

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052025269599

CERTIFICATE OF DEATH

3202519059127

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given)		3. LAST (Family)	
ROBERT		REINER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy	
ROB REINER		03/06/1947	
5. AGE Yrs		6. SEX	
78		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NY		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SRDP (at Time of Death)	
☐ YES ☒ NO ☐ UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	
SOME COLLEGE		☐ YES ☒ NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DATE OF DEATH mm/dd/ccyy	
WHITE		12/14/2025 FND	
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.)	
ACTOR DIRECTOR PRODUCER		ENTERTAINMENT	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
63		[REDACTED]	
21. CITY		22. COUNTY/PROVINCE	
LOS ANGELES		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTY	
[REDACTED]		66	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		JAKE REINER, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	
[REDACTED]		MICHELE	
29. MIDDLE		30. LAST (BIRTH NAME)	
[REDACTED]		SINGER	
31. NAME OF PARENT - FIRST		32. MIDDLE	
CARL		[REDACTED]	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
REINER		NY	
35. NAME OF PARENT - FIRST		36. MIDDLE	
ESTELLE		[REDACTED]	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
LEBOST		NY	
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION	
12/19/2025		RESIDENCE OF JAKE REINER	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CREMATE/RESIDENCE		[REDACTED]	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
[REDACTED]		MOUNT SINAI MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
[REDACTED]		[REDACTED]	
47. DATE mm/dd/ccyy		101. PLACE OF DEATH	
12/19/2025		RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
☐ IP ☐ ER/OP ☐ DOA		☐ Hospice ☐ Home/LTC ☒ Home ☐ Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
LOS ANGELES		[REDACTED]	
106. CITY		107. CAUSE OF DEATH	
LOS ANGELES		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.	
108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
☒ YES ☐ NO		☐ YES ☒ NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
☒ YES ☐ NO		☒ YES ☐ NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NONE		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		[REDACTED]	
(A) mm/dd/ccyy (B) mm/dd/ccyy		116. LICENSE NUMBER	
[REDACTED] [REDACTED]		[REDACTED]	
117. DATE mm/dd/ccyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
[REDACTED]		[REDACTED]	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH ☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined		☐ YES ☒ NO ☐ UNK	
121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
UNK		UNK	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
OTHER: RESIDENCE		WITH KNIFE, BY ANOTHER	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
[REDACTED]		[REDACTED]	
127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
12/18/2025		EVONNE R-JACKSON, DEP CORONER	
129. FAX AUTH.#		CENSUS TRACT	
[REDACTED]		[REDACTED]	

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

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.

Health Officer and Registrar

DATE ISSUED

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

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DEC 23 2025

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

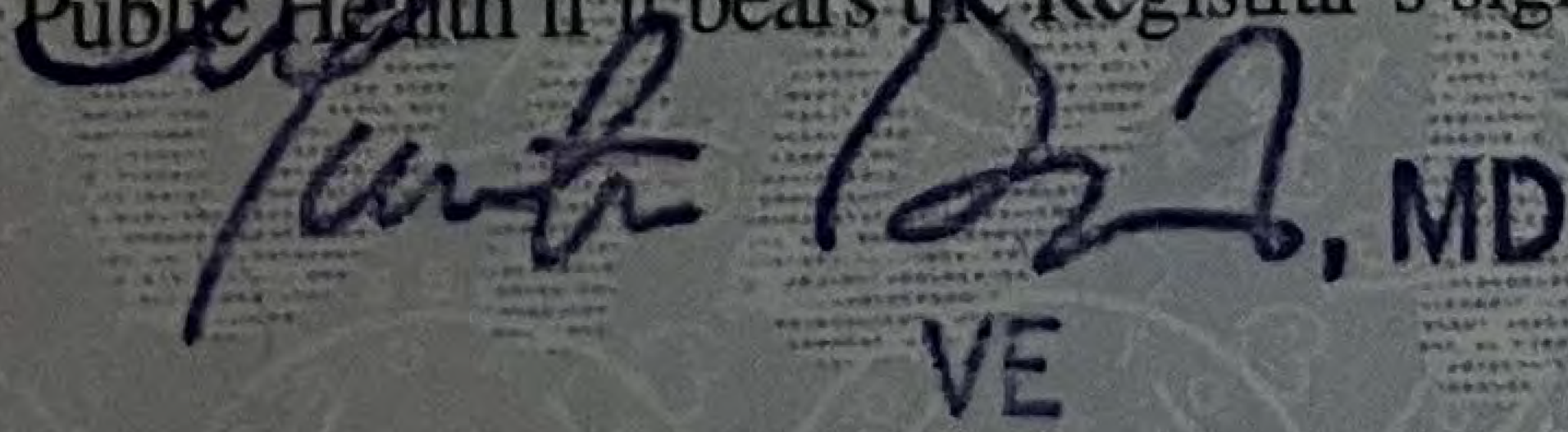
DEPARTMENT OF PUBLIC HEALTH

3052025269589

CERTIFICATE OF DEATH

3202519059125

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MICHELE		REINER	
2. MIDDLE		4. DATE OF BIRTH mm/dd/ccyy	
SINGER		03/03/1955	
5. AGE Yrs		6. SEX	
70		F	
7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 Hours)	
12/14/2025		1546	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NY			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SRDP (at Time of Death)	
YES ☐ NO ☒ UNK ☐		WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back)	
BACHELOR		YES ☐ NO ☒ UNK ☐	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
WHITE		PRODUCER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
ENTERTAINMENT		35	
20. CITY		21. COUNTY/PROVINCE	
LOS ANGELES		LOS ANGELES	
22. ZIP CODE		23. YEARS IN COUNTY	
		36	
24. STATE/FOREIGN COUNTRY		25. STATE/FOREIGN COUNTRY	
CA		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
JAKE REINER, SON			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	
30. LAST (BIRTH NAME)		31. NAME OF PARENT - FIRST	
		MARTIN	
32. MIDDLE		33. LAST (BIRTH NAME)	
BYRON		SINGER	
34. BIRTH STATE		35. NAME OF PARENT - FIRST	
NY		NICOLE	
36. BIRTH STATE		37. LAST (BIRTH NAME)	
FRANCE		BERNHEIM	
38. MIDDLE		39. DISPOSITION DATE mm/dd/ccyy	
		12/19/2025	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
RESIDENCE OF JACK REINER		CREMATE/RESIDENCE	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
MOUNT SINAI MORTUARY			
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/ccyy	
		12/19/2025	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		IP ☐ ER/OR ☐ DOA ☐	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
Nursing Home/LTC ☒ Hospice ☐ Home ☐ Other ☐		LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
255 SOUTH CHADBOURNE AVENUE		LOS ANGELES	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
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	
(A) MULTIPLE SHARP FORCE INJURIES		(A) YES ☒ NO ☐	
(B) IMMEDIATE CAUSE (Final disease or condition resulting in death)		(B) YES ☐ NO ☒	
(C) 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.		(C) YES ☒ NO ☐	
(D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		(D) YES ☒ NO ☐	
NONE		109. BIOPSY PERFORMED?	
110. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		YES ☐ NO ☒ UNK ☐	
NO		111. USED IN DETERMINING CAUSE?	
112. DECEASED PREGNANT IN LAST YEAR?		YES ☐ NO ☒ UNK ☐	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		114. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since (A) mm/dd/ccyy		Decedent Last Seen Alive (B) mm/dd/ccyy	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. LICENSE NUMBER	
117. DATE mm/dd/ccyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH ☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Investigation ☐ Could not be determined		YES ☐ NO ☒ UNK ☐	
121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
UNK		UNK	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
OTHER: RESIDENCE		WITH KNIFE, BY ANOTHER	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
12/18/2025		EVONNE R-JACKSON, DEP CORONER	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. FAX AUTH.#	
131. CENSUS TRACT		132. STATE REGISTRAR	

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VE

Health Officer and Registrar

DATE ISSUED

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DEC 23 2025



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE