

Exhibit 48

CERTIFICATION OF DEATH RECORD
COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0018935

MEDICAL EXAMINER'S CASE NUMBER ME2023-01160

DATE ISSUED 3/15/2024

DECEDENT'S LEGAL NAME LIONEL DEMOND WHITE				SEX MALE	DATE OF DEATH FEBRUARY 23, 2023
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 50 YEARS		DATE OF BIRTH [REDACTED]		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4520 S DREXEL AVE		APT. NO. 701	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60653	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION [REDACTED]	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION [REDACTED]	
INFORMANT'S NAME LIONETTA WHITE		RELATIONSHIP DAUGHTER	MAILING ADDRESS [REDACTED]		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION CARE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION MARCH 07, 2023	
FUNERAL HOME [REDACTED]					
FUNERAL DIRECTOR'S NAME SEVETTA KIDD			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016449		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MARCH 14, 2023		
CAUSE OF DEATH PART I. FENTANYL TOXICITY IN THE SETTING OF RECENT COCAINE USE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) _____ b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ Due to (or as a consequence of) _____ PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. _____ WAS AN AUTOPSY PERFORMED? YES WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES FEMALE PREGNANCY STATUS NOT APPLICABLE MANNER OF DEATH ACCIDENT DATE OF INJURY FEBRUARY 23, 2023 TIME OF INJURY 02:17 AM PLACE OF INJURY STREET INJURY AT WORK? NO LOCATION OF INJURY 37TH PLACE AND INDIANA ST, CHICAGO, IL, 60653 DESCRIBE HOW INJURY OCCURRED. DRUG ABUSE IF TRANSPORTATION INJURY, SPECIFY: _____ ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR CORONER CONTACTED? DATE PRONOUNCED FEBRUARY 23, 2023 TIME OF DEATH 03:13 AM CERTIFIER MEDICAL EXAMINER/CORONER DATE CERTIFIED MARCH 13, 2023 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612 PHYSICIAN'S LICENSE NUMBER 2192696					



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
 Karen A. Yarbrough
 Cook County Clerk


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DO-JOINT 054010

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- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

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