

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) MICHELE		3. LAST (Family) REINER	
2. MIDDLE SINGER		4. DATE OF BIRTH mm/dd/ccyy 03/03/1955	
5. AGE Yrs 70		6. SEX F	
7. DATE OF DEATH mm/dd/ccyy 12/14/2025		8. HOUR (24 Hours) 1546	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK		12. MARITAL STATUS/SRDP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) ☐ YES ☒ NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PRODUCER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 35	
20. CITY LOS ANGELES		21. COUNTY/PROVINCE LOS ANGELES	
22. ZIP CODE [REDACTED]		23. YEARS IN COUNTY 36	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP JAKE REINER, SON	
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		27. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF PARENT - FIRST MARTIN		31. MIDDLE BYRON	
32. LAST (BIRTH NAME) SINGER		33. BIRTH STATE NY	
34. NAME OF PARENT - FIRST NICOLE		35. MIDDLE -	
36. LAST (BIRTH NAME) BERNHEIM		37. BIRTH STATE FRANCE	
38. DISPOSITION DATE mm/dd/ccyy 12/19/2025		39. PLACE OF FINAL DISPOSITION RESIDENCE OF JACK REINER	
40. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		41. SIGNATURE OF EMBALMER [REDACTED]	
42. LICENSE NUMBER [REDACTED]		43. DATE mm/dd/ccyy 12/19/2025	
44. NAME OF FUNERAL ESTABLISHMENT MOUNT SINAI MORTUARY		45. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
46. LICENSE NUMBER [REDACTED]		47. DATE mm/dd/ccyy 12/19/2025	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ ER/OR ☐ DCA ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other		104. COUNTY LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]		106. CITY LOS ANGELES	
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 aneurysm rupture without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MULTIPLE SHARP FORCE INJURIES (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] 108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO 109. BIOPSY PERFORMED? ☐ YES ☒ NO 110. AUTOPSY PERFORMED? ☒ YES ☐ NO 111. USED IN DETERMINING CAUSE? ☒ YES ☐ NO 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 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 (B) mm/dd/ccyy 115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED] 116. LICENSE NUMBER [REDACTED] 117. DATE mm/dd/ccyy [REDACTED] 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED] 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 UNK 122. HOUR (24 Hours) UNK 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: RESIDENCE 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) WITH KNIFE, BY ANOTHER 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED] 126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED] 127. DATE mm/dd/ccyy 12/18/2025 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER FAX AUTH.# CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis 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]
MD
VE

Health Officer and Registrar

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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