

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010020333

CERTIFICATE OF DEATH

3201019009848

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-110REV 2008

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) COREY		2. MIDDLE IAN		3. LAST (Family) HAIM	
	4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -					
	9. BIRTH STATE/FOREIGN COUNTRY CANADA		10. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE Yrs 38	
	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SHP* (At Time of Death) NEVER MARRIED		6. SEX M	
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. DATE OF DEATH mm/dd/yyyy 03/10/2010	
	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		8. HOUR (24 Hours) 0215	
	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ACTING		19. YEARS IN OCCUPATION 30			
	20. DECEDENT'S RESIDENCE (Street and number, or location) UNK. -					
INFORMANT	21. CITY UNK.					
	22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE -		24. YEARS IN COUNTY 3	
SPOUSE/SPOB AND PARENT INFORMATION	25. INFORMANT'S NAME, RELATIONSHIP JULIA HAIM, MOTHER					
	26. NAME OF SURVIVING SPOUSE/SPOB - FIRST -		28. MIDDLE -		30. LAST (BIRTH NAME) -	
	31. NAME OF FATHER/PARENT - FIRST PAUL		32. MIDDLE BERNIE		33. LAST HAIM	
	34. BIRTH STATE ROMANIA		35. NAME OF MOTHER/PARENT - FIRST JULIA		36. MIDDLE JUDY	
FUNERAL DIRECTORY LOCAL REGISTRAR	37. LAST (BIRTH NAME) SMILOVIC		38. BIRTH STATE AUSTRIA		39. DISPOSITION DATE mm/dd/yyyy 03/15/2010	
	40. PLACE OF FINAL RESTING PLACE (Street and number, or location) -					
	41. TYPE OF DISPOSITION(S) TR/BU					
	42. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT CHEVRA KADISHA MORTUARY	
PLACE OF DEATH	45. LICENSE NUMBER -		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy 03/12/2010	
	101. PLACE OF DEATH PROVIDENCE ST JOSEPH MEDICAL CENTER					
	102. HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION (Where found) (Street and number, or location) 501 S BUENA VISTA STREET		106. CITY BURBANK	
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terms or phrases 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) DEFERRED		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2010-01701		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON LINE A. ENTER UNDERLYING CAUSE (Immediate injury that initiated the events resulting in death) LAST (C) NONE		110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) Decedent Last Seen Alive: (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER -	
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE -		118. LICENSE NUMBER -		119. DATE mm/dd/yyyy -	
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
CORONER'S USE ONLY	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy -		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/yyyy 03/12/2010		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA M AUGUSTINE, DEPUTY CORONER		

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. See Registrar's signature in purple ink.

VD

DATE ISSUED

MAR 18 2010 0000640*

Director of Public Health and Registrar

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



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052010020333
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201019009848
LOCAL REGISTRATION NUMBER

1.1 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY -- THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST COREY	1B. MIDDLE IAN	1C. LAST HAIM
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 03/10/2010	4. CITY OF EVENT BURBANK
	5. COUNTY OF EVENT LOS ANGELES		6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD PAUL BERNIE HAIM
7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD JULIA JUDY SMILOVIC			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
20	UNK. -	
21	UNK.	
23	-	

ALL INFORMATION IS NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME SAMUEL BIRNHACK	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY 03/12/2010
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME JOSEPH MANELA	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY 03/12/2010
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR		15. DATE ACCEPTED FOR REGISTRATION 03/13/2010

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)

020101001451243

1.1

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.

Joseph Manela Fielding MD
VD

DATE ISSUED

MAR 18 2010



Director of Public Health and Registrar

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