

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052011089231

CERTIFICATE OF DEATH

3201119020485

STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)

LOCAL REGISTRATION NUMBER

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SIBLING AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, marital status, education, occupation, residence, informant, funeral home, and cause of death.

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.

Jona Hané Fielding mo VD

JUL - 5 2011 00002584*

DATE ISSUED

Director of Public Health and Registrar

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

