

**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

3052017149763

**CERTIFICATE OF DEATH**

3201719033080

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>CHESTER</b>  |  | 2. MIDDLE<br><b>CHARLES</b>  |  | 3. LAST (Family)<br><b>BENNINGTON</b>  |  |
| 4. DATE OF BIRTH (mm/dd/yyyy)<br><b>03/20/1976</b>   |  |  |  |  |  |
| 5. AGE Yrs<br><b>41</b>  |  |  |  |  |  |
| 6. SEX<br><b>M</b>   |  |  |  |  |  |
| 7. BIRTH STATE-FORIGN COUNTRY<br><b>AZ</b>   |  | 10. SOCIAL SECURITY NUMBER   |  | 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> JVC |  |
| 12. MARRIAGE STATUS (at time of death)<br><b>MARRIED</b>   |  | 13. DATE OF DEATH (mm/dd/yyyy)<br><b>07/20/2017</b>  |  | 14. HOUR (01-24)<br><b>0908</b>  |  |
| 15. EDUCATION - Highest Level (Type or school name)<br><b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |  |  |  |  |
| 16. DECEDENT'S RACE - US to 3 races may be listed (see worksheet on back)<br><b>CAUCASIAN</b>  |  |  |  |  |  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>ROCK STAR MUSICIAN</b>  |  |  |  | 18. YEARS IN OCCUPATION<br><b>27</b>   |  |
| 19. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>2842 VIA VICTORIA</b>  |  |  |  |  |  |
| 20. CITY<br><b>PALOS VERDES ESTATES</b>  |  | 21. COUNTY-PROVINCE<br><b>LOS ANGELES</b>  |  | 22. ZIP-CODE<br><b>90274</b>   |  |
| 23. YEARS IN COUNTRY<br><b>15</b>  |  | 24. STATE-FORIGN COUNTRY<br><b>CA</b>  |  |  |  |
| 25. INFORMANT'S NAME, RELATIONSHIP<br><b>TOMMY H. CHURCH, FRIEND</b>   |  |  |  |  |  |
| 26. INFORMANT'S HOME ADDRESS (Street and number, or rural route, box, or town, state and zip)<br><b>615 OAK TRAIL, SEDONA, AZ 86336</b>        |  |  |  |  |  |
| 27. NAME OF SURVIVING SPOUSE (SPOUSE-FIRST)<br><b>TALINDA</b>  |  | 28. MIDDLE<br><b>ANN</b>   |  | 29. LAST (BIRTH NAME)<br><b>BENTLEY</b>  |  |
| 30. NAME OF FATHER-PARENT-FIRST<br><b>LEE</b>  |  | 31. MIDDLE<br><b>RUSSELL</b>   |  | 32. LAST (BIRTH NAME)<br><b>BENNINGTON</b>   |  |
| 33. NAME OF MOTHER-PARENT-FIRST<br><b>SUSAN</b>  |  | 34. MIDDLE<br><b>ELAINE</b>  |  | 35. LAST (BIRTH NAME)<br><b>JOHNSON</b>  |  |
| 36. DEPOSITION DATE (mm/dd/yyyy)<br><b>07/26/2017</b>  |  | 37. PLACE OF FINAL DISPOSITION (RESIDENCE OF TALINDA BENNINGTON)<br><b>2842 VIA VICTORIA, PALOS VERDES ESTATES, CA 90274</b> |  |  |  |
| 38. TYPE OF DISPOSITION<br><b>CR/RES</b>   |  |  |  |  |  |
| 39. NAME OF FUNERAL ESTABLISHMENT<br><b>GREEN HILLS MORTUARY &amp; MEMORIAL CHAPEL INC</b>   |  | 40. LICENSE NUMBER (see instructions on reverse)<br><b>FD1176</b>  |  |  |  |
| 41. DATE (mm/dd/yyyy)<br><b>07/26/2017</b>   |  |  |  |  |  |
| 42. PLACE OF DEATH<br><b>RESIDENCE</b>   |  |  |  |  |  |
| 43. COUNTY<br><b>LOS ANGELES</b>   |  | 44. FACILITY ADDRESS OR LOCATION (Street and number, or location)<br><b>2842 VIA VICTORIA</b>                                |  | 45. CITY<br><b>PVE</b>   |  |
| 46. CAUSE OF DEATH<br><b>HANGING</b>   |  |  |  |  |  |
| 47. INVESTIGATOR'S NAME<br><b>MINS</b>   |  |  |  |  |  |
| 48. INVESTIGATOR'S LICENSE NUMBER<br><b>2017-05390</b>   |  |  |  |  |  |
| 49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 42<br><b>NONE</b>                    |  |  |  |  |  |
| 50. WAS OPERATION PERFORMED FOR ANY CONDITION IN ICD-10 OR ICD-9? (If yes, list type of operation and date)<br><b>NO</b>                       |  |  |  |  |  |
| 51. SIGNATURE AND TITLE OF CERTIFIER<br><b>QUINCY BROWN, DEPUTY CORONER</b>  |  |  |  |  |  |
| 52. LICENSE NUMBER<br><b>UNK</b>   |  |  |  |  |  |
| 53. DATE (mm/dd/yyyy)<br><b>07/25/2017</b>   |  |  |  |  |  |
| 54. TYPE OF INJURY<br><b>WITH BELT</b>   |  |  |  |  |  |
| 55. LOCATION OF INJURY (Street and number, or location, and city and zip)<br><b>2842 VIA VICTORIA, PALOS VERDES ESTATES, CA 90274</b>          |  |  |  |  |  |
| 56. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>QUINCY BROWN, DEPUTY CORONER</b>  |  |  |  |  |  |

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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.

*Quincy Brown, MD*  
**VB**  
Director of Public Health and Registrar

DATE ISSUED  
**AUG - 2 2017**



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE