STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052023067893 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

3202319014894 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
LANCE	SOLOMON	REDDICK

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
06/07/1962	60			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)
MD	[redacted]	☐ YES ☒ NO ☐ UNK	MARRIED	03/17/2023	0921

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)
MASTER'S	☐ YES ☒ NO	AFRICAN AMERICAN

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
ACTOR	TELEVISION	30

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
STUDIO CITY	LOS ANGELES	91607	18	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: STEPHANIE REDDICK, WIFE — [redacted]

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP'–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
STEPHANIE	-	DAY	
31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
SOLOMON	-	REDDICK	MD
35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
DOROTHY	-	GEE	TX

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy		
03/29/2023	[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
NEPTUNE SOCIETY	[redacted]	03/29/2023

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE	☐ P ☐ 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]	STUDIO CITY	

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) ISCHEMIC HEART DISEASE

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) ATHEROSCLEROTIC CORONARY ARTERY DISEASE

(C)

(D)

(AT)	108. DEATH REPORTED TO CORONER?
UNK	☒ YES ☐ NO — 2023-03193
(BT) YEARS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
(CT)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
(DT)	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

118A. 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.
(A) Decedent Attended Since mm/dd/ccyy — (B) Decedent Last Seen Alive mm/dd/ccyy

115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]

116. LICENSE NUMBER

117. DATE mm/dd/ccyy

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: [redacted]

127. DATE mm/dd/ccyy: 03/29/2023

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: ADRIAN SALGADO, DEP CORONER

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

CALOSANG04

INFORMATIONAL, NOT A VALID DOCUMENT
NOT ACCEPTABLE 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.

Health Officer and Registrar

I00017859

APR -6 2023
DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

LOS ANGELES COUNTY — REGISTRAR OF VITAL STATISTICS — STATE OF CALIFORNIA