

August 20, 2019

2019 AUG 27 11:11

VIA FEDEX

FOIA PUBLIC LIAISON
EXECUTIVE OFFICE FOR UNITED STATES ATTORNEYS
[REDACTED]
[REDACTED]

Re: FOIA Requests; EOUSA-2019-003546, EOUSA-2019-003548, EOUSA-2019-003549,
EOUSA-2019-003550, EOUSA-2019-003551, EOUSA-2019-003552, EOUSA-2019-003553, &
EOUSA-2019-003554

Dear FOIA Public Liaison Officer:

This letter is in response to the July 17, 2019 letter regarding the eight above referenced FOIA requests from Assistant Director [REDACTED]. A copy of which is enclosed for your reference.

First, in regard to [REDACTED]). Records concerning [REDACTED] were requested in FOIA requests: EOUSA-2019-003549, EOUSA-2019-003550, EOUSA-2019-003552, EOUSA-2019-003553, and EOUSA-2019-003554 directed toward the United States Attorney's Offices for the District of New Mexico, Southern District of New York, District of the Virgin Islands, Southern District of Florida, and Northern District of Georgia respectively. We have obtained the necessary authorization (Certificate of Identity, Form DOJ-361) from [REDACTED] for the release of her records to our firm, Boies, Schiller and Flexner LLP, and to me specifically. See the signed authorization form enclosed.

[REDACTED] is our client and we are obtaining her records on her behalf. This is a priority over all other aspects of our record requests contained in the eight referenced FOIA requests. Specifically, records related to complaints filed by her against Jeffrey Epstein in New York are requested on an expedited basis if possible.

Second, in regard to Jeffrey Epstein (DOB: 01/20/1953). Records concerning Epstein were requested in FOIA requests: EOUSA-2019-003549, EOUSA-2019-003550, EOUSA-2019-003552, EOUSA-2019-003553, and EOUSA-2019-003554 directed toward the United States Attorney's Offices for the District of New Mexico, Southern District of New York, District of the Virgin Islands, Southern District of Florida, and Northern District of Georgia respectively. Subsequent to our original request, Jeffrey Epstein died on August 10, 2019. Given that Epstein died in Federal custody while facing Federal charges, and the resulting media attention, we assume that the Department of Justice is well aware of his death. As Jeffrey Epstein is now deceased, any privacy concerns are extinguished. We therefore renew our request for all records pertaining to

Jeffrey Epstein. Should you require that we obtain a formal death certificate to proceed, please let us know and we will conduct that exercise.

Finally, we request all public documents concerning the named individuals that may be contained within your files as described by Assistant Director [REDACTED] in the third paragraph of his letter. We are prepared to pay reasonable duplication fees in an amount not to exceed \$500 for any such records.

We reserve the right to supplement this request with additional supporting material as it may become available, and to file a formal appeal should that become necessary. If it is helpful, please free to contact me by telephone at [REDACTED] or via email at [REDACTED] to discuss these matters and expedite a satisfactory resolution.

Sincerely,



Sigrid S. McCawley, Esq.

Enclosures



U.S. Department of Justice
Executive Office for United States Attorneys

Freedom of Information and Privacy Staff

[REDACTED]

[REDACTED]

July 17, 2019

Sigrid S. McCawley

[REDACTED]

Re: Request Numbers: EOUSA-2019-003546, EOUSA-2019-003548, EOUSA-2019-003549,
EOUSA-2019-003550, EOUSA-2019-003551, EOUSA-2019-003552, EOUSA-2019-003553, &
EOUSA-2019-003554

Date of Receipt: July 1, 2019

Subject of Request: Third-Party Material – Multiple Individuals

Dear Ms. McCawley:

The Executive Office for United States Attorneys has received eight Freedom of Information Act request that you filed on July 1, 2019, and assigned the above reference numbers to them.

You have requested records concerning third parties. Records pertaining to a third party generally cannot be released absent express authorization and consent of the third party, proof that the subject of your request is deceased, or a clear demonstration that the public interest in disclosure outweighs the personal privacy interest and that significant public benefit would result from the disclosure of the requested records. Since you have not furnished a release, death certificate, or public justification for release, the release of records concerning a third party would result in an unwarranted invasion of personal privacy and would be in violation of the Privacy Act, 5 U.S.C. § 552a. These records are also generally exempt from disclosure pursuant to sections (b)(6) and (b)(7)(C) of the Freedom of Information Act, 5 U.S.C. § 552.

We will release, if requested, any public records maintained in our files, such as court records and news clippings, without the express authorization of the third party, a death certificate, or public justification for release. If you desire to obtain public records, if public records exist in our files, please reply with a letter asking for the public documents. Please send your letter to [REDACTED], [REDACTED].

Should you obtain the written authorization and consent of the third party for release of the records to you, please submit a new request for the documents accompanied by the written authorization. A form is enclosed to assist you in providing us the authorization and consent of the subject of your request. Your name should appear in the section titled "Optional." The authorization must be notarized or signed under penalty of perjury pursuant to 18 U.S.C. § 1001. Please send your new request to [REDACTED], [REDACTED].

