EXHIBIT 1

STATE OF SOUTH CAROLINA

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

139-2021-028894

* ISABELLA FLEMING DOWNS ROBERTSON BROWN PARK *

AKA: N/A

DECEDENT INFORMATION

DATE OF DEATH: JUNE 09, 2021
TIME OF DEATH: 1716
PLACE OF DEATH TYPE: NURSING HOME-LONG TERM CARE FACILITY
SOCIAL SECURITY NUMBER:
PLACE OF DEATH NAME AND ADDRESS: ROSECREST COMMUNITY RESIDENTIAL CARE, INMAN, SC, 29349
CITY OF DEATH: INMAN
COUNTY OF DEATH: SPARTANBURG
MARITAL STATUS: WIDOWED (AND NOT REMARRIED)
DATE OF BIRTH: FEBRUARY 03, 1931
SURVIVING SPOUSE: N/A
AGE: 90 YEARS
MOTHER NAME: SUSAN SWAN ROBERTSON
PLACE OF BIRTH: SCOTLAND
FATHER NAME: CHARLES BROWN
SEX: FEMALE
RESIDENCE: 200 FORTRESS DRIVE, INMAN, SPARTANBURG COUNTY, SC, 29349
ARMED FORCES: NO

INFORMANT INFORMATION

NAME: KEITH PARK
RELATIONSHIP: SON
MAILING ADDRESS: 109 SOUTH SPRING STREET, CENTRAL, SC, 29630

DISPOSITION/FUNERAL HOME INFORMATION

PLACE: NAZARETH PRESBYTERIAN CHURCH CEMETERY , MOORE, SC, 29369
METHOD: BURIAL
FUNERAL HOME: THE J. F. FLOYD MORTUARY
FUNERAL HOME ADDRESS: PO DRAWER 1530, SPARTANBURG, SC, 29304
FUNERAL DIRECTOR NAME: GEOFFREY ATKINS
LICENSE NUMBER: 3400
EMBALMER: N/A
LICENSE NUMBER: N/A

MEDICAL INFORMATION

CERTIFIER: MD HARITHA BOPPANA
LICENSE NUMBER: 32786
ADDRESS: 1530 DRAYTON ROAD, DRAYTON, SC, 29333
CAUSE OF DEATH - PART I:
STAGE IV METASTATIC MESOTHELIOMA OF PLEURA OF LEFT LUNG
MALIGNANT PLEURAL EFFUSION
MANNER OF DEATH: NATURAL

OTHER SIGNIFICANT CONDITIONS - PART II: N/A

CORONER CONTACTED?: NO
AUTOPSY PERFORMED?: NO
DATE OF INJURY: N/A
AUTOPSY AVAILABLE?: N/A
LOCATION OF INJURY: N/A
TIME OF INJURY: N/A
PLACE OF INJURY: N/A
INJURY AT WORK?: N/A
HOW INJURY OCCURRED: N/A

DATE FILED: JUNE 16, 2021
DATE ISSUED: JUNE 16, 2021

AMENDMENT HISTORY
N/A

SC09615116

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Edward D. Simmer, MD, MPH, DFAPA
Director and State Registrar

Caleb N. Cox
Assistant State Registrar

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Revision Date: 02/18/2021

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE