree Smith
Profession: Nurse

Registration number:	NMW000	Endorsements:	No
Status:	Registered	Notations:	No
Registration expiry date:	31/05/2016	Conditions:	No
Principal place of practice:	Warrnambool VIC 3280	Undertakings:	No
Division/ Registration Type:	Registered Nurse (Division 1), General	Reprimands:	No

[View Details](#)

Dr Adriaan Johannes Smith
Profession: Medical Practitioner

Registration number:	MED000	Endorsements:	No
Status:	Registered	Notations:	No
Registration expiry date:	30/09/2015	Conditions:	No
Principal place of practice:	Rockhampton QLD 4700	Undertakings:	No
Registration Type:	Specialist	Reprimands:	No

[View Details](#)

New Zealand

<https://www.mcnz.org.nz/support-for-doctors/list-of-registered-doctors>

Australia

<https://www.ahpra.gov.au>

USA: California

http://www.mbc.ca.gov/Breeze/License_Verification.aspx

United Kingdom

<http://www.gmc-uk.org/doctors/register/LRMP.asp>



EDRS Online – U.S.A



California Electronic Death Registration System ABOUT CA-EDRS | FAQ | SUPPORT | CONTACT US | LOGIN

- About CA-EDRS
- Accessing CA-EDRS
- Obtaining an Account
- Support
- FAQ
- User Documentation
- Training Materials
- Online Tutorials
- Implementation Schedule
- EDR Resources
- Remote Attestation
- Physician Guide
- Credits
- Server Status
- About CA-EDRS Software

Training Materials

TRAINING HANDOUTS to PRINT:

Before attending an EDRS training course, please download and print the following training materials. These documents will be helpful to you during the EDRS course as well as once you begin using EDRS in your workplace.

Training Handouts for All EDRS Users:

- [Useful Resources](#)
- [EDRS Glossary of Acronyms and Abbreviations](#)
- [Search Functions Guide](#)

Training Handouts for Funeral Home Staff:

- [EDRS Death Certificates Guide](#)
- [General Amendments Guide](#)
- [General Amendments for Multiple Dispositions Guide](#)
- [Using EDRS in non-EDRS counties Guide](#)
- [Paper Process in EDRS counties Guide](#)

Training Handouts for Local Registrar Staff:

- [Local Registrar Training Guide](#)

Training Handouts for Medical Examiner/Coroner Staff:

PART I. Enter the chain of events leading to death.
DO NOT enter terminal events. DO NOT ABBREVIATE.

More information on writing a death certificate

Name of deceased:

2. Sex: IMMEDIATE CAUSE--> (Final disease or condition resulting in death.) Line a:
 Subsequently 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. Line b:
 Line c:
 Line d:

31. Date of death:

32. Time of death:

34. Place of death:

Location type:

35a. Address:

35c. County:

and Death

30 minutes

3 days

3 days

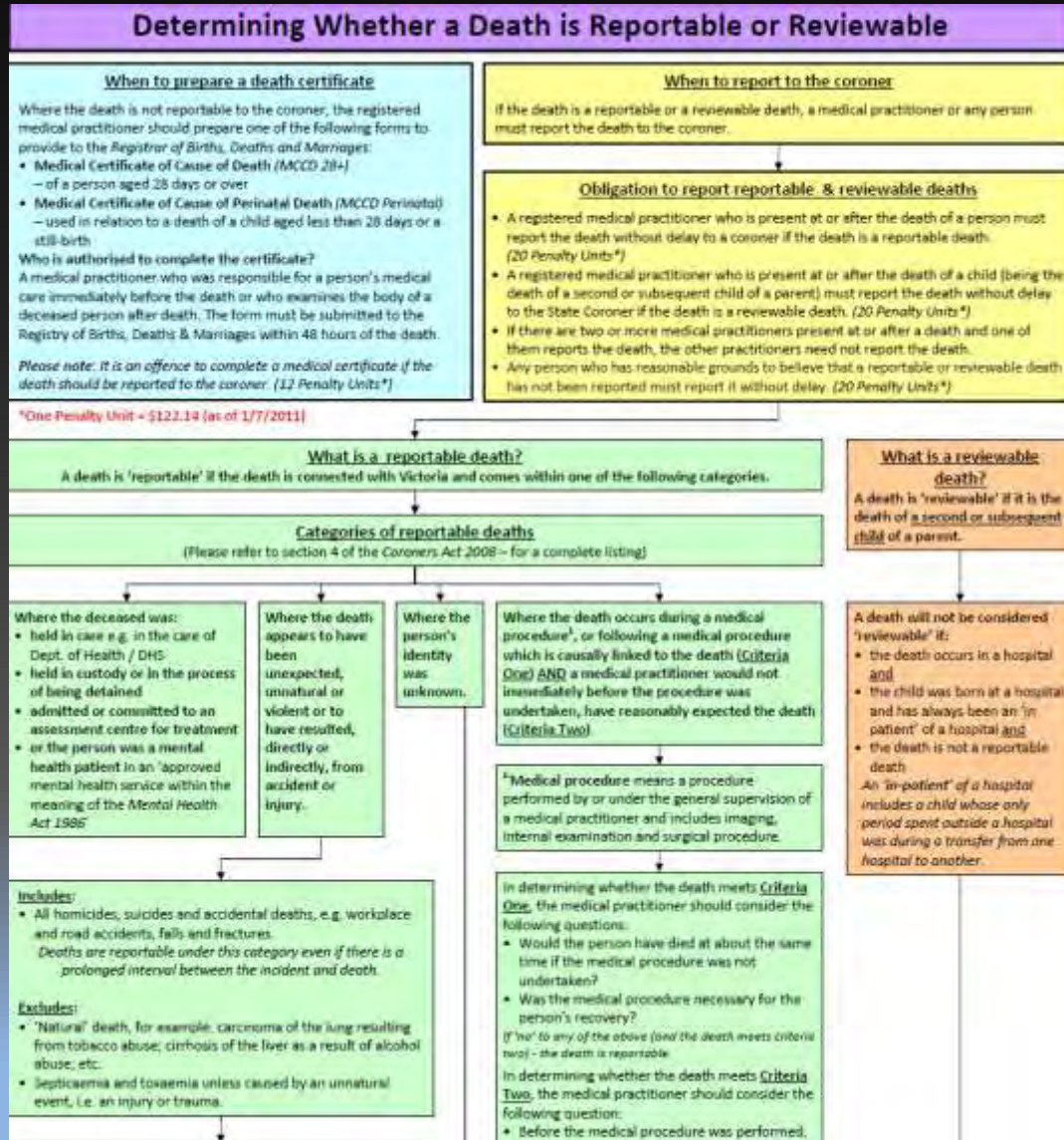
3 months



Dr G Medical Examiner

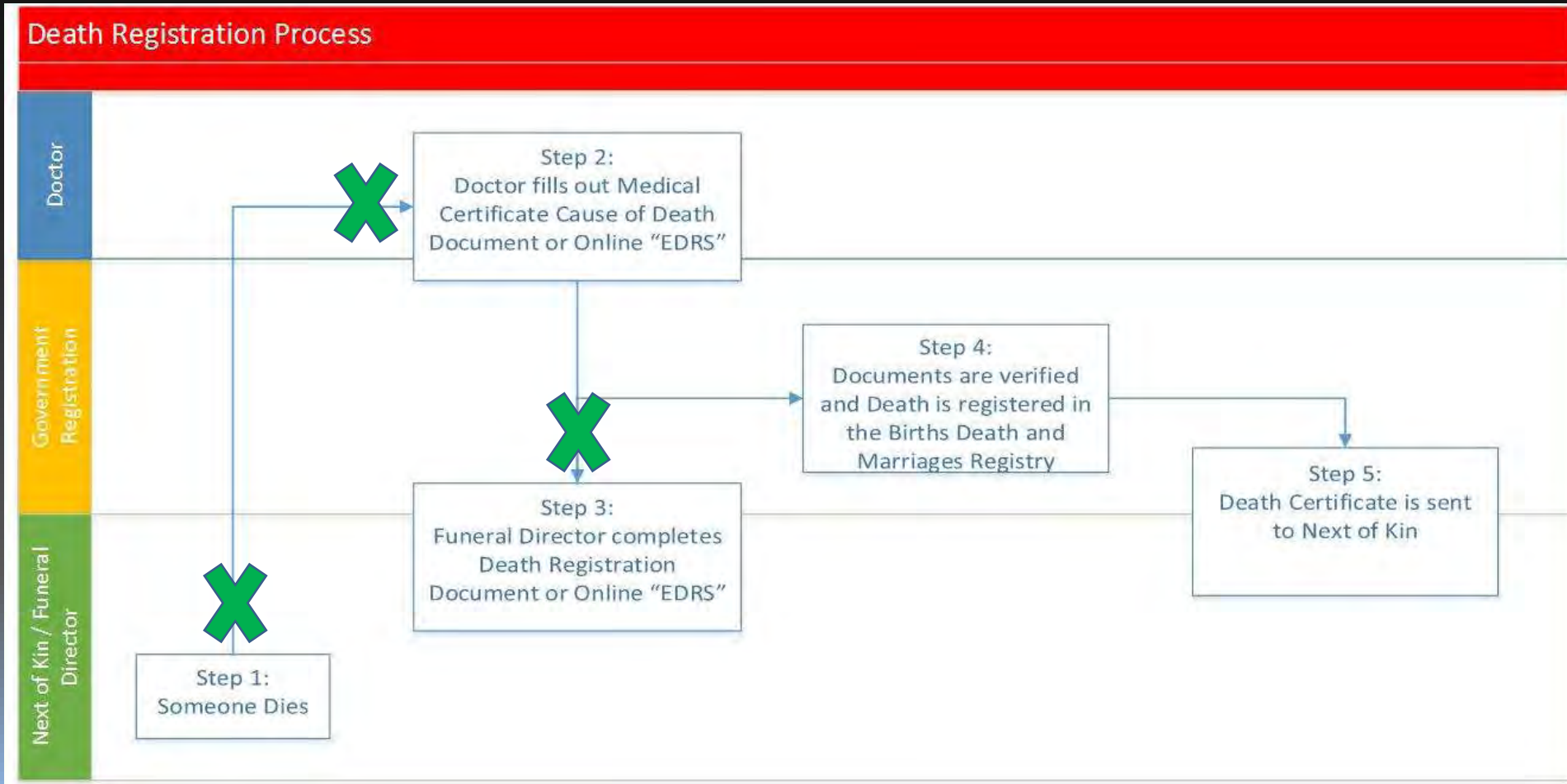


“Coroner”





Death Process





When I grow up I want to be a Funeral Director







Fun Director – Australia Online Application



[Home](#) [Accessibility](#) [About us](#) [Fees](#) [Contact us](#)

 Births
Deaths
Marriages
VICTORIA

Recognising the significance of life events

Department of Justice & Regulation 

[Births](#) [Marriages](#) [Relationships](#) [Change of name](#) [Deaths](#) [Family history](#) [Koori services](#)

[Home](#) > [Funeral directors portal](#) > [Register for Funeral directors online](#)

Register for Funeral directors online

All fields are required unless marked optional

Please attempt to enter all details.

A company contact number and/or email address is mandatory.

The email address you enter will be used for monthly invoicing.

Consultant given name(s)	<input type="text"/>
Consultant middle name(s) (Optional)	<input type="text"/>
Consultant surname:	<input type="text"/>
Business name:	<input type="text"/>
Company branch: (Optional)	<input type="text"/>
Company ABN: Please enter number without spaces	<input type="text"/>



Online Application Success



bdmdeaths@justice.vic.gov.au

to me (0)

Hi Chris,

You have been successfully added to our contacts database to submit on-line death registrations.

Your login details are :

Login id :

Password :

Kind Regards
Paul



Death Registration Team

Victorian Registry of Births,
Deaths and Marriages
GPO Box 4332, Melbourne VIC 3001

Fax: [\(03\) 9613 5807](tel:(03)96135807)

Email: bdmdeaths@justice.vic.gov.au

Website: www.bdm.vic.gov.au

Serving today's society and creating services for the benefit of the community now and into the future.

This office is based on the land of the Traditional Owners, the Wurundjil people of the Kulin Nations.



Register LOTS of Deaths



Recognising the significance of life events

Logout

Department of
Justice & Regulation



Home > Funeral directors portal

Funeral directors portal

Register a death

Upload bulk death registration

Update your profile





Register your Death



Births Deaths Marriages VICTORIA Recognising the significance of life events

Department of Justice & Regulation **Victoria** Logout

Home > Funeral directors portal > Individual death registration

Individual death registration

Deceased particulars | Parents and siblings | Relationships | Children | Certification | Review

All fields are required unless marked optional

Deceased particulars

Please note that you have 20 minutes to complete the form and move on to the next page

Family name:

Given name(s):

Also known as (Optional):

Date of death:

Date of death as appears on the medical certificate

Births | Marriages | Relationships | Change of name | Deaths | Family history

Home > Funeral Directors Individual Death Registration 2

Funeral Directors Individual Death Registration 2

Please note that you have 20 minutes to complete the form and move on to the next page.

Marriages

Place of Marriage should be keyed as Suburb/Town followed by State/Country without commas

	* Place	* Age	* Name of Spouse Prior to Marriage
1 (Required)	<input type="text"/>	<input type="text"/> year(s) <input type="button" value="v"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> year(s) <input type="button" value="v"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> year(s) <input type="button" value="v"/>	<input type="text"/>

Domestic Relationships

Only enter domestic relationships that have been registered with the Registry of Births, Deaths and Marriages

	* Partner's Given Name(s)	* Partner's Surname
1 (Required)	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>

Children of the Deceased

	* Given Name(s)	* Age
1	<input type="text"/>	<input type="text"/> year(s) <input type="button" value="v"/>
2	<input type="text"/>	<input type="text"/> year(s) <input type="button" value="v"/>
3	<input type="text"/>	<input type="text"/> year(s) <input type="button" value="v"/>

Parents

* Mother's Surname:
eg 'VAN DER MEER' or 'MCPHERSON' or 'SMITH'

* Mother's Maiden Surname:



Funeral Director Online - EDRS



Register New User

How do I obtain Login Information?

Please click on one of the titles below for specific instructions.

[I am a Physician](#)

[I am a Medical Resident](#)

[I am a Registered Nurse](#)

[I am a Mortuary Practitioner](#)

[I am a Local Registrar](#)

[I am a Facility Administrator](#)

[Other](#)



Becoming a Funeral Director -UK

Welcome to the British Institute of Funeral Directors

It is a little known - and quite shocking - fact that anyone in the UK can set themselves up as a Funeral Director without any previous experience, training or qualifications. No licence is necessary.

The British Institute of Funeral Directors (BIFD) is aiming to end this state of affairs. We are the pre-eminent provider of education within the funeral profession; all BIFD members have achieved an appropriate level of professional training, and our Licence to Practice is only granted to professionals who follow the Institute's requirements for annual Continuous Professional Development.

Choose a BIFD member

By choosing a funeral professional who is a member of the British Institute of Funeral Directors, you can be certain that you are choosing a competent and qualified practitioner - the best qualified professional in your area.

Joining the BIFD

For funeral professionals, membership of the BIFD is a reassurance to your clients of your training and ongoing commitment to providing the best quality service.

BIFD training courses are accredited with the University of Greenwich, gaining 60 Credits at Level 4 (the highest level for this type of course). These are the only funeral profession training courses in the UK whose credits can be used towards a full degree course, either at the University of Greenwich or one of their partner Universities.

Information on becoming a member can be found here:

[Joining the BIFD](#)

and information on BIFD training programmes is here:

[Education & Training](#)



Becoming a Funeral Director -USA



California & Colorado

Nevada: \$375 + Exam

California Cemetery & Funeral Bureau

1625 N. Market Blvd, Ste. S-208
Sacramento, CA 95834-1924
Phone: 916-574-7870
Fax: 916-928-7988
Email: emailcfb@dca.ca.gov
Web: www.cfb.ca.gov

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High school plus a degree in Mortuary Science	No CE requirements	Two years before, during or after mortuary college
Funeral Director	Associate of Arts or equivalent (any subject)	No CE requirements	

Colorado Funeral Directors Association (CFDA)

P.O. Box 631664
Highlands Ranch, CO 80121-1664
Phone: 303-791-2336
Fax: 303-395-2609
Email: cfda@ascentmeetings.com
Web: www.cofda.org

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	No current licensing requirements; however, active voluntary certification program	No CE requirements	Contact the Colorado FDA at www.cofda.org for more information
Funeral Director	No current licensing requirements; however, active voluntary certification program	No CE requirements	Contact the Colorado FDA at www.cofda.org for more information



State of Nevada FUNERAL AND CEMETERY SERVICES BOARD

501 Hammill Lane, Reno, Nevada, 89511
Phone (775) 825-5535 * Email nvfuneralboard@dnv.gov

Application and Instructions for Funeral Director Licensure

Eligibility and Information

Any individual wishing to become licensed in the State of Nevada as a Funeral Director must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all needed documentation, a background check will be completed and the application will be reviewed by the Board during a public meeting.

NBE Sample Questions

4. The religion of the United States is basically
- A. Buddhist.
 - B. Judeo-Christian.
 - C. Muslim.
 - D. Hindu.



IDIOTS GUIDE for Fun Directors



SAFER • HEALTHIER • PEOPLE™

Funeral Directors' Handbook on Death Registration and Fetal Death Reporting

2003 Revision



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Part II—Completing the Certificate of Death

These instructions pertain to the 2003 revision of the U.S. Standard Certificate of Death. Usually the funeral director completes items 1–23 and 51–55, and the medical certifier completes the remaining items.

Items to be completed or verified by the funeral director (items 1–23)

NAME OF DECEDENT: For use by physician or institution

The left-hand margin of the certificate contains a line where the physician or hospital can write in the name of the decedent. This allows the hospital to assist in completing the death certificate before the body is removed by the funeral director. However, because the funeral director is responsible for completion of the personal information about the decedent and because the hospital frequently does not have the complete legal name of the decedent, the hospital or physician should enter the name they have for the decedent in this item. The funeral director will then enter the full legal name in item 1.

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)

Enter the full first, middle, and last names of the decedent. Do not abbreviate. Do not copy any name from the left-hand margin of the certificate into item 1 on the certificate; the name in the margin may be incomplete or incorrect.

If there appears to be more than one spelling of any name provided and the correct spelling cannot be verified, use the most common spelling. The name must consist of English alphabetic characters and punctuation marks.

Multiple first or middle names

If the informant indicates two first names separated by a space, such as "Mary Louise Carter," verify that "Louise" is part of the first name and is not a middle name.



Death Process



Medical Record No.: 12	ABSTRACT OF DEATH CERTIFICATE INFORMATION			State File Number: NOTSIGN	
Time of Death (24-hr) Approx-0100	1a. Legal Name of Decedent (First, Middle, Last, Suffix) Jeffrey A. Moss			LIMB ONLY <input type="checkbox"/>	
	1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix) Dark Tangent				
Date of Death 08-01-2015	2. Sex Male	3. Social Security Number REDACTED	4a. Age 45	5. Date of Birth (Mo/Day/Yr) 1/2/1970	
	6. Birthplace (City & State/Foreign Country) Marin County, California				
	7a. Residence-State WA	7b. County King	7c. Municipality/City Seattle		
	7d. Street and Number 193 1st Ave Ste		7e. Apt No.	7f. Zip Code 98101-1046	7g. Inside City Limits? Yes
	8a. Ever in US Armed Forces? N/A	8b. If Yes, Name of War: N/A	8c. War Service Dates (From/To): N/A		
	9. Domestic Status at Time of Death Single		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
Physician Known by Jeff Moss	11. Father's Name (First, Middle, Last) Andrew R Moss				
	12. Mother's Name Prior to First Marriage (First, Middle, Last) Lun				
	13a. Name of Informant Chris Rock			13b. Relationship to Decedent Mentor	
	13c. Mailing Address (Street and Number, City, State, Zip Code) Level 50 / 120 Collins Street Melbourne 3000 Australia				
	14. Method of Disposition Burial	15. Place of Disposition (name of cemetery, crematory, other) Woodlawn Cemetery		16. Location- City & State/Foreign Country 1500 Las Vegas Blvd N, Las Vegas	
	17. Name and Complete Address of Funeral Facility Kustodian Funerals				
	18. Electronic Signature of Funeral Director Chris Rock			19. License Number	

Death Registrar

Doctor / Hospital

Government Registration

Next of Kin / Funeral Director

Steph

is sent Kin



Wills and Probate



DIY WILL KIT

DIY PROBATE PETITION

RO

Online R
NSW Supre

Home Court lists Pro

Start or defend a case Cas

Notice of Intended
Application for
Probate (UCPR 116)

Introduction

Applicant details

Deceased details

Contact details

Nevada

L

I, _____
Wills and

I am marr
to _____

The name
are refered
the signing of this Will.


Copyrighted material

Get peace of mind with this
complete guide to organising an estate

Wills, Probate & Inheritance Tax

FOR
DUMMIES

2nd Edition



Julian Knight
Personal Finance Editor, The Independent on Sunday

A Reference for the Rest of Us!

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UK Edition

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COURT OF WASHINGTON
KING COUNTY

NO. 1224

**PETITION FOR PROBATE OF WILL,
LETTERS OF ADMINISTRATION
WITH WILL ANNEXED, &
NONINTERVENTION POWERS
(RCW 11.28.110 & 11.68.011)**

s of

of perjury under the laws of the State of
and correct to the best of his knowledge:

y potential
e on August 1 2015, was then a resident of King
in this state subject to probate.

l July 1st, 2015 will be filed in these proceedings.
while competent, and its subscribing witnesses are
Affidavit is subscribed or attached to the Will.

e Will, Decedent nominated the following persons
Representative:



Reasons for killing someone



Financial - \$\$\$\$\$

- Kill yourself. Enjoy your Life Insurance whilst your alive. No more sinking your boat at sea, or hiding out in Mexico. Start with a new Identification.
- Kill your elderly parents to get their estate. They just wont die quick enough.

Revenge

- Revenge on your ex-wife/girlfriend/partner. They will be dead and not even know it.
- Your boss is a asshole. As their Executor shut down their bank accounts, drivers license, phone plan, cable and utilities

Hinder

- Kill off your investigating detectives. Subpoena and indictments cant be issued by a dead person. Dead people find it difficult to travel.
- Kill your opposing lawyer, the judge or IRS audit officer to slow them down



The Law isn't written for the Dead returning



New York Times: DEAD MAN WALKING (OHIO) 2013
“Legally dead dad must stay that way even if he's technically alive”

Donald Miller was declared dead in 1994 after he skipped out on his ex-wife, two daughters and massive child support payments. He was declared dead after missing for five years.

Now the living 61-year-old wants to resurrect his legal status, but a judge says he's too late. Ohio law sets a three-year window to challenge a decision in a declaration of death.

The Judge said ‘Even though you’re sitting here in my courtroom, I see you, you’re alive, you seem to be in good health, the law restricts me from reversing the prior finding of death’



Putting it all together



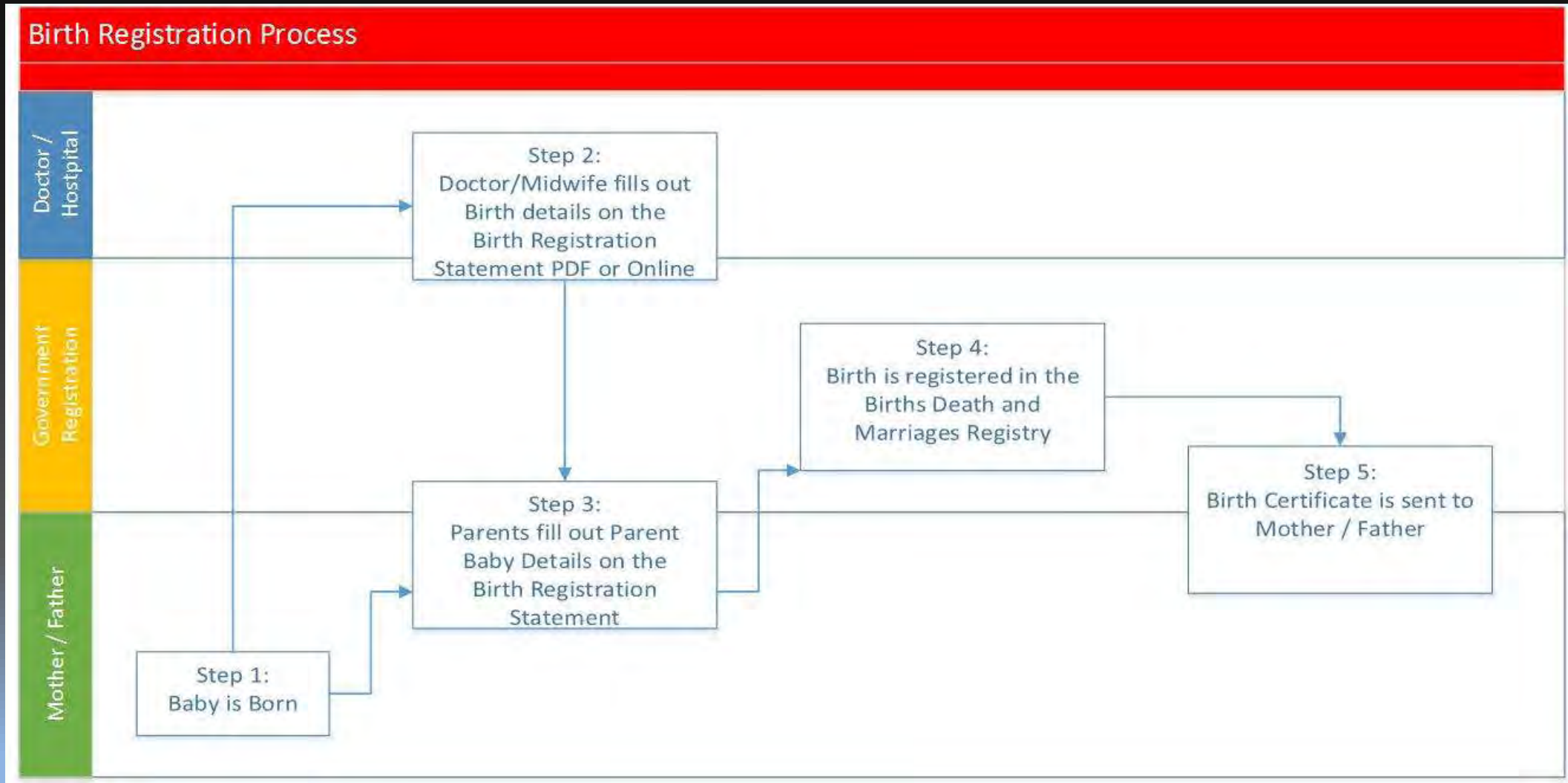


Who's your Daddy - Rebirth





Birth Registration Process





Paper based Birth Registration Process



Parents register via Birth Registration Statement

Office Use Only
Registration number _____ Registration type _____
Officer number _____ ID# number _____

PART ONE – Birth Registration

Step 1 – Child's name

1. Name

- Both parents are responsible for registering the birth of a child.
- Penalties may apply if a birth is not registered within 10 days of the date.
- There is no fee payable when registering a birth.
- Please ensure you complete Part Two of this form if you wish to apply for a birth certificate.

2. Given name(s)

3. Surname (family name)

Step 2 – Child's details

4. Date of birth / /

5. Sex of child Male Female

6. Birth information

a) Birth weight _____ grams b) Birth length _____ cm

c) Head circumference _____ cm d) Eye colour _____

e) Birth time _____ a.m. / p.m. - Please circle

7. Was the child born in a hospital or another medical facility?

Yes - Please specify name of hospital or medical facility _____

Suburb/Town _____

8. Was the child one of a multiple birth?

No - Please specify place of birth _____

a) Street no. and name _____

b) Suburb/Town _____

c) State _____ d) Postcode _____

9. Details of the doctor or midwife present at the birth

a) Name _____

b) Street no. and name _____

c) Suburb/Town _____

d) State _____ e) Postcode _____

10. Daytime telephone number _____

www.bdm.vic.gov.au 1300 369 367

Step 3 – Mother's details (at the time of child's birth)

***11. Title** Ms Mrs Miss Other _____

***12. Surname (family name)** _____

***13. Surname at birth (maiden name)** _____

***14. Given name(s)** _____

***15. Usual occupation**

16. Mother's date of birth / /

***17. Place of birth**

a) Suburb/Town _____

b) State (or country if born outside Australia) _____

***18. If born outside Australia, what year did the mother first arrive in Australia?** _____

***19. Is the mother of Australian Aboriginal or Torres Strait Islander origin?**

Yes - Please specify origin Aboriginal Torres Strait Islander Both

No

20. Residential address

a) Street no. and name _____

b) Suburb/Town _____

c) State _____ d) Postcode _____

***21. Daytime telephone number** _____

***22. Email address** _____

Step 4 – Father or parent's details

23. Title Mr Ms Miss Other _____

24. Surname (family name) _____

25. Surname at birth _____

26. Given name(s) _____

27. Usual occupation

28. Father or parent's date of birth / /

29. Place of birth

a) Suburb/Town _____

b) State (or country if born outside Australia) _____

***30. If born outside Australia, what year did the father or parent first arrive in Australia?** _____

***31. Is the father or parent of Australian Aboriginal or Torres Strait Islander origin?**

Yes - Please specify origin Aboriginal Torres Strait Islander Both

No

32. Residential address

Note: If father or other parent's residential address is the same as the mother's write "SAME AS MOTHER" in the space provided.

a) Street no. and name _____

b) Suburb/Town _____

c) State _____ d) Postcode _____

***33. Daytime telephone number** _____

***34. Email address** _____



Birth Registration Process



Ontario Canada

HOME | NEWSROOM | SERVICES | YOUR GOVERNMENT | ABOUT ONTARIO

ServiceOntario making it easier

Newborn Registration Service

Office of the Registrar General - Online Birth Registration Form

Each field marked by an asterisk (*) must be completed accurately to avoid delays in registration.

Birth Information- Step 1 of 11

Before you can begin completing the form, we need to ask you a few questions about the child's date and place of birth and who will be certifying the birth (certifying means signing or otherwise confirming, that the birth took place and that the information being submitted is true and correct).

Place of Event*
Did the birth take place in Ontario?
 Yes No

Child's Date of Birth*
Year Month Day

Place of Birth*
City / Town
Hint: Type the first letter to scroll.

Where did the birth take place?*

Next > Previous Clear Cancel Help

Government of South Australia
Consumer and Business Services

Useful Links

Online Birth Registration

You are about to register a birth of a child born in South Australia

ALL BIRTHS MUST BE REGISTERED - If a child is born in South Australia, whether born alive or stillborn, the birth must be registered within 60 days of the birth. The Births, Deaths and Marriages Registration Act 1996 provides for penalties for failing to have your child's birth registered or giving false or misleading information.

Before you start, you will need to know -

- date and place of birth
- father's or co-parent's full details
- birth weight
- marriage of parent's details (if appropriate)
- doctor or midwife details
- details of any previous children
- mother's full details

Also, you will be asked whether you wish to apply for a standard and/or a commemorative certificate.

If you do choose to apply for a certificate, you will need a -

- credit card

You must complete the entire registration and application process in one session. Once the online registration is submitted, you will be emailed a completed application form that requires signing. Therefore you will need access to -

Canada https://www.orgforms.gov.on.ca/IBR/scr03_Instructions.do

Australia: <https://www.qld.gov.au/law/births-deaths-marriages-and-divorces> (Vic - Health Collect)
/birth-registration-and-adoption-records/register-a-birth/

USA <http://www.azdhs.gov/vital-records/register-birth/home-birth.htm>



Online Birth Registration Process



Birth Registration Online

Progress: Child's Details **Birth Location** Mother's Details Second Parent's Details Previous Children Review

Birth Location

Where was the child born?

Name of hospital/medical facility

Address of hospital/medical facility

Medical practitioner present at birth (Required)

Surname

Given name

Search Results

Your search for a **Midwife** named **Smith** returned more than 50 results. Only the first 50 are displayed here. You can [refine your search](#) or [start a new search](#).

Mrs Aimee Elizabeth Smith			
Profession: Midwife			
Registration number:	NMW0001942558	Endorsements:	No
Status:	Registered	Notations:	No
Registration expiry date:	31/05/2016	Conditions:	No
Principal place of practice:	MAITLAND	Undertakings:	No
	NSW 2320	Reprimands:	No
Registration Type:	General		
	View Details		
Miss Aimie Louise Smith			
Profession: Midwife			
Registration number:	NMW0001707973	Endorsements:	No
Status:	Registered	Notations:	No
Registration expiry date:	31/05/2016	Conditions:	No
Principal place of practice:	GREENFIELDS	Undertakings:	No
	WA 6210	Reprimands:	No
Registration Type:	General		
	View Details		



Online Birth Registration - USA



REGISTER YOURSELF

* Indicates Required Fields

Basic Details Applications Profile

First Name *
Al

Last Name *
Smith

Email *
cat@hat

Are you a Licensed Provider * Yes No

Provider License *
New York

License Issuing State *
New York

NPI *
254

REGISTER YOURSELF

* Indicates Required Fields

Basic Details Applications Profile

- CIR
- Environmental Data Exchange Network (EDEN)
- eShare
- Electronic Vital Events Registration System (EVERS)
- Parachute
- OSCR
- Partner Portal
- HIV Care Status Reports

CANCEL **NEXT**



Why make a Virtual baby



- Government benefits / tax concessions
- A spare identity ? Be like a cat and have 9 lives
“A Do Over”:
 - Have you been Bankrupt
 - Have a Criminal Record
 - Really screw up
 - Being Sued

A Virtual Identity to commit crimes (Life Insurance fraud, money laundering, Drug/Firearms importation)



The Shelf Company



Shell Company

A **Shell company** is an entity that appears only on paper. Used to protect the owners identity.

Shelf Company

A Shelf company takes the shell company one step further.

- It Pays Taxes
- Files annual returns
- Appears to have employees
- Build up a credit rating and sit on the shelf for decades.
- Builds up financial heuristics to set a normal baseline

Why do this?

So they can borrow funds, finance terrorists activity and launder money without raising RED FLAGS



The Shell/Shelf Baby



Shell Baby

A **Shell baby** is an entity that appears only on paper “birth certificate”. Can be used for immediate gain government benefits or a clean SSN.

Shelf Baby

The **Shelf baby is shell baby** that has been put on the shelf and has reached adulthood. This Shelf Baby now a **Virtual** will have

- A drivers license
- Bank loans and credit cards
- Pay taxes
- Life insurance polices

Ultimately be harvested, ‘killed off’ at investment maturity. They will be a vehicle for money laundering.



Benefits of the Shelf Baby



This combination of legitimate paperwork, financial history makes this individual very powerful. Each of these **Virtuals** can do the following

- Borrow millions of dollars for property, personal loans or credit cards
- “Do Over” Identification for a life screw up. Criminal/Bankruptcy – A spare Life ID.
- Life insurance policies for death benefits without killing off yourself or elderly parents.
- Be the head of company or Shelf company with so you cant be touched. “Prevent the piecing of the veil” Asset protection for people suing you.
- Buy highly leveraged derivatives without fear of loss. If the trade pays off fantastic, if not, the virtual can be killed off for the life insurance or bankrupted and put on the shelf for 3-7 years as defective stock (harder to get finance) and sold as a discount.
- Obtain Firearms or Import Drugs and Firearms with a Virtual Identity



Anonymity

IP / Location = TOR / VPN / Anonymity box

Payments = Bitcoin

Company = Shell/Shelf

Identity = A VIRTUAL

If any of the technical mechanisms above fail, like for Ross Ulbricht as an example, why not have the last guy holding the gun.....non existent



Death and Birth – Vulnerabilities Overview



Anyone with this knowledge can kill another person or group of people “mass murder” on paper as it stands for revenge, kicks or profit. This affects hundreds of millions of people.

This is a Global Problem – U.S, Canada, Australia, New Zealand and Europe.

“You could be dead right now and not even know it”



Death and Birth - Vulnerabilities



Doctor / Midwife

- Going from a paper based system to Online facility for Medical Doctors with a DIY portal (ERDS) or no portal (Australia) makes Death Registration for hackers easy world wide.
- Using public details such as Registration/Licence Numbers as the “No one knows identifier” allows fake birth/registration by legitimate doctors.

Funeral Director

- Basic or no licensing for Funeral Directors allows anyone to be a Funeral Director for abuse.
- DIY portal or automated response for Funeral Directors allows hackers to be a fake funeral director or a real Funeral director to complete the Death Registration process



Why is it Swiss Cheese – The Government



The Government

- The Government want accurate, centralised birth and death records. There have been records lost due to fire damage or floods in some states. No one can read doctors handwriting.
- Struggling to ensure that babies registered and put into the system. The government want to make birth registration as simple as possible to give children a chance to work, pay taxes and on the system. 2.5% of babies in 2012 in Victoria were not registered.
- The Government have historically used the premise that for the death and burial of a person required two or three professional industries, the Medical, Coroner and Funeral Director. To dispose of a body improperly would require collusion between all parties.
- Moving from paper based system to online system with industries that's always been paper based without security portal controls

THE BABY HARVEST

ADULTS >

< TEENS

FINANCE

STOCK BROKERS

AGE
10
41
Kg
Salary
\$105k

AGE
8
36
Kg
Salary
\$25k

LIFE INSURANCE PAYOUT

CHRIS ROCK

