STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016168722 — STATE FILE NUMBER

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

3201619038085 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	3. LAST (Family)
ALBERTO	-	AGUILERA-VALADEZ

AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST): JUAN - GABRIEL

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
01/07/1950	66					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)
MEXICO	[redacted]	[ ] YES [X] NO [ ] UNK	NEVER MARRIED	08/28/2016	1130

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)
UNKNOWN	[X] YES LATINO [ ] NO	MEXICAN

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
SINGER SONGWRITER	MUSIC	45

USUAL RESIDENCE

20. [redacted] (Street and number, or location)

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SOUTHWEST RANCHES	BROWARD	33330	20	FL

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: SIMONA AGUILERA, DAUGHTER IN LAW

27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): [redacted]

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
GABRIEL	-	AGUILERA	MICHOACAN

35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
VICTORIA	-	VALADEZ	MICHOACAN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 08/29/2016 [redacted]

41. TYPE OF DISPOSITION(S): CR/TR/RES

42. SIGNATURE OF EMBALMER: [redacted]

43. LICENSE NUMBER: -

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
BEACON MORTUARY	FD2218	[redacted]	08/29/2016

PLACE OF DEATH

101. PLACE OF DEATH: PRIVATE RESIDENCE

102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA

103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [X] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	11 MARINE TERRACE RD	SANTA MONICA

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

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)

(C)

(D)

Time Interval Between Onset and Death: (AT) YEARS

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 2016-06294

(BT) 109. BIOPSY PERFORMED? [ ] YES [X] NO

(CT) 110. AUTOPSY PERFORMED? [ ] YES [X] NO

(DT) 111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: HYPERTENSION AND DIABETES MELLITUS, HISTORY OF PNEUMONIA

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: (A) mm/dd/ccyy — Decedent Last Seen Alive: (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: [X] 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: 08/29/2016

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: SELENA BARROS, DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						010001003331625		

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

DATE ISSUED: SEP - 1 2016

I 2010010392 *

Director of Public Health and Registrar

VB

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

PHSCD (REV 10/13)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE