STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

STATE FILE NUMBER	CERTIFICATE OF DEATH	LOCAL REGISTRATION NUMBER
3052009065414	STATE OF CALIFORNIA	3200919027107

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
MICHAEL	JOSEPH	JACKSON

AKA, ALSO KNOWN AS	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	Months	Days	Hours	Minutes	6. SEX
-	08/29/1958	50		-			M

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)
IN	[redacted]	[ ] YES [X] NO [ ] UNK	DIVORCED	06/25/2009	1428

13. EDUCATION — Highest Level/Degree	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH?	16. DECEDENT'S RACE — Up to 3 races may be listed
HS GRADUATE	[ ] YES [X] NO	BLACK

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
MUSICIAN	ENTERTAINMENT	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 4641 HAYVENHURST AVENUE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
ENCINO	LOS ANGELES	91436	35	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS
LATOYA JACKSON, SISTER	8306 WILSHIRE BLVD. SUITE 528, BEVERLY HILLS, CA 90211

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
-	-	-	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
JOSEPH	WALTER	JACKSON	AR
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
KATHERINE	ESTHER	SCRUSE	AL

FUNERAL DIRECTOR / LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
07/07/2009	FOREST LAWN MEMORIAL PARK, 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
TEMP	[redacted]	8473

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
FOREST LAWN MEMR PRKS & MTYS	FD 904	[redacted]	07/07/2009

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RONALD REAGAN/UCLA MEDICAL CENTER	[ ] IP [X] 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	757 WESTWOOD PLAZA DRIVE	LOS ANGELES

CAUSE OF DEATH

107. CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) DEFERRED

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) (C) (D)

Time Interval Between Onset and Death: (AT) (BT) (CT) (DT)

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER 2009-04415

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [X] YES [ ] NO

111. USED IN DETERMINING CAUSE? [X] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: -

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)

113A. IF FEMALE, 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. Decedent Attended Since (A) mm/dd/ccyy; Decedent Last Seen Alive (B) 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	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]	07/07/2009	CHERYL MACWILLIE, DEPUTY CORONER

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

010001001290587

172000045

NOT A VALID DOCUMENT,
INFORMATIONAL,
TO ESTABLISH IDENTITY

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
VE

JUL - 7 2009

DATE ISSUED

Director of Health Services and Registrar

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

LOS ANGELES COUNTY — STATE OF CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE