

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

LEONARD POZNER,  
Plaintiff

vs.

Case No. 18CV3122

JAMES FETZER,  
MIKE PALECEK,  
WRONGS WITHOUT WREMEDIES, LLC,  
Defendants.

---

AFFIDAVIT OF LEONARD POZNER

---

Leonard Pozner, being first duly sworn upon oath, deposes and states as follows:

1. I make the following statements of my own knowledge.
2. Noah Pozner, who is now deceased, is the only male child I have ever fathered.
3. My name was legally changed from Eliezer Pozner to Leonard Pozner in 2002. A copy of the court order is attached as Ex. A.
4. I have fathered three children: Noah Pozner and his twin sister were born in 2006. Noah's older sister was born in 2005. I have not fathered any other children.
5. This is a picture of my son, Noah Pozner, taken in 2012:



6. I use the term "hoaxer" to refer to Sandy Hook hoaxers—anyone claiming that the Sandy Hook Shooting is a hoax.

7. Some hoaxers, including Alex Jones, claimed that Sandy Hook was an inside job. A video excerpt of Alex Jones making that allegation is available at <https://www.mediamatters.org/embed/clips/2016/11/29/51289/gcn-alexjones-20130409-sandyhook>. I emailed Alex Jones.

8. In 2013, if not earlier, other hoaxers, including James Tracy, claimed that the families of the children who died at Sandy Hook, including myself, were crisis actors.

9. Initially I took no public action, hoping that the hoaxers would move on to their next issue and I would be able to get on with grieving for the loss of my son.

10. Eventually I realized that some of these hoaxers would never leave me or my family alone. I was regularly harassed by hoaxers and their followers. Their theories threatened to erase my son's history. I was influenced by the epigraph from Vincent Bugliosi's book "Reclaiming History": "To the historical record, knowing that nothing in the present can exist without the paternity of history, and hence, the latter is sacred, and should never be tampered with or defiled by untruths."

11. I wanted to display the truth of Noah's life, to show that Noah was a real boy who actually lived and actually died. To support that effort, I posted a copy of Noah's certified death certificate on Noah's memorial Google Plus page. It was an effort to give Noah a voice and give him the ability to reclaim his history. It was his story that the hoaxers were threatening to erase.

12. I also wrote an opinion piece describing the devastating emotional impact of the hoaxers' unceasing attacks on the memory of my deceased son.

13. The death certificate I posted was one of several certified copies that had been issued to me by the Newtown records clerk in 2013. True and correct scans of the documents I obtained from the Newtown clerk are attached as Ex. B to this affidavit. Both documents include embossed seals, but those seals are not well

reflected in these scans. Those original certified death certificates will be made available for inspection.

14. At no point prior to receiving a copy of the certified death certificate was I in possession of any incomplete or uncertified copy of Noah Pozner's death certificate. I did not enter any information into any of the boxes on Noah Pozner's death certificate.

15. Sandy Hook is a community within the town of Newtown, Connecticut.

16. Prior to posting the death certificate, I redacted sensitive information from the death certificate. I redacted Noah's social security number from the lower right hand corner of the certified death certificate. I also redacted the location of Noah's grave because some hoaxers had threatened to dig up his grave in order to prove that it was empty.

17. In mid-2013 I had the Newtown clerk's office amend Noah's death certificate to reflect the address where he resided for his whole life, rather than Veronique's apartment where he spent only a few days per week for a relatively short period of time. The copy of the certified death certificate attached to the Complaint in this case reflects the changes I requested.

18. I have never purchased a copy of Nobody Died At Sandy Hook.

19. Noah Pozner, along with his siblings, was listed as a dependent on my tax returns in the years before he died.

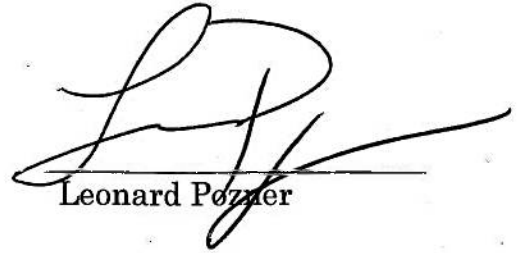
20. A true and correct scan of Noah Pozner's social security card is attached as Ex. C.

21. I married Veronique De La Rosa in New York in 2003. A village justice performed our ceremony. We were divorced in Florida in 2014.

22. I have suffered severe humiliation and other emotional anguish and distress as a result of the accusations in Defendants' book accusing me of releasing a fake copy of Noah's death certificate as part of an effort to deceive the public.

23. I have read the foregoing affidavit and acknowledge the contents thereof and affirm I truthfully executed the same for the purposes therein expressed.

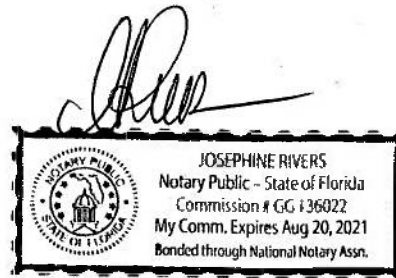
Dated: April 29, 2019



Leonard Pozner

Subscribed and sworn to before me on this 29th day of April, 2019.

Notary Public, State of Florida  
My Commission expires:



# Exhibit A: Legal Name Change



CERTIFICATION FEE PAID  
7/15/02 # 208523

At a Special Term II of  
the Civil Court of the City of  
New York held in and for the  
County of Kings at the  
courthouse located at 141  
Livingston Street, Brooklyn,  
NY on the 27 day  
of June, 2002

**CIVIL COURT OF THE CITY OF NEW YORK  
COUNTY OF KINGS**

PRESENT:

HON DOMINICK S. WALTROUS  
JUDGE, CIVIL COURT X

APPROVED ONLY  
FOR INDEX # 7C

Index No.: N 00555 2002

In the Matter of the Application of:

ELIEZER POZNER

**PROPOSED ORDER**

for Leave to Assume the Name of:

LEONARD POZNER X

**FEE PAID**

**JUN 27 2002**

**CIVIL COURT,  
KINGS COUNTY**

Upon reading and filing the petition of ELIEZER POZNER, verified the 12<sup>th</sup> day of  
APRIL, 2002, praying for leave to change his name from ELIEZER POZNER  
to LEONARD POZNER and the court being satisfied thereby that the petition is true and that there  
is no reasonable objection to the change of name proposed.

**NOW**, on motion of Dominick S. Cardinale, attorney for the petitioner, it is hereby:

**ORDERED**, that the petitioner, ELIEZER POZNER, born on October 11, 1967, at Riga,  
Russia is hereby authorized to assume the name LEONARD POZNER in place of his present name  
upon compliance with the provision of this order; and it is further

**ORDERED**, that this order shall be entered and the papers on which it was granted be filed within ten days after the entry thereof, in the Office of the Clerk of the County of Kings; and it is further

**ORDERED**, that at least once within twenty days after the making of this order, a notice in substantially the following form, shall be published in the Brooklyn Record, a newspaper published in the said County of Kings, in substantially the following form:

**NOTICE OF PUBLICATION**

"Notice is hereby given that an order entered by the Civil Court, Kings County, on the 27 day of JUNE, 2000, bearing Index No. N 00552002, a copy of which may be examined at the Office of the Clerk, located at 141 Livingston Street, Brooklyn, NY, in the Record Room, Room 007 grants me the right to assume the name LEONARD POZNER. My present address is 1119 Ocean View Avenue, Brooklyn, NY 11235; the date of my birth is October 11, 1967; the place of my birth is Riga, Russia; my present name is ELIEZER POZNER."; and it is further

**ORDERED**, that within forty days of the making of this order, an affidavit of publication as herein directed shall be filed with the court at 141 Livingston Street, Brooklyn, NY; and it is further

**ORDERED**, that within twenty days of the making of this order the petitioner shall serve a copy hereof upon the United States Department of Justice, Immigration and Naturalization Service, at 26 Federal Plaza, New York, NY 10278; and it is further

**ORDERED**, that within forty days of the making of this order proof of service of a copy hereof upon the United States Department of Justice, Immigration and Naturalization Service, at 26

Federal Plaza, New York, NY 10278 shall be filed in the Office of the Clerk of the Kings Civil Court at 141 Livingston Street, Brooklyn, NY; and it is further

ORDERED, that upon full compliance with the above provisions of this order, the petitioner shall be known by the name LEONARD POZNER, in which he is hereby authorized to assume and by no other name.

DATED: JUN 27 2002

ENTER

*sw*

FILED

JUN 15 2002

SPECIAL  
CIVIL COURT  
KINGS COUNTY

DOLORES L. WALTRUS  
JUDGE, CIVIL COURT

Certification of a Document  
BKK  
Fee: \$5.00 Paid  
07-15-02 Transaction #: 200523  
Index No.: 555 KCV 2002  
ELEZER POZNER vs. LEONARD POZNER



State of New York }  
County of Kings } ss

JACK BAER, Chief Clerk of the Civil Court  
of the City of New York, DO HEREBY CERTIFY THAT  
the provisions of the foregoing order for change of name  
have been complied with.