This is our final action on this above-numbered request. If you are not satisfied with my response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, [REDACTED], or you may submit an appeal through OIP's FOIAonline portal by creating an account on the following web site: <https://foiaonline.regulations.gov/foia/action/public/home>. Your appeal must be postmarked or electronically transmitted within ninety (90) days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

You may contact our FOIA Public Liaison at the Executive Office for United States Attorneys (EOUSA) for any further assistance and to discuss any aspect of your request. The contact information for EOUSA is [REDACTED], [REDACTED]; telephone at [REDACTED]; or facsimile [REDACTED]. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, [REDACTED]; e-mail at [REDACTED]; telephone at [REDACTED]; toll free at [REDACTED]; or facsimile at [REDACTED].

Sincerely,

[REDACTED]
Assistant Director

Enclosure(s)



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester¹ _____

Citizenship Status² _____ Social Security Number³ _____

Current Address _____

Date of Birth _____ Place of Birth _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(h), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature⁴ _____ Date _____

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.



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Full Name of Requester¹ [REDACTED]

Citizenship Status² [REDACTED] Citizen of the United States Social Security Number [REDACTED]

Current Address [REDACTED]

Date of Birth [REDACTED] Place of Birth [REDACTED]

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to: My attorneys at Boies, Schiller and Flexner LLP. Including, but not limited to, Sigrid McCawley.

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable by a fine of not more than \$5,000.

Signature [REDACTED] Date [REDACTED] Aug 14, 2019

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

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⁴ Signature of individual who is the subject of the record sought.

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AUG-11-2019 07:36 PM CERTIFICATE OF DEATH Certificate No. 156-19-03283819 AUG 15
SUPERIOR COURT
THE STATE OF NEW YORK
MANHATTAN1. DECEASED'S
LEGAL NAME: JEFFREY EDWARD EPSTEIN
(First, Middle, Last)

Place Of Death	2a. New York City 2b. Borough Manhattan	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not listed, street address) New York-Presbyterian-Lower Manhattan Hospital			
Date and Time of Death or Found Dead		2a. (Month) August	(Day) 10	(Year mm yy) 2019	2b. Time 7:36	2c. AM PM	2d. Sex Male	2e. OEMC Case No. M19019432
S. C. U. B. R. T. I. X	3. Immediate cause a. Pending Further Study							
	b. Due to or as a consequence of c. Due to or as a consequence of							
4. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.								
7a. Injury Date (mm dd yyyy)		7b. Time ***	7c. At Work <input type="checkbox"/> Yes <input type="checkbox"/> No	7d. Place of Injury - Address, Facility, Street, etc. 7e. Location				
7f. How Injury Occurred								
7g. 8 Transportation Injury Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify _____		8. Manner of Death <input checked="" type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		9. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy <input type="checkbox"/> Postmortem <input type="checkbox"/> No Autopsy		10. By the results of examination and/or investigation, in my opinion, death occurred due to The following and contributing factors: <i>Jeffrey Epstein</i> Signature KIRAT SINGH, M.D., FRCR Medical Examiner Medical Identification Number C19019432 (Medical Examiner)		
11a. Usual Residence State US Virgin Islands		11b. County St. Thomas	11c. City/Town St. Thomas	11d. State/Zip U.S. Virgin Islands	11e. State 00802	11f. Home 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11g. Inside City/Unitary 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
12. Date of Birth (Month)		(Day)	(Year mm yy)	13. Age at time of death 66	14. Death Certificate 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	15. Social Security No. 3348		
16. Usual Occupation (Type of work done during year) (if applying for: Death Benefit/Death Consultant Brooklyn, New York								
17. Birthplace (City & State or Foreign Country) Brooklyn, New York								
18. Marital Status at time of death Armed Forces? 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____								
19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
20. Marital Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____								
21. Surviving Spouse (Previous spouse, if any, name prior to first marriage) (First, Middle, Last) Paula Stolofsky								
22. Father's Name (First, Middle, Last) Seymour Epstein		23a. Relationship to Decedent Brother		23b. Address (Street and Number) 1076 Madison Ave New York, NY 10028-0237				
24a. Informant's Name Mark Epstein		24b. Relationship to Decedent Brother		25d. Date of Disposition 08 13 2019				
25a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Embalming 4 <input type="checkbox"/> Other, Specify _____		25b. Place of Disposition (Name of cemetery, cemetery, other place)						
25c. Last Place of Death (City & State or Foreign Country) [REDACTED]		25d. Date of Disposition 08 13 2019						
26a. Funeral Establishment [REDACTED]		26b. Address (Street and Number) 1076 Madison Ave New York, NY 10028-0237						
27. No Correction History. <input type="checkbox"/>								

EVT201908377726

Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

August 11, 2019

Steven P. Schwartz, Ph.D., City Registrar



Y01383215

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §31-180 of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

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