CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052012128197 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 3/08)

3201219028979 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
SAGE	MOONBLOOD	STALLONE

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
-	05/05/1976	36					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	[redacted]	☐ YES ☒ NO ☐ UNK	NEVER MARRIED	07/13/2012 FND	1531

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
FILM MAKER	ENTERTAINMENT	22

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ANGELES	LOS ANGELES	90046	36	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip)
GEORGE BRAUNSTEIN, ATTORNEY	[redacted] LOS ANGELES, CA 90025

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
SYLVESTER	-	STALLONE	PA
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
SASHA	-	CRACK	PA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
07/21/2012	PIERCE BROTHERS WESTWOOD MEMORIAL PARK 1218 GLENDON AVE, LOS ANGELES, CA 90024	
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**	**43. LICENSE NUMBER**
BU	[redacted]	EMB9162
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER** / **46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY	FD951 [redacted]	07/17/2012

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	[redacted]	LOS ANGELES

CAUSE OF DEATH

107. CAUSE OF DEATH

Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) DEFERRED	(AT) -
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B)	(BT)
	(C)	(CT)
	(D)	(DT)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
☒ YES ☐ NO	☐ YES ☒ NO	☒ YES ☐ NO	☒ YES ☐ NO
REFERRAL NUMBER 2012-04616			

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

Decedent Attended Since	Decedent Last Seen Alive
(A) mm/dd/ccyy	(B) mm/dd/ccyy

115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]

116. LICENSE NUMBER

117. DATE mm/dd/ccyy

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☒ Pending Investigation ☐ Could not be determined

120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK

121. INJURY DATE mm/dd/ccyy

122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER: [redacted]

127. DATE mm/dd/ccyy: 07/17/2012

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: REGINA M AUGUSTINE, DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						010001002110069		

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan Fielding MD MPH

VD

DATE ISSUED JUL 23 2012

20000042246

Director of Public Health and Registrar

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3052012128197		3201219028979
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER

1.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD

1A. NAME—FIRST	1B. MIDDLE	1C. LAST
SAGE	MOONBLOOD	STALLONE

2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT
M	07/13/2012 FND	LOS ANGELES	LOS ANGELES

6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD
SYLVESTER - STALLONE	SASHA - CRACK

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
20	[redacted]	[redacted]
37	CRACK	CZACK

REASON FOR CORRECTION: 11. CORRECT THE RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES

TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD

12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME	12C. TITLE/RELATIONSHIP TO PERSON IN PART I
[redacted]	JEFFREY SAMPLE	FUNERAL DIRECTOR
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		**12E. DATE SIGNED—MM/DD/CCYY**
[redacted] LOS ANGELES, CA 90024		07/19/2012
13A. SIGNATURE OF SECOND PERSON	**13B. PRINTED NAME**	**13C. TITLE/RELATIONSHIP TO PERSON IN PART I**
[redacted]	GEORGIANNE DANKO	FUNERAL DIRECTOR
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		**13E. DATE SIGNED—MM/DD/CCYY**
[redacted] LOS ANGELES, CA 90024		07/19/2012

STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION
	[redacted]	07/20/2012

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Jonathan E Fielding MD
VD

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