

EXHIBIT 15

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2023-022-00196

09730374

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH	
	MOLLER, HARMONY ANNE			02/06/2023	03:40 PM	
	PLACE OF BIRTH - (CITY, STATE, COUNTRY)		SEX	SOCIAL SECURITY NUMBER	AGE	
	COVINGTON, LA UNITED STATES		FEMALE		36 YEARS	
DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):						
RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				WITHIN CITY LIMITS?	PARISH/COUNTY	
				NO	ST. TAMMANY	
PERSONAL	EVER IN U.S. ARMED FORCES?		OCCUPATION	INDUSTRY OF OCCUPATION		
	NO		TEACHER	EDUCATION		
	MARITAL STATUS		NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX)			
	DIVORCED					
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)			
	MOLLER, ALBERT IVAN		ROCK ISLAND, IL UNITED STATES			
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)			
	MONTZ, KATHLEEN MARY		ROCK ISLAND, IL UNITED STATES			
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		RELATIONSHIP TO DECEDENT	INFORMANT'S ADDRESS		
	MOLLER, KATHLEEN MONTZ		MOTHER			
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE						
OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO						
RACE: WHITE						
DEATH INFO	PLACE OF DEATH		FACILITY NAME			
	DECEDENT'S HOME					
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY			
				ST. TAMMANY		
DISPOSITION	METHOD OF DISPOSITION		PLACE OF DISPOSITION			
	CREMATION		METAIRIE CREMATORY			
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)		DATE OF DISPOSITION			
NEW ORLEANS, LA UNITED STATES		02/18/2023				
FUNERAL FACILITY	FUNERAL FACILITY NAME		ADDRESS OF FUNERAL FACILITY			
	GRACE FUNERAL HOME		450 HOLY TRINITY DR., COVINGTON, LA 70433 UNITED STATES			
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX)		LICENSE NUMBER	CORONER NOTIFIED?		
	FARRIS, KATIE A		E2843	Y		
	SIGNATURE OF FUNERAL DIRECTOR		DATE	6/28/2023		
"e-sign"						
MEDICAL INFO	MANNER OF DEATH		ACCIDENT			
	IF FEMALE?		UNKNOWN			
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN			
CAUSE OF DEATH	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.				APPROXIMATE INTERVAL: Onset to Death	
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)				a. ABNORMALLY HIGH LEFT CORONARY OSTIA TAKEOFF EXACERBATED BY MITRAGYNE USE	
	Sequentially list conditions, if any, leading to the cause listed on line a.				b.	
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				c.	
					d.	
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
	WAS AN AUTOPSY PERFORMED?		FINDINGS USED IN DETERMINING CAUSE?			
	YES		YES			
	INJURY INFORMATION	PLACE OF INJURY		DATE OF INJURY	TIME OF INJURY	INJURY AT WORK
RESIDENCE		02/06/2023	99:99 PM	N		
LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY				
		ST. TAMMANY				
DESCRIBE HOW INJURY OCCURRED						
SELF-INGESTED						
CERTIFIER	I CERTIFY THIS "CORONER CASE" BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
	SIGNATURE OF CERTIFIER:		"e-sign"	DATE	6/27/2023	
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)		PRESTON, CHARLES ALLEN			
	CERTIFIER TITLE: CORONER					
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)					
	65278 HIGHWAY 434, LACOMBE, LA 70446 UNITED STATES					
	BURIAL TRANSIT PERMIT					
519428		PARISH OF ISSUE	DATE OF ISSUE	DATE FILED WITH REGISTRAR		
		ORLEANS	02/13/2023	6/28/2023		
REGISTRAR	SIGNATURE OF REGISTRAR		NADINE MIMS SMITH "e-sign"			
	ISSUED BY: Auditor, Marie L.					

Issued On: 6/30/2023 11:43:46 AM



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A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.
DO NOT ACCEPT

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

DEVIN GEORGE
STATE REGISTRAR