COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

	3052013230208	CERTIFICA	CERTIFICATE OF DEATH STATE OF CULFORNIA USE BLACK WK ONLY / NO FRASHES WHITEOUTS OR ALTERATIONS 10-14(075) 7300)			3201319051612			
i.	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	3. LAS	ST (Family)	LOCAL REGISTRATI	ON NUMBER			
DECEDENT'S PERSONAL DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDD	WILLIAM LE, LAST)	4. DATE OF BIRTH mm/dd/c	LKER IV 5. AGE Yrs. 40	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS 6. SEX Hours Minutes M			
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL CALIFORNIA	L SECURITY NUMBER 11. EVER IN U.S. ARM	IED FORCES? 12. MARITAL STATU	S/SRDP* (at Time of Death	7. DATE OF DEATH mm	Section V / / / A X			
	13. EDUCATION - Highest Level/Degree (see worksheet on back) 14/15. WAS DECEDENT HISPANIC/LATINO(A):SPANISH? (If yee, see worksheet on back) 15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)								
DEC	17. USUAL OCCUPATION - Type of work for most of life. ACTOR	BUSINESS OR INDUSTRY (e.g., groc RTAINMENT	ery store, road constru	uction, employment agency,	etc.) 19. YEARS IN OCCUPATION				
USUAL	20. DECEMENT'S RESIDENCE (Street and number, or location)								
	SANTA BARBARA	22. COUNTY/PROVINCE SANTA BARBARA	93109	24. YEARS IN COU	CALIFOR				
MANT	PAUL W. WALKER III, FATHER 28. NAME OF SURVIVING SPOUSE/SRDP-FIRST 28. MIDDLE 900. LAST (BIRTH NAME)								
SPOUSE/SRDP AND ARENT INFORMATION	NAME OF FATHER/PARENT-FIRST	23. MIDDLE	33, LAST		1/1/	34. BIRTH STATE			
	PAUL 35. NAME OF MOTHER/PARENT-FIRST	WILLIAM 36. MIDDLE	WALKE		1100	NY 38 BIRTH-STATE			
0.	CHERYL	ANN FINAL DISPOSITION RES: CHERYE	CRABI			GA SI			
LOCAL REGISTRAR	12/13/2013 5160 E/	ARL DRIVE, LA CANADA F	LINTRIDGE, CA 91	011	ON	43. LICENSE NUMBER			
	CR/RES/BU/SEA 44. NAME OF FUNERAL ESTABLISHMENT		ER 46. SIGNATURE OF LOCAL RE	GISTRA		47. DATE mm/dd/cgyy			
07	FOREST LAWN MEMR PRKS	8 MTVS FD 904	102, IF HOSPITAL, SPEC		IF OTHER THAN HOSPITA	12/12/2013			
DEATH	STREET \\\\\\\\\\\	ITY ADDRESS OR LOCATION WHERE POUND (SI	ERVO		Hospice Nursing Home	Debedeat's X Other			
2 2	LOS ANGELES HERCULES STREET, WEST OF CONSTITUTION SANTA CLARITA TOT CAUSE OF DEATH Finder the chain of pages of diseased birth and adoption of pages of the constitution of								
CAUSE OF DEATH	IMMEDIATE CAUSE (A) COMBINED EF	st, respiratory arrest, or violute front allow without shi FECTS OF TRAUMATIC A	ND THERMAL NJC	RIEST	Onset and Deat (AT) RAPID	X YES NO. 2013-08211			
	condition resulting in death) Sequentially, list		03/15/1		(BT)	109. BIOPSY PERFORMED? YES X NO			
	conditions, Many, leading to double on Line Alenter UNDERLYING CAUSE (disease or	057			(CT)	110. AUTOPSY PERFORMED? X YES NO			
	cause (date injury that initiated the events (0) resulting in death) LAST	ES) 11		18 18 18 18 18 18 18 18 18 18 18 18 18 1	рт	111, USED IN DETERMINING CAUSE? X YES NO.			
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE								
	113, WAS OPERATION PERFORMED FOR ANY CONDI-	DON IN ITEM 107 OR 112? (If yes, list type of opera	ion and date.)	***************************************		3A. IF FEMALE, PREGNANT IN LAST YEAR? YES NO UNK			
ATION		STATED.	RTIFIER		116: LICENSE NO	JMBER 117. DATE mm/dd/ccyy			
CERTIFICAT	(A) mm/dd/ccyy (B) mm/dd/ccyy	A CONTRACTOR OF THE PARTY OF TH	S NAME, MAILING ADDRESS, ZIP C	ODE					
8	119.1 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT T	HE HOUR, DATE, AND PLACE STATED FROM THE CAUSES Homicide Suicide Pending Investigation	STATED. 120. INJU Could not be determined YES	RED AT WORK?	UNK 11/30/20				
FONIT	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) STREET								
ER'S USE	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) AUTO (PASSENGER) VS FIXED OBJECT								
CORONER'S	125. LOCATION OF MULIFY (Street and number, or location, and city, and zip) HERCULES STREET, WEST OF CONSTITUTION, SANTA CLARITA, CA 91355								
	122. SIGNATURE OF CORONER / DEPUTY CORONER 122. DATE mm/dd/copy 123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER / DEP								
11111	TATE A B C	D E			FAX AUTH.#	CENSUS TRACT			

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COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

	3052013226457	CERTIFIC/ STATE	CERTIFICATE OF DEATH STATE OF DUPLINIA USE BLACK HIX ONLY HO ERASURES, WHATEOUTS OR ALTERATIONS VS 14 MERY 2019 VS 14 MERY 2019		3201319050800				
	STATE FILE NUMBER	USE BLACK INK ONLY / NO ER. VS-1	14(REV 3/06)	LOCAL REGISTRATION	NUMBER:				
	1. NAME OF DECEDENT- FIRST (Given)	WILSON	3. LAST (Farnily) RODAS						
	AKA. ALSO KNOWN AS - Include full AKA (FIRS -		4. DATE OF BIRTH mm/dd/ccyy 5. AGE 10/31/1975 38	Months Days Ho	M				
,	EL SALVADOR	SOCIAL SECURITY NUMBER 11. EVER IN U.S. ARI	NO UNK MARRIED	7. DATE OF DEATH mm/dd 11/30/2013	1538				
	13. EDUCATION - Highest Level/Degree See worksheet or back): BACHELOR: X YES SALVADORIAN 14/15. WAS DECEDENT HISPANICIATINO(A)/SPANISH? (if yes, see worksheet or hack): WHITE 15. EDUCATION - Highest Level/Degree See worksheet or hack): WHITE								
5	17. USUAL OCCUPATION - Type of work for most WEALTH ADVISOR	St of life. DO NOT USE RETIRED 18. KIND OF FINAN	BUSINESS OR INDUSTRY (e.g., grocery store, roa	d construction, employment agency, etc.	19. YEARS IN OCCUPATION				
щ	20, DECEDENT'S RESIDENCE (Street and number; or location)								
RESIDENCE	21. CITY VALENCIA	22. COUNTY/PROVINCE LOS ANGELES	23. ZIP CODE 24. YEARS 91381 34	IN COUNTY 25. STATE/FOREIGN C CALIFORNI					
MANT	26. INFORMANT'S NAME, RELATIONSHIP KRISTINE MARIE RODAS, SPOUSE								
200	28. NAME OF SURVIVING SPOUSE/SRIDP'-FIR		30. LAST (BIRTH NAME) BORNAIS	MAN	5				
ARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST. JORGE	32. MIDDLE	33, LAST RODAS	7/27/	34. BIRTH STATE				
PARENT	35. NAME OF MOTHER/PARENT-FIRST REINA	36. MIDDLE DINORA	SY, LAST (BIRTH NAME)		BL SLVDR				
	39. DISPOSITION DATE: mm/dd/ccyy 40. PL 12/12/2013 171	AGE OF FINAL DISPOSITION FOREST LAWN	N MEMORIAL PARKS AND ENDALE: CA 91205	MORTUARIES	MILL				
LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)	42 SIGNATURE DI	EMBALMER	× ((L(e)	43. LICENSE NUMBER				
LOCAL	44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEM PA	ARKS AND MIYS FD 656	BER 48. SIGNATURE OF LOCAL REGISTRIAR		47. DATE min/dd/ccs/ 12/09/2013				
-	101. PLACE OF DEATH STREET		102 IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL S A Hospige Home/LTC	PECIFY ONE Decadent X Other				
DEATH	104. COUNTY LOS ANGELES HERCULES STREET, WEST OF CONSTITUTION SANTA CLARITA								
	107. CAUSE OF DEATH Enter	the chain of events diseases, injulies, or complications th		S such Time Interval Between Onset and Death	108: DEATH REPORTED TO CORONER				
	IMMEDIATE CAUSE (A) MULTIPLE (Final disease or condition resulting in death)	TRAUMATIC INJURIES	1/20	RAPID	2013-08210 109. BIOPSY PERFORMED?				
Ξ	Sequentially, list		83/24	(BT)	YES X NO				
CAUSE OF DEATH	leading to cabee on Line A. Enter UNDERLYING CAUSE (disease or	1285			X YES NO				
CAUSE	injury that initiated the events (D) resulting in death) LAST	(ES) U		(01)	111. USED IN DETERMINING CAUSE?				
	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 1127 (If yes, list type of opera	tion and date.)	119A	F FEMALE, PREGNANT IN LAST YEAR				
MOIT	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDO AT THE HOUR, DATE, AND PLACE STATED FROM THE		RTIFIER	116. LICENSE NUME	BER 117. DATE mm/dd/ccyy				
CERTIFICATION	Decedent Attended Since Deceder (A) mm/dd/ccyy (B) mm/		S NAME, MAILING ADDRESS, ZIP CODE						
0	119. I CERTIFY THAT IN MY OPINION DEATH OCCUR	IRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE	Could not be VES Y N	[]					
_	MANNER OF DEATH Returns Associated Positions of Investigation determined 123. PLACE OF INJURY (e.g., horne, construction site, wooded area, etc.) STREET								
NE	124. DESCRIBE HOW INJURY OCCURRED Events which resulted in injury! AUTO (DRIVER) VS FIXED OBJECTS:								
S USE ONL	124. DESCRIBE HOW INJURY OCCURRED (E AUTO (DRIVER) VS FIX	ED OBJECTS							
DRONER'S USE ONLY	125. LOCATION OF INJURY (Street and number	er, or location, and city, and zip)							
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and number	er, or location, and city, and zip) VEST OF CONSTITUTION, SAI ORONER 127, D4	TE mm/dd/ccyy 128. TYPE NAME, TITLE	DE CORONER / DEPUTY CORONER EED, DEPUTY COR	ONER				

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