STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 3052017199983

LOCAL REGISTRATION NUMBER: 3201719044357

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): THOMAS
2. MIDDLE: EARL
3. LAST (Family): PETTY

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

4. DATE OF BIRTH mm/dd/ccyy: 10/20/1950
5. AGE Yrs.: 66
6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: FL
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [ ] YES [X] NO [ ] UNK
12. MARITAL STATUS/SRDP (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 10/02/2017
8. HOUR (24 Hours): 2043

13. EDUCATION – Highest Level/Degree: HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? [ ] YES [X] NO
16. DECEDENT'S RACE: CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: SONG WRITER
18. KIND OF BUSINESS OR INDUSTRY: MUSICIAN
19. YEARS IN OCCUPATION: 40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE: [redacted]
21. CITY: MALIBU
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: 90265
24. YEARS IN COUNTY: 43
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: DANA MARIE PETTY, WIFE
27. [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP – FIRST: DANA
29. MIDDLE: MARIE
30. LAST (BIRTH NAME): YORK

31. NAME OF FATHER/PARENT – FIRST: EARL
32. MIDDLE: -
33. LAST: PETTY
34. BIRTH STATE: GA

35. NAME OF MOTHER/PARENT – FIRST: KATHERINE
36. MIDDLE: JOHN
37. LAST (BIRTH NAME): AVERY
38. BIRTH STATE: GA

FUNERAL DIRECTOR / LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 10/06/2017
40. PLACE OF FINAL DISPOSITION: [redacted]
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: [redacted]
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY
45. LICENSE NUMBER: FD951
46. SIGNATURE OF LOCAL REGISTRAR: [redacted]
47. DATE mm/dd/ccyy: 10/06/2017

PLACE OF DEATH

101. PLACE OF DEATH: SANTA MONICA - UCLA MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND: 1250 16TH ST
106. CITY: SANTA MONICA

CAUSE OF DEATH

107. CAUSE OF DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A): DEFERRED
(B):
(C):
(D):
108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 2017-07259
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [X] YES [ ] NO
111. USED IN DETERMINING CAUSE? [X] 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

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] 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 — Decedent Last Seen Alive (B) mm/dd/ccyy
115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

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 [X] 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. SIGNATURE OF CORONER / DEPUTY CORONER: [redacted]
127. DATE mm/dd/ccyy: 10/05/2017
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: REGINA AUGUSTINE, DEP. CORONER

STATE REGISTRAR: A B C D E — *000001003681275* — FAX AUTH.# — CENSUS TRACT

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.

Jeffrey D. Gunzenhauser, MD

Director of Public Health and Registrar

DATE ISSUED: OCT 10 2017 — VB — 010288*