IN WITNESS WHEREOF, I have hereunto set  
my hand this 15 day of July 2002

*Jack Baer*  
Chief Clerk of the Civil Court  
of the City of New York

State of New York }  
County of Kings } ss

JACK BAER, Chief Clerk of the Civil Court  
of the City of New York, DO HEREBY CERTIFY THAT  
the provisions of the foregoing order for change of name  
have been complied with.

IN WITNESS WHEREOF, I have hereunto set  
my hand this 15th day of July 2002

*Jack Baer*  
Chief Clerk of the Civil Court  
of the City of New York

Federal Plaza, New York, NY 10278 shall be filed in the Office of the Clerk of the Kings Civil  
Court at 141 Livingston Street, Brooklyn, NY; and it is further



Civil Court of the City of New York  
141 Livingston Street  
Brooklyn, NY 11201

Register #: K3 Transaction No.: 208523

Index Number: 555 KCV 2002  
ELIEZER POZNER vs. LEONARD POZNER

FEE: \$5.00 Paid July 15, 2002  
Cash

Certification Of A Document

I, Jack Baer, Chief Clerk, do hereby certify that I have compared the attached copy with the original document on file in my office and that it is a correct and complete transcript of original.

*Jack Baer*  
JACK BAER, Chief Clerk  
No. of Pages: 2

PCR 07-2002 BHK 10-37

KEEP THIS RECEIPT WITH YOUR COURT PAPERS

# Exhibit B: Scans of Certified Death Certificates



VS-4ME 4/04  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER

CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)  
**Noah Samuel Pozner**

2. SEX  
 MALE  
 FEMALE

3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month)  
**December 14, 2012**

4. ACTUAL OR PRESUMED TIME OF DEATH  
**11:00 AM**

5. Age at last birthday  
**6**

6. Under 1 Year  
Mo. Days Hours Min

7. Date of Birth (MM/DD/YYYY)  
**November 20, 2006**

8. BIRTHPLACE (City, State or Foreign Country)  
**Danbury, Connecticut**

9. RESIDENCE-STATE  
**Connecticut**

10. RESIDENCE-COUNTY  
**Fairfield**

11. RESIDENCE-CITY OR TOWN  
**Sandy Hook**

12. RESIDENCE-STREET AND NO.  
**37 Alpine Circle**

13. APT NO  
**---**

14. ZIP CODE  
**06482**

15. EVER IN US ARMED FORCES?  
 Married  Married but Separated  Widowed  
 Divorced  Never Married  Unknown

16. MARITAL STATUS AT TIME OF DEATH

17. SURVIVING SPOUSE'S NAME (if wife, give maiden name)

18. FATHER'S NAME (First, Middle, Last)  
**Lenny Pozner**

19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)  
**Veronique Patricia Haller**

20. INFORMANT'S NAME  
**Veronique Pozner**

21. INFORMANT'S RELATIONSHIP TO DECEDENT  
**Mother**

22. MAILING ADDRESS (Street and Number, City, State, Zip Code)  
**37 Alpine Circle, Sandy Hook, Connecticut 06482**

23. IF DEATH OCCURRED IN A HOSPITAL:  
 Inpatient  ER/Outpatient  Dead on Arrival

24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  
 Home Facility  Nursing Home  Other (specify)  
**Public School**

25. FACILITY NAME (if not institution, give street & number)  
**12 Dickinson Drive**

26. CITY OR TOWN OF DEATH & ZIP CODE  
**SANDY HOOK 06482**

27. COUNTY OF DEATH  
**FAIRFIELD**

28. METHOD OF DISPOSITION  
 Burial  Cremation  Donation  Entombment  Removal from state

29. DISPOSITION (Name of country, cemetery, other place)  
**B'nai Israel Cemetery**

30. LOCATION (city)  
**Monroe, Connecticut**

31. DATE  
**12/14/2012**

32. WAS BODY EMBALMED?  Yes  No IF Yes, Name of Embalmer

33. FUNERAL FACILITY - Name and Address (street, town, state)  
**Abramham L. Green and Son, F'neral Home, 88 Beach Rd., Fairfield, Connecticut 06424**

