STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

3052008227242 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11REV 1/04

3200819054037 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
CHRISTINE	JOY	MAGGIORE

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
-	07/25/1956	52			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
IL	556-15-3883	YES [X] NO UNK	MARRIED	12/27/2008	1630

13. EDUCATION — Highest Level Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	YES [X] NO	WHITE

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
SUPERVISED VISITATION MONITOR	LEGAL	3

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)
5806 TOBIAS AVENUE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
VAN NUYS	LOS ANGELES	91411	48	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
ROBIN SCOVILL, HUSBAND	5806 TOBIAS AVENUE, VAN NUYS, CA 91411

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
ROBIN	KELLY	SCOVILL	
31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
ROBERT	-	MAGGIORE	UNKNOWN
35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
EVELYN	-	KOZARYNA	UNKNOWN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
01/13/2009	RES ROBIN SCOVILL 5806 TOBIAS AVENUE, VAN NUYS, CA 91411

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
CRAWFORD MORTUARY	FD1228	JONATHAN FIELDING, MD	01/13/2009

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE	IP ER/OP DOA Resident Nursing Home/LTC [X] Decedent's Home Other	

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
LOS ANGELES	5806 TOBIAS AVENUE	VAN NUYS

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	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) DISSEMINATED HERPES VIRAL INFECTION	(AT) 2 WKS	[X] YES NO — REFERRAL NUMBER 2008-58591
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) BILATERAL BRONCHIAL PNEUMONIA	(BT) 3 WKS	109. BIOPSY PERFORMED? YES [X] NO
	(C)	(CT)	110. AUTOPSY PERFORMED? YES [X] NO
	(D)	(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
ORAL CANDIDIASIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? YES [X] 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.

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
12/16/2008	12/23/2008	ILONA ABRAHAM M.D.	A25564	01/13/2009

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
ILONA ABRAHAM M.D.
17815 VENTURA BLVD 113, ENCINO, CA 91316

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

STATE REGISTRAR: A | B | C | D | E

012008000961379

FAX AUTH. #

109006785

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E Fielding MD
VD

DATE ISSUED FEB 24 2009

Director of Health Services and Registrar

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