

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

3052016255359

**CERTIFICATE OF DEATH**

3201619057216

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
LISA		MARIE		NAEGLE	
4. DATE OF BIRTH (month/day) 03/06/1980					
5. AGE (in years) 36					
6. SEX F					
7. DATE OF DEATH (month/day) 12/20/2016					
8. HOUR (24 hours) 1633					
9. BIRTH STATE/FORIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> J-K	
12. EDUCATION - Highest level attained (See instructions on back) MASTERS		13. WAS DECEASED HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. DECEASED'S RACE - (Up to 3 races may be stated; race established on birth) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		
NURSE PRACTITIONER			MEDICAL		
17. YEARS IN OCCUPATION 20					
18. DECEASED'S RESIDENCE (street and number or location)					
[REDACTED]					
19. CITY SAN PEDRO		20. COUNTY/PROVINCE LOS ANGELES		21. ZIP CODE [REDACTED]	
22. YEARS IN COUNTY 36		23. STATE/FORIGN COUNTRY CA			
24. INFORMANT'S NAME, RELATIONSHIP DEREK MICHAEL HARRYMAN, HUSBAND					
25. [REDACTED]					
26. NAME OF BURNING SPOUSE/SPOUSE FIRST DEREK		27. MIDDLE MICHAEL		28. LAST BIRTH NAME HARRYMAN	
29. NAME OF FATHER/MOTHER FIRST JAMES		30. MIDDLE RICHARD		31. LAST NAEGLE	
32. NAME OF BIRTHPLACE FIRST DOLORES		33. MIDDLE		34. LAST BIRTH NAME MORA	
35. STATE/FORIGN COUNTRY CA		36. STATE/FORIGN COUNTRY MEXICO			
37. DEPOSITION DATE (month/day) 12/31/2016		38. PLACE OF FINAL DEPOSITION GREEN HILLS MEMORIAL PARK			
39. TYPE OF DEPOSITION BU		40. PLACE OF FINAL DEPOSITION 27501 SOUTH WESTERN AVENUE, RANCHO PALOS VERDES, CA 90275			
41. NAME OF FUNERAL ESTABLISHMENT GREEN HILLS MORTUARY & MEMORIAL CHAPEL, INC.		42. COUNTY/PROVINCE EB175		43. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
44. DATE OF DEATH 12/30/2016		45. SIGNATURE OF LOCAL REGISTRAR [REDACTED]			
46. PLACE OF DEATH BACKYARD					
47. COUNTY LOS ANGELES					
48. ZIP CODE LEAVOOD					
49. CAUSE OF DEATH DEFERRED					
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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.

*[Signature]*  
VE  
Director of Public Health and Registrar

DATE ISSUED **JAN -3 2017** 00006379\*

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

