STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052026199692 — STATE FILE NUMBER

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

3202619043505 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
PRESLEY	WALKER	GERBER

AKA (ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST))

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
07/02/1999	27					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	[redacted]	☐ YES ☒ NO ☐ UNK	NEVER MARRIED	09/20/2026	0945

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
ENTREPRENEUR	MENTAL HEALTH	7

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location) [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ANGELES	LOS ANGELES	[redacted]	27	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: RANDE GERBER, FATHER

27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, and ZIP) [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP* – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
-	-	-

31. NAME OF PARENT – FIRST	32. MIDDLE	33. LAST (BIRTH NAME)	34. BIRTH STATE
RANDE	STUART	GERBER	NY
35. NAME OF PARENT – FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
CYNTHIA	ANN	CRAWFORD	IL

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
09/25/2026	[redacted]

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CREMATE/RESIDENCE	[redacted]	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
ROSE FAMILY FUNERAL HOME	[redacted]	[redacted]	09/23/2026

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
REHABILITATION FACILITY	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☒ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	[redacted]	SANTA MONICA

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events --- diseases, injuries or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) DEFERRED	(AT) -
Sequentially, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B)	(BT)
	(C)	(CT)
	(D)	(DT)

108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — REFERRAL NUMBER: 2026-14977

109. BIOPSY PERFORMED? ☐ YES ☒ NO

110. AUTOPSY PERFORMED? ☒ YES ☐ NO

111. USED IN DETERMINING CAUSE? ☒ 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

PHYSICIAN'S CERTIFICATION

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 mm/dd/ccyy
Decedent Attended Since: (A) mm/dd/ccyy (B) mm/dd/ccyy; Decedent Last Seen Alive	[redacted]		

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☒ Pending Investigation ☐ Could not be determined

120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK

121. INJURY DATE mm/dd/ccyy

122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]	09/23/2026	EVONNE R-JACKSON, DEP CORONER

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

INFORMATIONAL, 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.

I00022740

AV
Health Officer and Registrar

SEP 25 2026
DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE