

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

FL

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2025128730

DATE ISSUED: JULY 31, 2025

## DECEDENT INFORMATION

DATE FILED: JULY 30, 2025

NAME: TERRY GENE BOLLEA

DATE OF DEATH: JULY 24, 2025

SEX: MALE

AGE: 071 YEARS

DATE OF BIRTH: AUGUST 11, 1953

SSN: \*\*\*-\*\*-\*\*\*\*

BIRTHPLACE: AUGUSTA, GEORGIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: MORTON PLANT HOSPITAL

LOCATION OF DEATH: CLEARWATER, PINELLAS COUNTY, FL

RESIDENCE: [REDACTED] CLEARWATER, FLORIDA [REDACTED], UNITED STATES

COUNTY: PINELLAS

OCCUPATION, INDUSTRY: PROFESSIONAL WRESTLER, ENTERTAINMENT

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: MELANIE SKY DAILY

FATHER'S/PARENT'S NAME: PETER BOLLEA

MOTHER'S/PARENT'S NAME: RUTH MOODY

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MELANIE SKY DAILY BOLLEA

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: [REDACTED] CLEARWATER, FLORIDA [REDACTED], UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: BROOKE HELDMAN, [REDACTED]

FUNERAL FACILITY: SYLVAN ABBEY MEMORIAL PARK AND FUNERAL HOME [REDACTED]  
[REDACTED] CLEARWATER, FLORIDA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY  
CLEARWATER, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1117

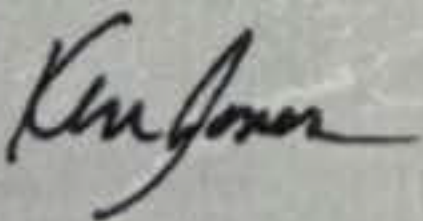
DATE CERTIFIED: JULY 26, 2025

CERTIFIER'S NAME: GERALD JOSEPH FITZGERALD JR

CERTIFIER'S LICENSE NUMBER: [REDACTED]

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2028094061

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD

