

Birth Certificate,
William E. Jennings,
TN Dept. of Health

William Eugene JENNINGS,
son of Ann Dewitt PRATHER,
born 19 FEB 1963 in Memphis, Shelby Co., TN

Gen 02 Proofs
Mark Daniel Jennings
Children American Revolution

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS

NO. 141- 63-17598

THIS BECOMES A LEGAL
RECORD WHEN PROPERLY
EXECUTED AND
WILL BE PLACED IN
PERMANENT FILE.

TYPE OR WRITE PLAINLY.
ONLY PERMANENT BLUE
OR BLACK INK ACCEPTABLE.
SIGNATURE MUST
BE IN PERMANENT BLUE
OR BLACK INK.

PREPARE SEPARATE
FORM FOR EACH CHILD
IF MULTIPLE BIRTH.

ATTENDANT MUST
SIGN. POWER OF SIGNATURE
CANNOT BE DELEGATED.

MUST FILE
CERTIFICATE WITH
REGISTRAR
DAYS AFTER

MOTHER'S MAILING
ADDRESS. A FREE
ATOMIC COPY OF
CERTIFICATE
SENT TO HER.

ITEMS 21-23 ARE FOR
MEDICAL AND HEALTH
USE ONLY AND WILL
NOT APPEAR ON
COPIES.

1. NAME OF CHILD FIRST MIDDLE LAST William Eugene Jennings			
2. SEX Male	3A. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1st ☐ 2nd ☐ 3rd ☐	4. DATE OF BIRTH MONTH DAY YEAR Feb. 19, 1963
5. PLACE OF BIRTH A. COUNTY Shelby C. CITY OR TOWN Memphis		6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Tennessee C. CIVIL DISTRICT Shelby D. INSIDE CITY LIMITS? YES ☒ NO ☐ F. STREET ADDRESS (OR LOCATION) 300 N. Highland	
E. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) HOSPITAL Baptist Memorial			
FATHER OF CHILD			
7. FULL NAME FIRST MIDDLE LAST William Columbus Jennings, Jr.		8. COLOR OR RACE White	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or Foreign Country) Arkansas	11A. USUAL OCCUPATION Insurance Agent	11B. KIND OF BUSINESS OR INDUSTRY General Insurance
MOTHER OF CHILD			
12. FULL MAIDEN NAME FIRST MIDDLE LAST Ann Dewitt Prather		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or Foreign Country) Mississippi	16A. USUAL OCCUPATION Housewife	16B. KIND OF BUSINESS OR INDUSTRY
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)		18. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0	
19. MOTHER'S MAILING ADDRESS 300 N. Highland, Memphis, Tennessee			
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE			
19. SIGNATURE NAME ADDRESS 509 B. Baptist Medical Building		M.D. ☐ D.O. ☐ MID. ☐ WIFE ☐ OTHER (SPECIFY) C. DATE SIGNED 12-28-63	
20A. REGISTRATION DISTRICT NO. 791	20B. DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1963	20C. REGISTRAR'S SIGNATURE L.M. Brantley Deputy	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

Oct-23-2000
Date Issued

CERTIFICATION OF VITAL RECORD

Birth Certificate and Amendment,
Patricia Yolanda Bock,
NJ Dept. of Health

Patricia Yolanda Bock,
born 19 AUG 1968,
in Hoboken, Hudson, NJ

Gen 02 Proofs
Mark Daniel Jennings
Children American Revolution

STATE OF NEW JERSEY
A0005500747

STATE REGISTRAR OF VITAL STATISTICS, P. O. BOX 1540, TRENTON, N. J. 08625
REQUEST FOR CORRECTION OR ADDITION TO ORIGINAL RECORD OF BIRTH, MARRIAGE OR DEATH

Name/s on Original Record: Patricia Yolanda Bock (Check box and give place)
Date of Birth: Aug 19 1968 (month, day, year)
Place of Birth: Hoboken (city or township)
Death: (Check box and give date)
As Item Should Appear: Yolanda

Items to be Amended:
1. Item Omitted or in Error: Middle Name
2. Item Added: (Check box and give name)
3. Item Corrected: (Check box and give name)

How do you know each item is correct?
Your relationship to person whose certificate is incorrect?
Your Address:
Witness' Address:
Date: 1998 JAN 7 1968

Signature of Affiant: Charles Bock, Age 32, Relationship: Father
Address: 8426 LIBERTY AVE, NORTH BERGEN, N.J.
Subscribed and sworn to before me on 19 JAN 7 1968 at Hoboken, N.J.
Signed: (Signature of Notary Public)
Notary Public of New Jersey
My Commission Expires: Sept 4 1998

Examined by Registrar: (Signature)
Notarized by Registrar: (Signature)

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK
Type or Print Plainly with Unfading Ink. This is a Permanent Record.

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETECT FRAUD; VOID IF ALTERED

SEE ATTACHMENT

Issued on June 11, 2010 by the
State Department of Health and Senior Services
Bureau of Vital Statistics and Registration

This is to certify that the above is correctly
copied from a record on file in my office.
Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.

REG-42A
JULY 04

STATE OF NEW JERSEY
A0005500740

NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH (Part)
129 - STATE FILE NUMBER: 067380 (Last)

1. NAME OF CHILD: Patricia Yolanda Bock (Middle)
2. DATE OF BIRTH: August 19 1968 6:51 A (Type or Print)
3. PLACE OF BIRTH: Hudson (City or Town)
4. SEX: F
5. USUAL RESIDENCE (If institution, residence before admission):
a. State: New Jersey
b. County: Hudson
c. City: Hoboken
d. Street Address: 8426 Liberty Avenue
e. Apt. No.: 33
f. Zip: 07042
g. Name of Mother: Irma Sittner
h. Name of Father: Charles Bock
i. Name of Informant: Charles Bock
j. Informant's Address: Same as 6d
k. Informant's Signature: (Signature)
l. Date of Signature: 8-21-68
m. Date Received by Local Registrar: 8-21-68

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or the seal of the issuing municipality
or county, is affixed hereon.

REG-42A
JULY 04

Marriage Certificate, William Eugene
Jennings and Patricia Yolanda Bock,
Santa Clara Co., CA

Marriage of William Eugene JENNINGS
and Patricia Yolanda Bock on 12 OCT 2002
in San Jose, Santa Clara Co., CA

Gen 02 Proofs
Mark Daniel Jennings
Children American Revolution

STATE OF CALIFORNIA			
CERTIFICATION OF VITAL RECORD			
COUNTY of SANTA CLARA			
SAN JOSE, CALIFORNIA			
LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE			
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
5-2002-43-00-1187			
LICENSE NUMBER			
1A. NAME OF HUSBAND—FIRST (Given)		1B. MIDDLE	
WILLIAM		EUGENE	
1C. LAST (FAMILY)		2. DATE OF BIRTH—Month, Day, Year	
JENNINGS		02/19/1963	
3. STATE OF BIRTH		4. NUMBER OF PREVIOUS MARRIAGES	
TN		1	
5A. LAST MARRIAGE ENDED BY:		5B. DATE—Month, Day, Year	
☒ DEATH ☐ DISSOLUTION ☐ ANNULMENT		09/16/2000	
6A. USUAL OCCUPATION		6B. USUAL KIND OF BUSINESS OR INDUSTRY	
EXECUTIVE		ELECTRONICS	
7. EDUCATION—YEARS COMPLETED		8A. FULL MAIDEN NAME OF MOTHER	
16		ANN DEWITT PRATHER	
8A. FULL NAME OF FATHER		8B. STATE OF BIRTH	
WILLIAM COLUMBUS JENNINGS		AR	
8A. FULL MAIDEN NAME OF MOTHER		8B. STATE OF BIRTH	
ANN DEWITT PRATHER		MS	
10A. NAME OF WIFE—FIRST (Given)		10B. MIDDLE	
PATRICIA		YOLANDA	
10C. CURRENT LAST (FAMILY)		10D. MAIDEN LAST (FAMILY, IF DIFFERENT THAN 10C)	
BOCK			
11. DATE OF BIRTH—Month, Day, Year		12. STATE OF BIRTH	
08/19/1968		NJ	
13. NUMBER OF PREVIOUS MARRIAGES		14A. LAST MARRIAGE ENDED BY:	
0		☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	
14B. DATE—Month, Day, Year		15. USUAL OCCUPATION	
		ATTORNEY	
16. USUAL KIND OF BUSINESS OR INDUSTRY		17. EDUCATION—YEARS COMPLETED	
LAW		19	
17A. FULL NAME OF FATHER		17B. STATE OF BIRTH	
CHARLES ALBERT BOCK		ARGENTINA	
18A. FULL MAIDEN NAME OF MOTHER		18B. STATE OF BIRTH	
IRMA SITNER		ARGENTINA	
19A. RESIDENCE—Street and Number		19B. CITY	
556 CHERRY AVE.		LOS ALTOS	
19C. ZIP CODE		19D. COUNTY—Outside California, Enter State	
94022		SANTA CLARA	
20A. MAILING ADDRESS—If Different		20B. CITY	
20C. ZIP CODE		20D. COUNTY—Outside California, Enter State	
AFFIDAVIT			
We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal obstacle to the marriage exists, and hereby apply for a License and Certificate of Confidential Marriage.			
21. SIGNATURE OF HUSBAND		22. SIGNATURE OF WIFE	
<i>William E. Jennings</i>		<i>Patricia Y. Bock</i>	
I, the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 501, Family Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 502, Family Code.			
23A. SIGNATURE AND TITLE OF ISSUING CLERK		24A. AFFIX NOTARY SEAL (If Applicable)	
<i>Brenda Davis</i>			
23B. COUNTY OF ISSUE		23C. MAILING ADDRESS AND ZIP CODE	
SANTA CLARA		70 W. Hedding St. San Jose, Ca. 95110	
23D. ISSUE DATE—Month Day Year		23E. LICENSE EXPIRES AFTER—Month Day Year	
10/04/2002		01/02/2003	
25. I hereby certify that the above-named man and woman were joined by me in marriage in accordance with the laws of the State of California.			
ON		2002	
October 12		DAY YEAR	
AT		2002	
San Jose, Santa Clara		CITY OR TOWN COUNTY CALIFORNIA	
NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.			
26A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		26B. RELIGIOUS DENOMINATION (IF CLERGY)	
<i>Fr. Francisco D. Rios</i>		R. Catholic	
26C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		26D. OFFICIAL TITLE	
Fr. Francisco D. Rios		Priest	
26E. MAILING ADDRESS (Include City and State)		26F. ZIP CODE	
38 Race St. San Jose, CA		95126	
27A. SIGNATURE OF COUNTY CLERK		27B. SIGNATURE OF DEPUTY CLERK (If Applicable)	
<i>Brenda Davis</i>		<i>William E. Jennings</i>	
BRENDA DAVIS		DEPUTY	
28. DATE ACCEPTED FOR REGISTRATION			
OCT 18 2002			
MUST BE LEGIBLE/MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS-SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS VS123 (1/00)			

Gen 02

Gen 02

R609608

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF SANTA CLARA }

I, Brenda Davis, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.

Witness my hand and official seal this 18th day of October, 2003.

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Death Certificate, Patricia
Bock Jennings, Santa Clara
Co., CA

Death of Patricia Bock Jennings
on 16 Sep 2014, in San Jose,
Santa Clara, CA

Gen 02 Proofs
Mark Daniel Jennings
Children American Revolution

Gen 2

STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD											
COUNTY OF SANTA CLARA PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION											
CERTIFICATE OF DEATH											
3201443007579											
STATE FILE NUMBER											
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST PATRICIA BOCK JENNINGS											
2. MIDDLE INITIAL BOCK											
3. LAST NAME JENNINGS											
4. DATE OF BIRTH 08/19/1968											
5. AGE 46											
6. SEX F											
7. DATE OF DEATH 09/16/2014											
8. HOUR (24 hours) 0930 FND											
9. BIRTH STATE/COUNTRY NJ											
10. SOCIAL SECURITY NUMBER 572-85-7807											
11. EVER IN U.S. ARMED FORCES ☐ YES ☒ NO											
12. MARITAL STATUS (PROP. as of Date of Death) MARRIED											
13. EDUCATION - highest level completed DOCTORATE											
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? ☒ YES ☐ NO											
15. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back) CAUCASIAN											
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ATTORNEY											
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) LAW											
18. YEARS IN OCCUPATION 12											
19. DECEDENT'S RESIDENCE (street and number, or location) 1880 CAMPBELL AVENUE											
20. CITY SAN JOSE											
21. COUNTY SANTA CLARA											
22. ZIP CODE 95125											
23. YEARS IN COUNTY 12											
24. STATE/COUNTRY CA											
25. INFORMANT'S NAME, RELATIONSHIP WILLIAM JENNINGS, HUSBAND											
26. INFORMANT'S MAILING ADDRESS (street and number, or rural route, box, city, state, ZIP and city) 1880 CAMPBELL AVENUE, SAN JOSE, CA 95125											
27. NAME OF SURVIVOR (SPOUSE/SPOUSE-DECEASED) WILLIAM											
28. MIDDLE EUGENE											
29. LAST (BIRTH NAME) JENNINGS											
30. NAME OF INFORMANT-DECEASED CHARLES											
31. MIDDLE ALBERT											
32. LAST BOCK											
33. BIRTH STATE ARGENTINA											
34. NAME OF INFORMANT-DECEASED IRMA											
35. MIDDLE -											
36. LAST (BIRTH NAME) SITTNER											
37. BIRTH STATE ARGENTINA											
38. DEPOSITION DATE 09/26/2014											
39. PLACE OF FINAL DEPOSITION SANTA CLARA MISSION CEMETERY 490 LINCOLN STREET, SANTA CLARA, CA 95050											
40. TYPE OF DEPOSITION BU											
41. SIGNATURE OF EMPLOYER ANDREA GARZA											
42. LICENSE NUMBER EMB9229											
43. NAME OF PLACED ESTABLISHMENT LIMA-CAMPAGNA-ALAMEDA MISSION CHAPEL											
44. LICENSE NUMBER FD-1949											
45. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD											
46. DATE 09/23/2014											
47. PLACE OF DEATH SANTA CLARA VALLEY MEDICAL CENTER											
48. CITY SANTA CLARA											
49. COUNTY SANTA CLARA											
50. STREET ADDRESS OR LOCAL OR RURAL ROUTE (street and number, or location) 751 SOUTH BASCOM AVENUE											
51. CITY SAN JOSE											
52. CAUSE OF DEATH a. PENDING											
53. IMMEDIATE CAUSE First disease or condition resulting in death											
54. SECONDARY, for conditions, if any, leading to cause on Line A. Do not underline.											
55. CAUSE OF DEATH Primary cause of death											
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN IN 52											
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 53? (If yes, see type of operation and date)											
58. IF FEMALE, PRESENT IN LAST TRIMESTER											
59. SIGNATURE AND TITLE OF CERTIFIER JOSEPH P. O'HARA											
60. DATE 09/19/2014											
61. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER JOSEPH P. O'HARA, MD, ME											
62. COUNTY TIME IN ANY OTHER DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED											
63. INJURED AT WORK?											
64. INJURY DATE											
65. INJURY HOUR											
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)											
67. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)											
68. LOCATION OF INJURY (street and number, or location, city, and state)											
69. SIGNATURE OF CORONER/DEPUTY CORONER JOSEPH P. O'HARA											
70. DATE 09/19/2014											
71. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER JOSEPH P. O'HARA, MD, ME											
72. STATE REGISTRAR											
73. FAX AUTHORITY											
74. CENSUS TRACT											

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED SEP 30 2014

COUNTY OF SANTA CLARA } By H03006193

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE