## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

| 3052016255940  | CITY   | RTIFICATE OF DEA   | ATH   |  | 32016  | 1905736  | 5  |
|--|--|--|---|--|--|--|--|
| STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST: (Given)   | USE BLACK INK  | STATE OF CALIFORNIA<br>ONLY / NO ERASURES, WHITEOUTS OF<br>VS-114(REV 3/06)  | 3. LAST   | (Family)                               | LOCAL REGIS  | TRATION NUM  | BER  |
| CARRIE   | FRANCE   |  | FISI  | HER                                    |  | 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10   | **************************************   |
| AKA, ALSO KNOWN AS - Include full AKA (FIRS  | T, MIDDLE, LAST)   | 4. DATE OF 10/21/  | BIRTH mm/dd/cc  | 5. AGE Yrs.                            | Months Days  | Hours  | Minutes 6. SE  |
| 9. BIRTH STATE/FOREIGN COUNTRY 10  | CONTRACTOR OF STREET   | Second Amount.   | 2. MARITAL STATUS   |  | 7. DATE OF DEAT  |  | 8. HOUR (24 H  |
| 13. EDUCATION - Highest Level/Degree 14/15. WAS (see worksheet on back)  | Section of the Control of the Contro | yes, see worksheet on back) 16   | DECEDENT'S RA   | CE - Up to 3 races                     | may be listed (see wo  |  | Y / / /  |
| 10 YES   | st of life, DO NOT USE RETIRED   | 18. KIND OF BUSINESS OR IND  | AUCASIA   | ************************************** | uction: employment ac  | ency etc.)   | 9. YEARS IN OCCUP  |
| WRITER   |  | ENTERTAINMEN   |   | 7,010,0100                             |  |  | 46   |
| 20. DECEDENT'S RESIDENCE (Street and numb  | er, or location)   |  |   |  |  |  |  |
| 21.CITY<br>VALENCIA  | 22. COUNTY/PROVINCE  | 23. ZIP CO   | DDE   |  | INTY 25. STATE/FO  | REIGN COUNT  | TRY  |
| VALENCIA 26. INFORMANT'S NAME, RELATIONSHIP  | LOS ANGELES  | 27. INFORMANT'S MAIL   | ING ADDRESS (Stre   | et and number, or n                    | ral route number city  | or town, state an  | nd zip)  |
| BILLIE C. LOURD, DAUG  | and the same of th |  |   |  | 2  |  |  |
| 28. NAME OF SURVIVING SPOUSE/SRDP*-FIR   | ST 29, MIDDLE  |  | 30. LAST (BIRTH   | ( NAME)                                | MM   | -17  |  |
| 28. NAME OF STHERVPARENT-FIRST  EDWARD   | 32. MIDDLE   |  | 33. LAST<br>FISHER  | N                                      | 10/1   | 77   | 94. BIRTH STATE  |
| 35. NAME OF MOTHER/PARENT-FIRST MARY   | 36. MIDDLE   |  | 37 LAST (BIRTH  |  | The  |  | 38 BIRTH STATE   |
| 111111111111111111111111111111111111111  | FRANCES ACE OF FINAL DISPOSITION RES: BIL  | 1150 10100   | REYNOL  | DS                                     |  | -  | 1XX  |
| 12/31/2016   |  |  |   |  | 711  | 11/1   | 7  |
| 41. TYPE OF DISPOSITION(S)  CR/RES   | 42. SIG  | NATURE OF EMBALMEN   |   |  | $\sim$ 11)   | 43.  | LICENSE NUMBER   |
| 44. NAME OF FUNERAL ESTABLISHMENT  |  |  | RE OF LOCAL RES   | STRAR                                  | V 50   | 100  | DATE mm/dd/ccy/  |
| VILLAGE MEMORIAL PA  | STWOOD FD9   |  |   | WOULD AND                              | IF OTHER THAN HOS  |  | 2/30/2016  |
|  |  | 102 JF F   | HOSPITAL) SPECIF  | JUNE 103.                              |  |  |  |
| RONALD REAGANUCL   |  | ~ MD   | P X ETVOP   |  | Hospice N  | ursing<br>ome/LTC  | Decedent's Home  |
| RONALD REAGANUCLA<br>104. COUNTY<br>LOS ANGELES 75   | MEDICAL CENTER PACILITY ADDRESS OR LOCATION WHERE TO WESTWOOD PHAZA  | ~ MD   | P X ETVOP   |  | Hospice NH   | ANGEL  | Decedent's Home  |
| 107. CAUSE OF DEATH Enter I  | PACILITY ADDRESS OR LOCATION WHERE 7 WESTWOOD PLAZA THE Chain of events — Sidness histories or port posses are st. respectively a resolute to press accompany.   | FOUND (Street and number, or le  | (P) X ET/OP   |  | Hospice Toe. Cirri<br>LOS  | ANGEL<br>Botween 108 DI  | Poccedent's Home   |
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