

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

LEONARD POZNER,

Plaintiff

vs.

Case No. 18CV3122

JAMES FETZER,

MIKE PALECEK,

WRONGS WITHOUT WREMEDIES, LLC,

Defendants.

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AFFIDAVIT OF SAMUEL GREEN

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Samuel Green, being first duly sworn upon oath, deposes and states as follows:

1. I make the following statements of my own knowledge.
2. I am licensed by the State of Connecticut as a funeral director and been so licensed since 1979.
3. I operate Abraham L. Green and Son Funeral Home in Fairfield, Connecticut. The funeral home was started by my father, Abraham L. Green, in 1948. I have been involved in the business for 41 years.
4. My funeral home prepared Noah Samuel Pozner's body for burial and held his funeral service. I was personally involved in that process. My funeral home obtained Noah Pozner's remains from the medical examiner. My funeral home obtained the death certificate form, at that point only partially completed, from the Office of the Chief Medical Examiner.
5. At no point did Mr. Pozner possess the partially-completed death certificate. Noah Pozner's original death certificate did not leave my company's possession until it was filed at the town clerk's office.
6. The nature of my business, as a funeral director, means I am quite familiar with the Connecticut Death Certificate forms and the process by which those forms are completed.
7. Connecticut uses two death certificate forms (in addition to a fetal death certificate that is rarely used). One, form "VS-4", is for anticipated deaths, for

example a person who succumbs to diagnosed terminal cancer. The other, form "VS-4ME" is for deaths investigated by the Medical Examiner. Because Noah Pozner's death was investigated by the Medical Examiner, my explanation of the process will focus on the "VS-4ME" form.

8. The process of filling out a VS-4ME death certificate involves multiple entities entering information at different times. The form itself consists of a series of boxes, most but not all have numbers and labels. The required information must be typed or legibly written into those boxes. At the time of Noah Pozner's death and funeral, my funeral home typically used a typewriter to fill out death certificates.

9. The Office of the Chief Medical Examiner fills out the shaded portions. Those are boxes 3-4, 23-27, and 36-53. There is also a portion of the form for the registrar's signature.

10. At the time I received Noah Pozner's death certificate, the Medical Examiner's portion of the death certificate, which consists of shaded boxes, had been completed.

11. In preparation for this affidavit I reviewed a copy of Noah Samuel Pozner's death certificate, which is attached as Exhibit A to this Affidavit.

12. My funeral home entered information in boxes 1, 2 and 5-22, 28-35, and boxes 54-58 as well as the social security number on Noah Pozner's death certificate. I personally filled out portions of the death certificate for Noah Samuel Pozner.

13. The information in boxes 1, 2 and 5-22, and 28-35 on the copy of Noah Pozner's death certificate attached as Exhibit A to this Affidavit is unchanged from the information that I typed in those boxes in December of 2012, with the exception of redactions in boxes 29, 30 and the decedent's social security number.

14. My signature appears in box 34 of the death certificate. My state license number appears in box 35.

15. After the process of filling out the death certificate is complete (excluding the registrar's portion), the death certificate is used to obtain a removal, transit and burial permit. Burial permits are issued by the registrar in either of two places: the town where death occurred or in the town where the funeral home is located. My funeral home obtained the burial permit for Noah Pozner and paid the fee for that permit, which at the time was \$3. Because Noah Pozner's body was prepared for funeral at my funeral home in Fairfield, I obtained his burial permit from the town of Fairfield. It is the responsibility of the sexton of the cemetery to forward the burial permit to the proper registrar following interment.

16. I personally performed the preparation of Noah Pozner's body for his funeral. That included the restorative procedures and religious preparation. I used a photo of Noah Pozner in connection with the restorative procedures so I could see what he looked like prior to his death. This is the picture that I used:



17. I am absolutely certain that the body I prepared for funeral was that of the boy in the picture.

18. I recall Noah Pozner's funeral. The funeral service was held at my funeral home. It was the only time in my career that the police canine performed a bomb sweep of my funeral home prior to a funeral and the door was locked and guarded by state and town police. Governor Malloy and the Lieutenant Governor attended the funeral. I personally escorted them into the funeral chapel and brought



them to the family where they expressed their condolences to the family. Following the service, the casket containing Noah Pozner's body was escorted by the pallbearers and was then placed in a hearse. I was in the lead car of the funeral procession with the hearse immediately behind me at all times. The police escorted the procession blocked the adjacent lane of the freeway as we proceeded to the cemetery.

19. I attended Noah Pozner's burial at the cemetery. I witnessed the casket being removed from the hearse and being brought to Noah's gravesite. I witnessed Noah Pozner's casket being lowered into his grave. I watched funeral attendees shovel earth onto Noah Pozner's casket after it was lowered into the grave. I supervised the closing of the vault and the filling of the grave by the caretakers.

20. I can unequivocally state that the funeral took place and that Noah Pozner's body was buried at B'nai Israel Cemetery in Monroe, Connecticut on December 17, 2012. I remember that because it was originally going to be held on December 16, but it was delayed by a day because of President Obama's visit. I personally changed the date in box 31 of the death certificate to ensure the death certificate accurately reflected the burial date.

21. In response to a subpoena, Abraham L. Green and Son Funeral Home has produced documents related to services we provided in connection with the funeral of Noah Pozner.

22. The video produced in response to the subpoena was taken during Noah Pozner's funeral. The video was made at the time of the funeral. It is a regular practice for my funeral home to capture video of a funeral service if such is requested by the family. It is also a regular practice of my funeral home to keep a copy of videos made during funerals.

23. The invoice I have produced in response to the subpoena was prepared at or near the time of Noah Pozner's funeral. The invoice appears to accurately reflect the costs of the services incurred in the preparation of Noah Pozner's body as well as

the funeral and burial. It is standard practice of my funeral home to prepare an invoice for funerals and we typically maintain those records.

24. The funeral case record I produced was prepared at or near the time of Noah Pozner's funeral. This record appears to be accurate. It is standard practice of my funeral home to prepare and to maintain a funeral case record.

25. Each of the records produced in response to the subpoena was made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

26. Each of the records was kept in the course of the regularly conducted activity.

27. Each of the records was made of the regularly conducted activity as a regular practice.

28. I have read the foregoing affidavit and acknowledge the contents thereof and affirm I truthfully executed the same for the purposes therein expressed.

Dated: 4/29, 2019

*Samuel Green*  
Samuel Green

Subscribed and sworn to before me on this 29th day of April, 2019.

*Angelina Valentino*

Notary Public, State of Connecticut  
My Commission expires:

**ANGELINA VALENTINO**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES 3/31/2021



**Exhibit A:**  
**Noah Pozner's Death Certificate**



**CERTIFICATE OF DEATH**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**

1. DECEASED'S LEGAL NAME (include AKA's if any) (Print, Middle, Last)  
**Noah Samuel Pozner**  
 6. Under 1 Year 6.1 Days 6.2 Hours 6.3 Mins 6.4 Secs  
 6. Age at last birthday: **6**

2. SEX:  MALE  FEMALE

3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Specify Month)  
**December 14, 2012**

4. ACTUAL OR PRESUMED TIME OF DEATH (M)  
**11:00 AM**

5. BIRTHPLACE (City, State or Foreign County)  
**Danbury, Connecticut**

7. Date of Birth (MM/DD/YYYY)  
**November 20, 2006**

10. RESIDENCE-CITY OR TOWN  
**Fairfield**

11. RESIDENCE-CITY OR TOWN  
**Sandy Hook**

12. RESIDENCE-STREET AND NO.  
**37 Alpine Circle**

13. APT. NO.  
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14. ZIP CODE  
**06482**

15. EVER IN US ARMED FORCES?  
 Married  Married but Separated  Widowed  Divorced  Never Married  Unknown

16. FATHER'S NAME (Print, Middle, Last)  
**Lenny Pozner**

17. SURVIVING SPOUSE'S NAME (if wife, give maiden name)  
**Veronique Patricia Haller**

18. FATHER'S NAME (Print, Middle, Last)  
**Lenny Pozner**

19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Middle, Last)  
**Veronique Patricia Haller**

20. INFORMANT'S NAME  
**Veronique Pozner**

21. INFORMANT'S RELATIONSHIP TO DECEASED  
**Mother**

22. MAILING ADDRESS (Print and Number; City, State, Zip Code)  
**37 Alpine Circle, Sandy Hook, Connecticut 06482**

23. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  
 Hospice Facility  Nursing Home  Public School  Decedent's Home  Other (Specify):

