COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

	3052017149763	CERTIFIC STATE	CERTIFICATE OF DEATH USE BLACK BIK ONLY NO BRACKERS, WHITEOUTS OF ALTERATIONS		3201719033080		
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST: (Given)	2. MIDDLE	VS-11gREV 3/06) 2. MIDDLE 3. LAST (Family)		LOCAL REGISTRATION NUMBER		
1	CHESTER AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE)	CHARLES	BENNINGTON 4. DATE OF BIRTH mm/dd/ocyy S. AGE Yrs. FUNDER ONE YEAR			IF UNDER 24 HG	NIDE L - AND
			03/20/1976	41	cerths Days		XIII 6. SEX
14.12.12.12.13	AZ		NO WARRIED		07/20/2017	-	0908
	3. EDUCATION - Highest Level/Degree 14/15. WAS DECEDEN (see worksheet on back) SOME COLLEGE YES	T HISPANIC/LATINO(AVSPANISH? (It yes, see wor	Ashelt on back) 16. DECEDENT'S RA	ACE - Up to 3 races ma	y be listed (see works)	heet on back)	
	7. USUAL OCCUPATION - Type of work for most of life. D ROCK STAR MUSICIAN	NO NOT USE RETIRED 18. KIND O	OF BUSINESS OR INDUSTRY (e.g., groce	ry store, road construction	on, employment agenc	y, etc.) 19. YE	ARS IN OCCUPATION
	O. DECEDENT'S RESIDENCE (Street and number, or local	2-12-2			100000		27
	21. CITY [22. COUNTY/PROVINCE] 23. ZIP CODE [24. YEARS IN COUNTY] 25. STATE/FOREIGN COUNTRY						
	PALOS VERDES ESTATES	LOS ANGELES	90274	24. YEARS IN COUNT	CA STATE/FORE	IGN COUNTRY	
100000000000000000000000000000000000000	26. INFORMANT'S NAME. RELATIONSHIP TOMMY H. CHURCH, FRIEND						
1	28. NAME OF SURVIVING SPOUSE/SPOP'-FIRST	29. MIDDLE	30. LAST (BIRTH	H NAME)	-	181 1 1101 181 1 1101 181 1 1101 181 1 1101	100 100 100
	TALINDA	ANN	BENTLE	Y	111	1	111111111111111111111111111111111111111
	DI. NAME OF FATHER/PARENT-FIRST	RUSSELL.	33. LAST BENNIN	GTON	77/	0 0 P	BIRTHSTATE
	35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	37, LAST BIRT			38	BIRTH STATE
	SUSAN 99. DISPOSITION DATE: rem/dd/coyy 40. PLACE OF F	ELAINE MAL DISPOSITION DESIDENCE	DETAILED BENNE	10000			20
The second second	07/26/2017 III. TYPE OF DISPOSITIONISI		AEMBALMER		M	VAIN	ISE NUMBER
-	CR/RES	42 SGNAUH	A EN BALDARI	- 1 (- UCEN	ISE NUMBER
LOCAL REGISTRAR	4 NAME OF FUNERAL ESTABLISHMENT GREEN HILLS MORTUARY & CHAPEL INC	MEMORIAL PO1175	MBER 46 SIGNATURE OF LOCAL REG	SISTRAS		100000000000000000000000000000000000000	mm/darecty 6/2017
1	IO1. PLACE OF DEATH	200	102 IF NOSPITAL SAGGIF	- Inner	THER THAN HOSPIT	AL SPECIFY ON	
		Y ADDRESS OR LOCATION WHERE FOUND (S		DOA L HO	Home	Ho Per	me Oth
	OS ANGELES Constitution of the chan of			7	BVEL	~	- g
	MMEDIATE CAUSE (A) HANGING	events - datesals injuried or contribution of respiratory arross or solutional label and humbor is	rett directly caused death, DO NOT anter to showing the eticlogy. DO NOT ASBREVATE	minal avents such	Time rerual Servi Onset and Deor		S NO
	Final disease or condition resulting on death)	1	115	ΩD	MINS	2017-0	05390 Y PERFORMED?
	Requentially, list conditions, if any	J	2/1/10		(вт)	YE	L.,,,,
	eading to cause (C) (C) UNDERLYING		0)		(CI)	110. AUTOR	PSY PERFORMED?
CAUSE OF	CAUSE (disease of highly that	The state of the s				A TEX	
1	nitiated the events (D)	167115			(DT)	111. USED N	DETERMINING CAUSET
	esulting in qualify LAST	3871	DIVAM CALIFF ON THIN 107		(01)	111. USED N	DETERMINING CAUSES
	issuled the wants (0) southing to the wants (0) southing in south) LAST (12. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING, NONE	POTES NEW ACT RESULTING IN THE UNDE	IRLYING CAUSE GIVEN IN 107		(01)		DETERMINING CAUSES
	nificated the events — (EV) esulting in equal) LAST 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING.					X YES	DETERMINING CAUSES S NO
	INDIGET OF EACH TO THE BEST OF MY KNOWLEDGE GENTHOUSENING	N IN ITEM 107 OR 1127 If yes, lightype of opera	ation and date.)			YES 13A F FEMALE, PR	DETERMINING CAUSES
	INCLUDE TO A WARTS TO THE BEST OF MY KNOWLEDGE GEATH OF THE HOURD TO THE HOUR DESTRUCTION TO THE BEST OF MY KNOWLEDGE GEATH OF THE HOUR DESTRUCTION TO THE BEST OF MY KNOWLEDGE GEATH OF THE HOUR DESTRUCTION TO THE BEST OF MY KNOWLEDGE GEATH OF THE HOUR DESTRUCTION TO THE BEST OF MY KNOWLEDGE GEATH OF THE HOUR DESTRUCTION TO THE HOUR DESTRUCTION TO THE GEATH OF THE STATED PROME THE CAUSES STATED THE CAUSES STATED PROME THE CAUSES STATED THE CAUSES STATED PROME THE CAUSES STATED PROME	N IN ITEM 107 OR 1127 III yes, list type of opens COURADD 1 116, SIGNATURE AND THE FOR CE THE	ntion and date I.			YES 13A F FEMALE, PR	DETERMINING GAUSEI S NO
	INGLED THE WAYNS TO THE BEST OF MY MOWLEGGE GRATHOUT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED FROM	N IN ITEM 107 OR 1127 III yes, list type of opens COURADD 1 116, SIGNATURE AND THE FOR CE THE	ation and date.)			YES 13A F FEMALE, PR	DETERMINING GAUSEI S NO
	INCLUDE THE STORMER OF THE STORMER OF THE CONDITIONS CONTRIBUTIONS NONE 113. WAS OPERATION REPROPAGE TO CONDITION 114. I CERTIFY THAT TO THE SECT OF MY KNOW, EDGE CENTH OF THE FULL DATE, AND PLACE STATED PRIOR THE CAUSES	N IN ITEM 107 OR 1127 III yes, list type of open countries in the signature AND TITLE OF CE ITED. Alive 118. TYPE ATTENDING PHYSICIAN HOUR, DATE, AND PLACE STATED FROM THE CAUSE Houridde Y Success 1 Pending.	PRIFIER PS NAME, MAILING ADDRESS, ZIP COD SSTATED, Could not be	D AT WORK?	116. UCENSE N	ISA F FEMALE, PR YES UMBER 117. Ou	DETERMINING QUUSES NO EGNANT IN LAST YEA NO UNIV. LIZZ. HOUR (24 Hou
	INCOME THE AND PLACE STATES PROCEED FOR ANY CONDITION ON THE LOSS OF THE LOSS	N IN ITEM 107 OR 1127 III yes, list type of operation COURRED 115. SIGNATURE AND THE FOR CE FEB. Alive 118. TYPE ATTENDING PHYSIGIAN HOUR, DATE, AND PLACE STATED FROM THE CAUSE Homidde X Suicide Preside	INTEGER S NAME, MAILING ADDRESS, ZIP COD		110. LICENSE N	ISA F FEMALE, PR YES UMBER 117. Ou	DETERMINING QUUSES NO EQUIVANT IN LAST YEA NO UNIV
	INCLUDED THE NEW TO THE STATE OF THE STATE O	N IN ITEM 107 OR 1127 III yes, list type of operation COURSED 115. SIGNATURE AND THE FOF CE FEB. Alive 118. TYPE ATTENDING PHYSIGIAN HOUR, DATE, AND PLACE STATED FROM THE CAUSE Hornicide X Suicide Persing Tweestignion Oxided sines, etc.)	PRIFIER PS NAME, MAILING ADDRESS, ZIP COD SSTATED, Could not be	D AT WORK?	116. UCENSE N	ISA F FEMALE, PR YES UMBER 117. Ou	DETERMINING QUUSES NO EGNANT IN LAST YEA NO UNIV. LIZZ. HOUR (24 Hou
	INCLUDE THE AND PLACE STATES FROM THE CAUSES	N IN ITEM 107 OR 1127 III yes, list type of operation of the foliation of	PRIFIER PS NAME, MAILING ADDRESS, ZIP COD SSTATED, Could not be	D AT WORK?	116. UCENSE N	ISA F FEMALE, PR YES UMBER 117. Ou	DETERMINING QUUSES NO EGNANT IN LAST YEA NO UNIV. LIZZ. HOUR (24 Hou
	INCLUDE THE STATE OF THE STATE	N IN ITEM 107 OR 1127 III yes, list type of open countries of the countrie	Intion and date 1. HIDHER S NAME, MAILING ADDRESS, ZIP COD S STATED. 120. INJURE Otherwised YES	DAT WORK?	110. LICENSE NO 121. NUURY DA	YES YES UMBER 117. ON	DETERMINING QUUSES NO EGNANT IN LAST YEA NO UNIV. LIZZ. HOUR (24 Hou
	INCOME 112. OTHER SIGNERICANT CONDITIONS CONTRIBUTING, NONE 113. WAS OPERATION REPROPRIED TO BAY CONDITION 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE GEATH OR TO THE HOURD RULE AND PLACE STATED PROM THE CAUSES STATE DECEMENT ARRENDED SINCE 109. INTRIVIDUO OF THE CONTRIBUTION O	N IN ITEM 107 OR 1127 III yes, list type of operation of the control of the contr	PRIFIER TS NAME, MAILING ADDRESS, ZIP COD S STATED. Outd not be determined YES	D AT WORK?	116. LICENSE NO 121. INJURY DA UNK	TE mm/dd/ccyy	DETERMINING QUUSES NO EGNANT IN LAST YEA NO UNIV. LIZZ. HOUR (24 Hou

