

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052025206625

CERTIFICATE OF DEATH

3202519045127

Form with sections: 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, CORONER'S USE ONLY. Includes fields for name, date of birth, date of death, and cause of death.

1 of 2

NOT A VALID 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.

Signature of Registrar: [Handwritten Signature]

Health Officer and Registrar

DATE ISSUED

APR 30 2026

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052025206625

STATE FILE NUMBER

1.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3202519045127

LOCAL REGISTRATION NUMBER

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A NAME—FIRST CELESTE	1B MIDDLE ABIGAIL	1C LAST RIVAS HERNANDEZ	2 SEX F
	3 DATE OF EVENT—MM/DD/CCYY 09/08/2025 FND	4 CITY OF EVENT LOS ANGELES	5 COUNTY OF EVENT LOS ANGELES	

PART II STATEMENT OF CORRECTIONS

6 CERTIFICATE ITEM NUMBER	7 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8 INFORMATION AS IT SHOULD APPEAR
107A	DEFERRED	MULTIPLE PENETRATING INJURIES
107AT	-	UNK
113A	N	U
119	PENDING INVESTIGATION	HOMICIDE
120		U
121		UNK
122		UNK
123		UNSPECIFIED PLACE; UNKNOWN
124		WITH OBJECT(S)
125		UNKNOWN UNK

LIST ONE ITEM PER LINE

2 of 2

INFORMATIONAL DOCUMENT  
NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	10 DATE SIGNED—MM/DD/CCYY 04/22/2026	11 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER ANSEL NAM, MEDICAL EXAMINER	
	12 ADDRESS—STREET AND NUMBER	13 CITY LOS ANGELES	14 STATE CA	15 ZIP CODE 90033-1017
STATE/LOCAL REGISTRAR USE ONLY	16 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR		17 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 04/22/2026	

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STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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*Ansel Nam, MD*  
AV  
Health Officer and Registrar



\* 100021874 \*

APR 30 2026

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