24. METHOD OF DISPOSITION  
 Burial  Cremation  Donation  Entombment  Reinterment from state  Other (Specify):

25. CITY OR TOWN OF DEATH & ZIP CODE  
**FAIRFIELD 06482**

26. DISPOSITION (Name of cemetery, vault, or other place)  
**[REDACTED]**

27. COUNTY OF DEATH  
**FAIRFIELD**

28. SIGNATURE (Print Name and Address; City, State, Zip Code)  
**Abraham L. Green and Son Funeral Home  
 88 Beach Rd. Fairfield, Connecticut 06824**

29. M.E. CASE NUMBER  
**12-17604**

30. DATE PHONOUNCED DEAD (MM/DD/YYYY)  
**12/14/2012**

31. TIME PHONOUNCED DEAD  
**11:00 AM**

32. DATE (MM/DD/YYYY)  
**12/17/2012**

33. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER  
**Jamie A. Areen**

34. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  
 Hospice Facility  Nursing Home  Public School  Decedent's Home  Other (Specify):

35. LICENSE NUMBER OF SIGNEE IN BOX 34  
**2130**

36. WAS AN AUTOPSY PERFORMED?  
 Yes  No

37. APPROXIMATE INTERVAL ONSET TO DEATH

38. TIME OF DEATH (Specify time of day)  
**11:00 AM**

39. CAUSE OF DEATH (Enter the chain of events—disease, 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 appropriate.)  
**(a) Multiple Gunshot Wounds**  
 Due to (or as a consequence of)  
**(b)**  
 Due to (or as a consequence of)  
**(c)**  
 Due to (or as a consequence of)  
**(d)**

40. MANNER OF DEATH (Homicide, Suicide, Accidental, Natural, Unknown, or Undetermined)  
**Homicide**

41. PART II. Enter other appropriate information contributing to the cause of death, but not resulting in the underlying cause given in PART I.

42. IF FEMALE:  Not pregnant within past year  Not pregnant, but pregnant 43-69 days to 1 year before death  Pregnant at the time of death  Unknown if pregnant within past year  Not pregnant, but pregnant to term 42 days of death

43. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  Probably  No

44. MANNER OF DEATH (Homicide, Suicide, Accidental, Natural, Unknown, or Undetermined)  
**Homicide**

45. DATE OF INJURY  
**December 14, 2012**

46. TIME OF INJURY  
**AM**

47. PLACE OF INJURY (Specify)  
**School, Primary or Secondary**

48. INJURY AT WORK?  
 Yes  No

49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)  
**12 Dickinson Dr., Sandy Hook, CT**

50. DESCRIBE HOW INJURY OCCURRED  
**Shooting**

51. IF TRANSPORTATION INJURY, SPECIFY:  
 Driver/Operator  Passenger  Pedestrian  Other (specify)

52. CERTIFIER (On the basis of examination, autopsy investigation, or autopsy, death occurred on the date, time, and place and due to the cause stated above)  
**H. Wayne Carver, II, M.D.**  
 Certifier Name (Print or Print)  
**Chief Medical Examiner**  
 Title of Certifier  
**Dec 15, 2012**  
 Date Certified

53. MAILING-CERTIFIER (City or Town)  
**Hamington, CT 06321-939**  
 (State)

54. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed as the time of death)  
 8th grade or less  9-12th grade, no diploma  High School Graduate/GED  Some college credit but no degree  Associate's degree  Bachelor's degree  Master's degree  Doctorate or Professional degree  Unknown  Not available

55. DECEASED'S USUAL OCCUPATION  
**Student**

56. DECEASED'S RACE  
 White  Black or African American  Asian Indian  American Indian or Alaska Native (Name of the enrolled or principal tribe)  
 Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian (specify):  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander (specify):

57. DECEASED'S SOCIAL SECURITY NUMBER  
**[REDACTED]**

58. KIND OF BUSINESS/INDUSTRY  
**Elementary School**

59. THIS CERTIFICATE WAS RECEIVED FOR RECORDED ON  
**December 26, 2012**