34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER  
**James P. Areen**

35. LICENSE NUMBER OF SIGNEE IN BOX 34  
**2130**

36. M.E. CASE NUMBER  
**12-17604**

37. DATE PRONOUNCED DEAD (MM/DD/YYYY)  
**12/14/2012**

38. TIME PRONOUNCED  
**11:00 AM**

39. WAS AN AUTOPSY PERFORMED?  
 Yes  No

40. 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. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.  
**(a) Multiple Gunshot Wounds**  
Due to (or as a consequence of):  
**(b)**  
Due to (or as a consequence of):  
**(c)**  
Due to (or as a consequence of):  
**(d)**

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42. MANNER OF DEATH (Homicide, Suicide, Accidents, Sudden, Unknown/Specify)  
**Homicide**

43. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  Probably  No

44. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)  
**12 Dickinson Dr., Sandy Hook, CT**

45. DATE OF INJURY (MM/DD/YYYY)  
**December 14, 2012**

46. TIME OF INJURY  
**AM**

47. PLACE OF INJURY (School, Primary or Secondary)  
**Secondary**

48. INJURY AT WORK?  
 Yes  No

49. TRANSPORTATION INJURY, SPECIFY  
 Driver/Operator  Passenger  Pedestrian  Other specify

50. DESCRIBE HOW INJURY OCCURRED:  
**Shooting**

51. CERTIFIER: On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and as a result of the cause shown on this certificate.  
**H. Wayne Carver, II, M.D.**  
Certifier Name (type or print)  
Certifier signature  
Title of Certifier  
**Chief Medical Examiner**  
Date Certified  
**Dec 15, 2012**

52. MAILING-CERTIFIER: (Street) (City or Town) (State)  
**Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939**

53. REGISTERED BY  
**Debbie A Casella**

54. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed as the time of death.)  
 High School Graduate/GED  Some college credit, but no degree  
 Associate degree  Bachelor degree  
 Master's degree  Doctorate or Professional degree  
 Unknown  Not available

55. DECEDENT OF HISPANIC ORIGIN?  
 No, Not Spanish/Hispanic/Latino  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes other Spanish/Hispanic/Latino (specify)

56. DECEDENT'S RACE  
 White  Black or African American  Asian Indian  
 American Indian or Alaska Native (Name of the enrolled or principle tribe)  
 Chinese  Filipino  Japanese  Korean  Vietnamese  
 Other Asian (specify)  Native Hawaiian  Guamanian or Chamorro  Samoan  
 Other Pacific Islander (specify)

57. DECEDENT'S USUAL OCCUPATION  
**Student**

58. KIND OF BUSINESS/INDUSTRY  
**Elementary School**

SOCIAL SECURITY NUMBER

I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD.  
ATTEST: **Debbie A Casella** REGISTRAR



VS-4ME, 4/04  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH OFFICE OF THE CHIEF MEDICAL EXAMINER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)  
**Noah Samuel Pozner**

2. SEX  
 MALE  
 FEMALE

3. ACTUAL OR PRESUMED DATE OF DEATH  
**December 14, 2012**

4. ACTUAL OR PRESUMED TIME OF DEATH  
**11:00 AM**

5. Age at last birthday  
**6**

6. Under 1 Year  
Mo. Days Hours Min

7. Date of Birth (MM/DD/YYYY)  
**November 20, 2006**

8. BIRTHPLACE (City, State or Foreign Country)  
**Danbury, Connecticut**

9. RESIDENCE-CITY AND TOWN  
**Fairfield**

10. RESIDENCE-CITY OR TOWN  
**Sandy Hook**

11. RESIDENCE-CITY OR TOWN  
**Sandy Hook**

12. RESIDENCE-STREET AND NO.  
**37 Alpine Circle**

13. APT. NO.  
**06482**

14. ZIP CODE  
**06482**

15. EVER IN US ARMED FORCES?  
 Yes  No

16. MARITAL STATUS AT TIME OF DEATH  
 Married  Widowed  
 Divorced  Never Married  Unknown

17. SURVIVING SPOUSE'S NAME (if wife, give maiden name)

18. FATHER'S NAME (First, Middle, Last)  
**Lenny Pozner**

19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (first, middle, last)  
**Veronique Patricia Haller**

20. INFORMANT'S NAME  
**Veronique Pozner**

21. INFORMANT'S RELATIONSHIP TO DECEDENT  
**Mother**

22. MAILING ADDRESS (Street and Number, City, State, Zip Code)  
**37 Alpine Circle, Sandy Hook, Connecticut 06482**

23. IF DEATH OCCURRED IN A HOSPITAL:  
 Inpatient  ER/outpatient  Dead on Arrival

24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  
 Hospice Facility  Nursing Home  Other (specify)  
**Public School**

25. FACILITY NAME (if not institution, give street & number)  
**12 Dickinson Drive**

26. CITY OR TOWN OF DEATH & ZIP CODE  
**FAIRFIELD 06482**

27. COUNTY OF DEATH  
**FAIRFIELD**

28. METHOD OF DISPOSITION:  
 Burial  Cremation  Donation  Entombment  Removal from state  
 Other (specify)

29. DISPOSITION (Name of cemetery, crematory, other place)  
**B'nai Israel Cemetery**

30. LOCATION (city/town)  
**Monroe, Connecticut**

31. DATE (month/year)  
**12/14/2012**

32. WAS BODY EMBALMED?  Yes  No (If Yes, Name of Embalmer)

33. FUNERAL FACILITY - Name and Address (street, town, state, zip)  
**Abraham L. Green and Son Funeral Home**

34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER  
**Samuel G. Green**

35. LICENSE NUMBER OF SIGNEE IN BOX 34  
**2130**

36. M.E. CASE NUMBER  
**12-17604**

37. DATE PRONOUNCED DEAD (MM/DD/YYYY)  
**12/14/2012**

38. TIME PRONOUNCED DEAD  
**11:00 AM**

39. WAS AN AUTOPSY PERFORMED?  
 Yes  No

40. 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. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.  
**IMMEDIATE CAUSE (Final disease or condition resulting in death) →**  
**(a) Multiple Gunshot Wounds**  
Due to (or as a consequence of):  
**(b)**  
Due to (or as a consequence of):  
**(c)**  
Due to (or as a consequence of):  
**(d)**

41. PART II. Enter other causal conditions contributing to death but not resulting in the underlying cause given in PART I.  
**Homicide**

42. IF FEMALE:  Not pregnant within past year  
 Not pregnant, but pregnant 43 days to 1 year before death  
 Pregnant at the time of death  
 Unknown if pregnant within past year  
 Not pregnant, but pregnant within 42 days of death

43. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  Probably  No  
 Unknown

44. MANNER OF DEATH (Natural, Homicide, Accident, Suicide, Undetermined/Suicide)  
**Homicide**

45. DATE OF INJURY  
**December 14, 2012**

46. TIME OF INJURY  
**AM**

47. PLACE OF INJURY (Specify)  
**School, Primary or Secondary**

48. INJURY AT WORK?  
 Yes  No

49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)  
**12 Dickinson Dr., Sandy Hook, CT**

50. DESCRIBE HOW INJURY OCCURRED:  
**Shooting**

51. IF TRANSPORTATION INJURY, SPECIFY:  
 Driver/Operator  Passenger  
 Pedestrian  Other (specify)

52. CERTIFIER: On the basis of examination, investigation, by any means, death witnessed at the time, date, and place, and after a thorough autopsy (if applicable)  
**H. Wayne Carver, II, M.D.**  
Certifier Name (two or more)

53. MAILING-CERTIFIER (City or Town)  
**Fairfield**

54. CERTIFIER SIGNATURE  
*[Signature]*

55. MAILING-CERTIFIER (City or Town)  
**Fairfield**

56. CERTIFIER'S RACE  
 White  Black or African American  Asian Indian  
 American Indian or Alaska Native (Name of the enrolled or principle tribe)  
 Chinese  Filipino  Japanese  Korean  Vietnamese  
 Other Asian (specify)  Native Hawaiian  Guamanian or Chamorro  Samoan  
 Other Pacific Islander (specify)

57. DECEDENT'S USUAL OCCUPATION  
**Student**

58. DECEDENT'S USUAL OCCUPATION  
**Elementary School**

59. SOCIAL SECURITY NUMBER  
[REDACTED]

60. TITLE OF CERTIFIER  
**Chief Medical Examiner**

61. DATE CERTIFIED  
**Dec 15, 2012**

62. (STATE)  
**CONNECTICUT**

63. THIS CERTIFICATE WAS RECEIVED FOR RECORD ON  
**December 26, 2012**

64. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed as the time of death.  
 6th grade or less  9-12th grade, no diploma  
 High School Graduate/GED  Some college credit, but no degree  
 Associate degree  Bachelor degree  
 Master's degree  Doctorate or Professional degree  
 Unknown  Not available

65. DECEDENT'S HISPANIC ORIGIN  
 No, Not Spanish/Hispanic/Latino  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes other Spanish/Hispanic/Latino (specify)

I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD.

ATTEST: *Debbie A. Cuneo* REGISTRAR

**Exhibit C:**  
**Noah Pozner Social Security Card**

