

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052026048079

CERTIFICATE OF DEATH

3202619010093

STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 7/24)

LOCAL REGISTRATION NUMBER

Form fields including: 1. NAME OF DECEDENT - FIRST (Given) ROBERT; 2. MIDDLE REED; 3. LAST (Family) CARRADINE; 4. DATE OF BIRTH 03/24/1954; 5. AGE Yrs 71; 6. SEX M; 7. DATE OF DEATH 02/23/2026; 8. HOUR (24 Hour) 1250; 10. SOCIAL SECURITY NUMBER; 11. EVER IN U.S. ARMED FORCES? YES NO UNK; 12. MARITAL STATUS/SROP (at Time of Death) DIVORCED; 13. EDUCATION - Highest Level/Degree HS GRADUATE; 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? YES NO; 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN; 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR; 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT; 19. YEARS IN OCCUPATION 54; 20. DECEDENT'S RESIDENCE (Street and number, or location); 21. CITY BURBANK; 22. COUNTY/PROVINCE LOS ANGELES; 23. ZIP CODE; 24. YEARS IN COUNTY 5; 25. STATE/FOREIGN COUNTRY CA; 26. INFORMANT'S NAME, RELATIONSHIP IAN ALEXANDER CARRADINE, SON; 27. INFORMANT'S MAILING ADDRESS; 28. NAME OF SURVIVING SPOUSE/SROP - FIRST; 29. MIDDLE; 30. LAST (BIRTH NAME); 31. NAME OF PARENT - FIRST RICHMOND; 32. MIDDLE REED; 33. LAST (BIRTH NAME) CARRADINE; 34. BIRTH STATE NY; 35. NAME OF PARENT - FIRST SONIA; 36. MIDDLE SOREL; 37. LAST (BIRTH NAME) HENUS; 38. DEPOSITION DATE 03/10/2026; 39. PLACE OF FINAL DISPOSITION SCATTERING AT SEA OFF THE COAST OF LOS ANGELES COUNTY; 40. SIGNATURE OF CLERK; 41. TYPE OF DISPOSITION(S) CREMATE/SCATTER AT SEA; 42. SIGNATURE OF LOCAL REG. STRG.; 43. LICENSE NUMBER; 44. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY; 45. LICENSE NUMBER FD951; 46. SIGNATURE OF LOCAL REG. STRG.; 47. DATE 03/09/2026; 101. PLACE OF DEATH RONALD REAGAN UCLA MEDICAL CENTER; 102. IF HOSPITAL, SPECIFY ONE (IF) (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MM) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ); 103. 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SIGNATURE OF LOCAL REG. STRG.; 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) LOS ANGELES; 106. CITY; 107. CAUSE OF DEATH HANGING IN SEQUELAE OF ANOXIC BRAIN INJURY; 108. DEATH REPORTED TO CORONER? YES NO; 109. MONTH 2026-03271; 110. BIOPSY PERFORMED? YES NO; 111. AUTOPSY PERFORMED? 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. DECEDENT PREGNANT IN LAST YEAR? YES NO UNK; 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED; 115. SIGNATURE AND TITLE OF CERTIFIER; 116. LICENSE NUMBER; 117. DATE; 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE; 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED; 120. INJURED AT WORK? YES NO UNK; 121. INJURY DATE; 122. HOUR (24 Hour); 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: HOSPITAL; 124. DESCRIBE HOW INJURY OCCURRED; 125. LOCATION OF INJURY (Street and number, or location, and city, and zip); 127. DATE; 128. TYPE NAME - TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER; STATE REGISTRAR; FAX AUTH.#; CENSUS TRACT.

NOT AVAILABLE TO ESTABLISH IDENTITY

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 Health Officer and Registrar

DATE ISSUED

MAR 10 2026

* 100022055 *

