STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK
1 OF 2

CERTIFICATE OF DEATH

STATE FILE NUMBER | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 7/24) | LOCAL REGISTRATION NUMBER: 3202437014293

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
GARY	DAVID	WHITE

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
05/03/1974	50					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)
UNK	UNK	☐ YES ☐ NO ☒ UNK	UNKNOWN	08/05/2024	1319

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)
UNKNOWN	☐ YES ☒ 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
UNKNOWN	UNKNOWN	UNK

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): UNK UNK

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
UNK	UNK	UNK	UNK	UNK

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
UNDER INVESTIGATIONS, ME OFFICE	5570 OVERLAND AVE., SAN DIEGO, CA 92123

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
UNKNOWN	UNKNOWN	UNKNOWN	
31. NAME OF PARENT–FIRST	**32. MIDDLE**	**33. LAST (BIRTH NAME)**	**34. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNK
35. NAME OF PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
UNKNOWN	UNKNOWN	UNKNOWN	UNK

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
-	

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
PENDING CORONER INVESTIGATION	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
S.D. MEDICAL EXAMINER'S OFFICE	NONE	ANKITA S. KADAKIA, M.D.	08/13/2024

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
USED CAR DEALERSHIP	☐ IP ☐ ER/OP ☐ OCA	☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☒ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SAN DIEGO	4182 EL CAJON BLVD	SAN DIEGO

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) PERFORATING GUNSHOT WOUND OF HEAD	(AT) RAPID	☒ YES ☐ NO REFERRAL NUMBER 24-02344
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)	(BT)	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C)	(CT)	110. AUTOPSY PERFORMED? ☒ YES ☐ 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: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. DECEDENT PREGNANT IN LAST YEAR?
NO	☐ 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	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?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
☐ YES ☐ NO ☒ UNK	08/05/2024	1304

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): OTHER: USED CAR DEALERSHIP

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): SHOT SELF IN HEAD WITH 9 MM GHOST GUN

125. LOCATION OF INJURY (Street and number, or location, and city, and zip): 4182 EL CAJON BLVD, SAN DIEGO, CA 92105

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
GREG PIZARRO	08/07/2024	GREG PIZARRO, DME

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

Jordan Z. Marks

Sep 18, 2025

JORDAN Z. MARKS
Assessor/Recorder/County Clerk

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006062416

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK
2 OF 2

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

STATE FILE NUMBER	LOCAL REGISTRATION NUMBER
3052024171508	3202437014293

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	1B. MIDDLE	1C. LAST
GARY	DAVID	WHITE

2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT
M	08/05/2024	SAN DIEGO	SAN DIEGO

6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD
UNKNOWN UNKNOWN UNKNOWN	UNKNOWN UNKNOWN UNKNOWN

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

LIST ONE ITEM PER LINE

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
26	UNDER INVESTIGATIONS, ME OFFICE	NORTH COUNTY CREMATION, FUNERAL HOME
27	5570 OVERLAND AVE., SAN DIEGO, CA 92123	635 N TWIN OAKS VALLEY RD STE 18, SAN MARCOS, CA 92069
39	-	12/18/2024
40	-	AT SEA OFF THE COAST OF SAN DIEGO COUNTY
41	PENDING CORONER INVESTIGATION	CREMATE/SCATTER AT SEA
44	S.D. MEDICAL EXAMINER'S OFFICE	SAN DIEGO CREMATION SERVICE
45	NONE	FD1481

REASON FOR CORRECTION

11. NEED TO UPDATE INFORMANT AND CHANGE DISPOSITION. NO DISPOSITION HAS TAKEN PLACE.

AFFIDAVITS AND SIGNATURES

TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD

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.

12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME	12C. TITLE/RELATIONSHIP TO PERSON IN PART I
▶ ALMA E VASQUEZ	ALMA E VASQUEZ	FUNERAL HOME STAFF LEVEL
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY
635 N TWIN OAKS VALLEY RD STE 18, SAN MARCOS, CA 92069		12/13/2024
13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME	13C. TITLE/RELATIONSHIP TO PERSON IN PART I
▶ CHARLES E THOMSON	CHARLES E THOMSON	MED EXAMINER
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY
5570 OVERLAND AVE, STE 101, SAN DIEGO, CA 92123		12/13/2024

STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION
	▶ CDPH-VR	12/16/2024

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

FORM VS 24e (REV. 1/08)

1.1

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