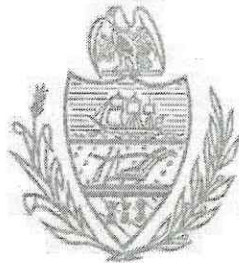


RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE



COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: Grove9a Alexandra S.
(PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: 314 Meadowview Drive #334
STREET / P.O. BOX

Boone NC. 28607
CITY STATE ZIP CODE

PHONE # 919-449-71 FAX#

EMAIL ADDRESS: Alexandra-grove@hotmail.com

SIGNATURE: *Alexandra Grove* DATE: 17 April 2018

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.

Hello, I am requesting a coroner's report, autopsy report, and medical records
for my mother Karen Lee Doney Grove who passed away on September 13th,
2002. Her birthday is September 22th, 1969. Any mental health records,
autopsy reports, birth records, etc.

PLEASE CHECK ONE OF THE FOLLOWING:
 I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)
 I AM REQUESTING A HARD COPY OF THE DOCUMENT(S) (PAPER, CD, etc...)
 I AM REQUESTING AN E-FILE OF THE DOCUMENT(S) (IF AVAILABLE) (PDF, EXCEL SPRDSHT, etc...)

PLEASE NOTE: LUZERNE COUNTY IS NOT REQUIRED TO CREATE A RECORD WHICH DOES NOT CURRENTLY EXIST OR TO COMPILE, MAINTAIN, FORMAT OR ORGANIZE A RECORD IN A MANNER IN WHICH THE AGENCY DOES NOT CURRENTLY COMPILE, MAINTAIN, FORMAT OR ORGANIZE THE RECORD