STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052025151169 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO CHARACTERS OR ALTERATIONS
VS-11 REV 7/24

3202519032950 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT: FIRST (Given)	2. MIDDLE	3. LAST (Family)
MICHAEL	SOREN	MADSEN

AKA: ALSO KNOWN AS – (Include full AKA (FIRST, MIDDLE, LAST))

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
09/25/1957	67			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP at Time of Death	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
IL	[redacted]	YES [ ] NO [X] UNK [ ]	MARRIED	07/03/2025	0835

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)
HS GRADUATE	YES [ ] NO [X]	DANISH, FRENCH, GERMAN

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
ACTOR	ENTERTAINMENT	45

USUAL RESIDENCE

20. [redacted] (Street)				
21. CITY: [redacted]	22. COUNTY/PROVINCE: [redacted]	23. ZIP CODE: [redacted]	24. YEARS IN COUNTY: 43	25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	
DEANNA GALE MADSEN, WIFE	[redacted]

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP: FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
DEANNA	GALE	MORGAN	
31. NAME OF PARENT: FIRST	32. MIDDLE	33. LAST (BIRTH NAME)	34. BIRTH STATE
CALVIN	SOREN	MADSEN	IL
35. NAME OF PARENT: FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
ELAINE	-	MELSON	IL

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		
07/18/2025	[redacted] RESIDENCE OF DEANNA GALE MADSEN		
41. TYPE OF DISPOSITION(S)	SIGNATURE OF EMBALMER	43. LICENSE NUMBER	
CREMATE/RESIDENCE	[redacted]	-	
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
MEADOW	FD2441	[redacted]	07/15/2026

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE	IP [ ] ER/OP [ ] LDA [ ]	FD [ ] Nursing Home [ ] Residence [X] Other [ ]
104. COUNTY	105. FACILITY ADDRESS OR LOCATION (If not known, Street and number, or Location)	106. CITY
LOS ANGELES	31617 BROAD BEACH RD	MALIBU

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.

		Enter interval between onset and death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) CARDIAC ARREST	(AI) MINS	YES [ ] NO [X]
Sequentially list conditions, if any, leading to the cause in Part A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) CARDIOMYOPATHY	(BI) MOS	109. AUTOPSY PERFORMED? YES [ ] NO [X]
	(C) CORONARY ARTERY DISEASE	(CI) MOS	110. AUTOPSY PERFORMED? YES [ ] NO [X]
	(D) ALCOHOLISM	(DI) YRS	111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
THROMBOEMBOLIC DISEASE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)
CORONARY ANGIOGRAPHY 05/15/2025

113A. DECEDENT PREGNANT IN LAST YEAR? YES [ ] NO [X] 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: 01/--/2015 — Decedent Last Seen Alive: (B) mm/dd/ccyy: 06/13/2025

115. [redacted]	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	G73109	07/14/2025

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: AMERICO ANTONIO SIMONINI, MD [redacted]

CORONER'S USE ONLY

115.3 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:
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. [redacted]
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

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

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.

I00020788

Health Officer and Registrar

DATE ISSUED: JUL 17 2025

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE