

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH

3052025073817 3202519016221

Form with sections: DECEDENT'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, cause of death, and registrar information.

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.

*Kyle Andrew Udd-Garnica, MD*  
AV

Health Officer and Registrar DATE ISSUED

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



APR 10 2025



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE