STATE OF NORTH CAR

CERTIFICATION OF VITAL RECOR

MECKLENBURG COU

REGISTER OF DEEDS - HEALTH

CHARLOTTE, NORTH CAR

CERTIFICATE OF DE

2025031561

DEATH CERTIFICATE
RECORDING FEES $10.00

PRESENTED & RECORDED:
09-18-2025 08:07:06 AM

BK: RB 22142
PG: 233

ANGIE M BRYANT
CLERK OF COURT
YORK COUNTY, SC
BY: CHRISTY BENFIELD DEPUTY CLERK

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SER
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

06095 2025004623

STATE FILE NO. ______

DECEDENT — TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
Anna	Marie	Hoffman	*****	Digorgio
aka	aka	aka	aka	

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months	Days	3c. UNDER 1 DAY Hours	Minutes	4. DATE OF BIRTH	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH
Female	78						New York, NY	July 07, 2025

7a. PLACE OF DEATH	7b. FACILITY NAME (If not institution, give street, number, city or town)
Inpatient	Atrium Health Pineville Hospital

7c. COUNTY OF DEATH	8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)
Mecklenburg	Currently Married	Jeffrey Hoffman

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. DECEDENT'S SOCIAL SECURITY NUMBER
Administrative Assistant	Communication	

12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. RESIDENCE–COUNTY	12c. RESIDENCE–CITY OR TOWN
South Carolina	York	Clover

12d. RESIDENCE–STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
288 Huddangea Drive	No	29710	No

14. DECEDENT'S EDUCATION	15. DECEDENT OF HISPANIC ORIGIN?	16. DECEDENT'S RACE
High School graduate or GED completed	Not Spanish/Hispanic/Latino	White

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)
Joseph Digorgio	Angelina Valenzano

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Jeffrey Hoffman	Spouse	288 Huddangea Drive, Clover, SC 29710

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
Cremation	Cremation Society of Charlotte	Charlotte, North Carolina

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NO.	21c. NAME OF EMBALMER	21d. LICENSE NO.
Keyna Nadeidre Chiles (Signature Authenticated)	FD4183		

22. NAME AND ADDRESS OF FUNERAL HOME
Cremation Society Of Charlotte, 4300 Statesville Rd, Charlotte, NC 28269

MEDICAL CERTIFICATION

BURIAL/CREMATION PERMIT — Medical Examiner Authorization for Cremation/Transportation. After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

23. 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 on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

	Cause	Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Intra parenchymal bleeding	days
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	Due to (or as a consequence of) b. sub dural bleeding	days
	Due to (or as a consequence of) c.	
	Due to (or as a consequence of) d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
	No	

25. MANNER OF DEATH	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. PREGNANCY STATUS, IF APPLIES:
Natural	No	09:00 PM	Unknown	Not Applicable

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED	31a. DATE OF INJURY	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY	31e. IF TRANSPORTATION INJURY SPECIFY:
07/07/2025					

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER
I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER	33b. LICENSE NO.	33c. DATE SIGNED
Rajesh Mourya, MD (Signature Authenticated)	2023-03220	07/09/2025

33d. NAME AND ADDRESS OF CERTIFIER	34. CASE ID NUMBER
Rajesh Mourya, 10628 Park Rd, Charlotte, NC 28210	10949958

REGISTRAR

35. SIGNATURE OF LOCAL REGISTRAR	36. LOCAL FILE DATE	37. DATE REGISTERED BY STATE
Erika Figueroa (Signature Authenticated)	07/10/2025	07/10/2025

ITEM(S) AND DATE(S) CORRECTED/AMENDED

YORK COUNTY ASSESSOR
Tax Map: E H
~~**559-01-01-388**~~
Date: 09/18/2025

DHHS 1872 (REVISED 03/04/2019) N.C. VITAL RECORDS

THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT REPRODUCTION OF THE OFFICIAL RECORD FILED IN MECKLENBURG COUNTY.

V 2025157

WITNESS MY HAND AND OFFICIAL SEAL THIS DAY July 11, 2025

Dr. Raynard E. Washington
Public Health Director

Fredrick Smith
Register of Deeds

By: ______________________
Assistant/Deputy Register of Deeds

MECKLENBURG COUNTY NORTH CAROLINA — MAY 20, 1775

FREDRICK SMITH REGISTER OF DEEDS MECKLENBURG COUNTY N.C.