



PAUL E. ZELLERBACH  
DISTRICT ATTORNEY

OFFICE OF  
THE DISTRICT ATTORNEY  
COUNTY OF RIVERSIDE

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SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE  
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SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

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MEMORANDUM

September 18, 2013

TO: Judge of the Superior Court of California, County of Riverside (Riverside)  
FROM: MAUREEN A. DUMOUCHEL, Deputy District Attorney  
SUBJECT: District Attorney's Request For Dismissal Pursuant To Penal Code Section 1385  
**Defendant is deceased.**

THE PEOPLE do not want to proceed to trial and move pursuant to Penal Code section 1385:

- To dismiss the following case:
- To withdraw allegations of violations of probation in the following case:

DEFENDANT NAME: CHRISTOPHER JORDAN DORNER

COURT CASE NUMBER: RIF1300248

Dated: 9/20/13

MAUREEN A. DUMOUCHEL  
Deputy District Attorney

Approved by the Court as moved:

Dated: 9/30/13

Judge of the Superior Court of California  
County of Riverside

MAD:vb  
Damion (1381/1382/1385 memo-Riverside)

**STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN BERNARDINO  
SAN BERNARDINO, CALIFORNIA**

**CERTIFICATE OF DEATH**

3201336001727

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS DATE: 02-19-2013		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		4. MIDDLE		3. LAST (Family)	
CHRISTOPHER		JORDAN		DORNER	
DECEDENT'S PERSONAL DATA	9. BIRTH STATE OR FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (MARR or Type of Last)
	NY		603-07-7648	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	DIVORCED
	13. EDUCATION - Highest Level Completed		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see what race on back)		16. DECEDENT'S RACE - Use 1 to 3 races they are listed on birth record on back
	BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		BLACK
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION
	PEACE OFFICER		PUBLIC SERVICE		11
	20. DECEDENT'S RESIDENCE (Street and number, or address)		[REDACTED]		
USUAL RESIDENCE	21. CITY		22. COUNTY/TOWNSHIP	23. ZIP CODE	24. YEARS IN COUNTY
	LA PALMA		ORANGE	90623	20
MARRIAGE INFORMATION	26. #8 OR MARRIAGE NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or care order number, city or town, state and zip)		
	[REDACTED], MOTHER		[REDACTED] LA PALMA, CA 90623		
SPONSORSHIP AND PAYMENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SIBLING - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)	
	-		-	-	
	31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	33. LAST	
	[REDACTED]		[REDACTED]	DORNER	
FURNERAL DIRECTOR LOCAL REGISTRAR	38. DEPOSITION DATE (month/year)		40. PLACE OF FINAL DISPOSITION		43. LICENSE NUMBER
	02/21/2013		RESIDENCE OF [REDACTED]		
PLACE OF DEATH	41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER
	CR/RES		NOT EMBALMED		
	44. NAME OF FURNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	
CAUSE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE
	FOUND IN RESIDENCE		<input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> EICOP <input type="checkbox"/> DCA <input type="checkbox"/> HONOR <input type="checkbox"/> HONOR TC <input type="checkbox"/> Outpatient Clinic <input checked="" type="checkbox"/> Care		
PHYSICIAN'S CERTIFICATION	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY
	SAN BERNARDINO		40100 SEVEN OAKS RD		ANGELUS OAKS
	107. CAUSE OF DEATH		108. LEAN-REPORTED TO CORONER?		109. REPORTED TO MEDICINE?
	IMMEDIATE CAUSE - In PENDING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CORONER'S USE ONLY	110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107)		111. SIGNATURE AND TITLE OF CORONER		112. LICENSE NUMBER
	-		[Signature]		
CORONER'S USE ONLY	114. CERTIFY THAT (1) THE BEST COPY AVAILABLE OF (EAR HEE) BEEN AT THE CLERK'S OFFICE, AND (2) PLACE STAMP FROM THE CAUSES STATE		115. THE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116. DATE (month/year)
	-		-		
	120. I CERTIFY THAT THIS DEATH WAS QUALIFIED AT THE HEAR DATE, AND PLACE STAMP FROM THE CAUSES STATE		121. BURIED AT WORK?		122. BURIED DATE (month/year)
	-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
123. PLACE OF BURIAL (e.g., home, crematorium, etc., wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF BURIAL (Street and number, or location, apt. no., etc.)	
-		-		-	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/year)		128. TITLE NAME (TITLE OF CORONER / DEPUTY CORONER)	
CHALONE RHEA-HUDGENS		02/19/2013		CHALONE RHEA-HUDGENS, DEP CORONER	



This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK

DENNIS DRAEGER  
 San Bernardino County Assessor-Recorder-Clerk

DATE ISSUED: **MAR 01 2013**

