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Attorneys for Plaintiff Richard Gonzalez and the Aggrieved Employees

JUDICIAL COUNCIL OF CALIFORNIA

CHAIR OF THE JUDICIAL COUNCIL

JAIDYN HOLMES, individually and on behalf of all others similarly situated,

Plaintiffs,

v.

SPIRIT HALLOWEEN SUPERSTORES LLC; SPENCER GIFTS LLC; and DOES 1 through 20, inclusive,

Defendants.

VANESSA RUELAS SIERRA, as an individual and on behalf of all others similarly situated,

Plaintiff,

vs.

SPENCER GIFTS LLC, a Delaware limited liability company; and DOES 1 through 50, inclusive,

Defendants.

Case No. JCCP5401

DECLARATION OF ANASTASIA MARIE SHEPHERD IN SUPPORT OF STIPULATION TO APPROVE PAGA SETTLEMENT AGREEMENT UNDER CALIFORNIA LABOR CODE § 2698 ET SEQ.

Date: December 8, 2026
Time: 11:00 a.m.
Dept: 6

Los Angeles County Superior Court Case No.: 24STCV09324 (filed April 15, 2024)

Kern County Superior Court Case No.: BCV-23-101673 (filed May 30, 2023)

RICHARD GONZALEZ, on behalf of himself and current and former aggrieved employees Plaintiff, v. SPIRIT HALLOWEEN SUPERSTORES LLC; and DOES 1 to 100, inclusive, Defendants.	Los Angeles County Superior Court Case No.: 24STCV04406 (filed February 22, 2024)
ELISA HILAIRE, individually and on behalf of all similarly situated individuals, Plaintiff, v. SPENCER GIFTS, LLC, a Delaware Limited Liability Company; SPIRIT HALLOWEEN SUPERSTORES, LLC, a Delaware Limited Liability Company; BARRY SUSSON, an individual; and Does 1-10, inclusive; Defendants.	San Diego County Superior Court Case No.: 37-2024-00019642 (filed April 26, 2024)
THOMAS WHALEN, individually and on behalf of all others similarly situated; Plaintiff, v. SPIRIT HALLOWEEN SUPERSTORES LLC, a Delaware limited liability company; and DOES 1 through 50, Defendants.	Los Angeles County Superior Court Case No.: 23STCV21612 (filed September 7, 2023)

DECLARATION OF ANASTASIA MARIE SHEPHERD

I, Anastasia Marie Shepherd, hereby declare as follows:

I am an adult over the age of 18 years old. The following is based on my personal knowledge and, if called as a witness, I could and would competently testify thereto.

1. Plaintiff RICHARD GONZALEZ ("Richard Gonzalez" or "Plaintiff") filed this PAGA action lawsuit on behalf of himself and other aggrieved employees against Defendant Spirit Halloween Superstores LLC ("Defendant").

2. Plaintiff worked for Defendant as a non-exempt hourly employee from approximately August 6, 2023, until about September 29, 2023.

3. Richard Gonzalez was born to me on November 9, 1998.

4. Richard Gonzalez has no surviving children and no spouse.

5. I was the closest living relative of Richard Gonzalez on his death.]

6. Richard Gonzalez died on March 3, 2026, in Baldwin Park, CA. A true and correct certified copy of Richard Gonzalez's death certificate is attached hereto as **Exhibit 1**.

7. No proceeding is now pending in the State of California for administration of Richard Gonzalez's estate.

8. Mr. Richard Gonzalez died without a will. Richard Gonzalez's estate has not been administered. I am his surviving mother and beneficiary of his estate.]

9. I am Richard Gonzalez's successor in interest (as defined under Code of Civil Procedure Section 377.11) and succeed to Richard Gonzalez's interest in this action or proceeding.

10. No other person has a superior right to commence the action or proceeding or to be substituted for Richard Gonzalez in this pending action or proceeding.

11. As successor in interest to decedent Richard Gonzalez, I understand and agree to represent the interests of all aggrieved employees and the PAGA action.

12. As successor in interest to decedent Richard Gonzalez, I understand and agree to always consider the interests of the aggrieved employees just as I, on behalf of my late son Richard Gonzalez, would consider my own interests. In some cases, I understand I must, and will, put the interest of the PAGA action and the aggrieved employees before my own interests.

13. As successor in interest to decedent Richard Gonzalez, I understand and agree that the claims in this lawsuit, as alleged by my late son Plaintiff Richard Gonzalez, are typical to those of other aggrieved employees.

14. Prior to his passing, Plaintiff provided information and was available to his attorneys since approximately November of 2023 when he began searching for an attorney. After his passing I have helped and been willing to support the lawsuit in any way I can.

15. I responded to almost all of my attorneys' telephone calls and I met with them telephonically to discuss any questions they had.

16. My late son Richard Gonzalez made himself available during the mediation session. Once the settlement agreement was finalized, he conferred with the attorneys on multiple occasions to review and discuss the agreement before signing.

17. As successor in interest to decedent Richard Gonzalez, I understand and agree to recognize and accept that any resolution of the lawsuit, by dismissal or settlement, is subject to court approval.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 30th day of October 2026 at Pico Rivera, California.

Anastasia Shepherd

Anastasia Marie Shepherd

Exhibit 1

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052026055990 — STATE FILE NUMBER

CERTIFICATE OF DEATH
USE BLACK INK ONLY / NO ERASURES / WARRANTS ON ALTERATIONS
STATE OF CALIFORNIA VS-11 (REV. 7/24)

3202619011814 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
RICHARD	ALBERTO	GONZALEZ, JR

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
11/09/1998	27			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)
CA	603-11-5350	☐ YES ☒ NO ☐ UNK	NEVER MARRIED	03/03/2026	1505

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)
HS GRADUATE	☒ YES MEXICAN ☐ NO	MEXICAN

1 OF 2

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
FIELD SERVICES SUPERVISOR	METRO MTS	2

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
4246 DURFEE AVE -				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
PICO RIVERA	LOS ANGELES	90660	27	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
ANASTASIA MARIE SHEPHERD, MOTHER	4246 DURFEE AVE -, PICO RIVERA, CA 90660

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF PARENT–FIRST	**32. MIDDLE**	**33. LAST (BIRTH NAME)**	**34. BIRTH STATE**
REMONE	-	VENEGAS	CA
35. NAME OF PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
ANASTASIA	MARIE	SHEPHERD	CA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
03/19/2026	RESIDENCE	4246 DURFEE AVE, PICO RIVERA, CA 90660

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CREMATE/RESIDENCE	▸ NOT EMBALMED	-
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**
CABOT AND SONS	FD341	▸ MUNTU DAVIS MD

47. DATE mm/dd/ccyy: 03/18/2026

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
KAISER FOUNDATION HOSPITAL - BALDWIN PARK	☒ IP ☐ 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	1011 BALDWIN PARK BLVD	BALDWIN PARK

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) SEPTIC SHOCK	(AT) HRS
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) COMMUNITY ACQUIRED PNEUMONIA	(BT) HRS
	(C) HYPEROSMOLAR COMA	(CT) HRS
	(D) DIABETES MELLITUS TYPE II	(DT) UNK

108. DEATH REPORTED TO CORONER? ☐ YES ☒ NO — REFERRAL NUMBER
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
RESPIRATOR DEPENDENCE, ACUTE RESPIRATORY FAILURE, ACUTE RENAL FAILURE, OBESITY

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

113A. DECEDENT 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
03/02/2026	03/03/2026

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
▸ KIM DICK MAN, MD	G84434	03/05/2026

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
KIM DICK MAN, MD
1011 BALDWIN PARK BLVD, BALDWIN PARK, CA 91706

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		FAX AUTH.#	CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

Munta Davis MD
Health Officer and Registrar

005081499
APR-2 2026
DATE ISSUED

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

LOS ANGELES COUNTY — REGISTRAR OF VITAL STATISTICS — STATE OF CALIFORNIA

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052026055990
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3202619011814
LOCAL REGISTRATION NUMBER

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
RICHARD	ALBERTO	GONZALEZ, JR

2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT
M	03/03/2026	BALDWIN PARK	LOS ANGELES

6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD
REMONE VENEGAS	ANASTASIA MARIE SHEPHERD

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD 2 OF 2

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
31	REMONE	RICHARD
32	-	ALBERTO
33	VENEGAS	GONZALEZ, SR

REASON FOR CORRECTION

11. TO CORRECT FATHERS NAME

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
▶ RYAN MURPHY	RYAN MURPHY	FUNERAL HOME STAFF LEVEL
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY
27 CHESTNUT ST, PASADENA, CA 91103		03/25/2026
13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME	13C. TITLE/RELATIONSHIP TO PERSON IN PART I
▶ CHRIS CABOT	CHRIS CABOT	FUNERAL HOME STAFF LEVEL
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY
27 CHESTNUT ST, PASADENA, CA 91103		03/25/2026

STATE/LOCAL REGISTRAR USE ONLY

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION
▶ CDPH-VR	03/25/2026

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

FORM VS 24e (REV. 1/08)

1.1

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

Health Officer and Registrar

DATE ISSUED APR -2 2026

005081500

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