

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052020036822

CERTIFICATE OF DEATH

3202019008202

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.



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.

Handwritten signature and 'VF' initials of the Health Officer and Registrar.

DATE ISSUED

MAR -2 2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANG04



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052020036822

STATE FILE NUMBER

1.1

### AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3202019008202

LOCAL REGISTRATION NUMBER

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 BASHAR	1B. MIDDLE BARAKAH	1C. LAST JACKSON	
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 02/19/2020	4. CITY OF EVENT WEST HOLLYWOOD	5. COUNTY OF EVENT LOS ANGELES
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD GREGORY - JACKSON		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD AUDREY M BOOTHE	

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

2 OF 2

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
39	02/22/2020	03/06/2020
40	[REDACTED]	[REDACTED]

LIST ONE ITEM PER LINE

REASON FOR CORRECTION

11. TO CORRECT RECORD

AFFIDAVITS AND SIGNATURES

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.

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

12A. SIGNATURE OF FIRST PERSON  
[REDACTED]

12B. PRINTED NAME  
L. MARIE THEUS

12C. TITLE/RELATIONSHIP TO PERSON IN PART I  
MORTUARY CLERK

12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)  
[REDACTED]

12E. DATE SIGNED—MM/DD/CCYY  
02/28/2020

13A. SIGNATURE OF SECOND PERSON  
[REDACTED]

13B. PRINTED NAME  
SONYA SIMPSON

13C. TITLE/RELATIONSHIP TO PERSON IN PART I  
FUNERAL DIRECTOR

13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)  
[REDACTED]

13E. DATE SIGNED—MM/DD/CCYY  
02/28/2020

STATE/LOCAL REGISTRAR USE ONLY

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR  
[REDACTED]

15. DATE ACCEPTED FOR REGISTRATION  
02/28/2020

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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100014004

*[Signature]*  
VF

DATE ISSUED

MAR -2 2020

Health Officer and Registrar

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