

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052024281423

CERTIFICATE OF DEATH

3202419061749

Form with fields for DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, and CORONER'S USE ONLY.

DIAGONAL RED STAMP: INFORMATIONAL DOCUMENT TO ESTABLISH IDENTITY



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.

Handwritten signature and initials: [Signature], MD AV



\* 100020025 \*

JAN 27 2025

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