

15-

DOC # 0639699
03/21/2005 04:47 PM Deputy: KLJ

OFFICIAL RECORD

Requested By:
ROSEMARY PETERSEN

Assessor's Parcel Number: _____

Recording Requested By:

✓ Name: Rosemary PETERSEN

Address: 3560 Onyx Court

City/State/Zip Carson City, NV 89705

Real Property Transfer Tax: _____

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0305 PG- 9433 RPTT: # 0



Certified Birth Certificate
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

104- 88-373414

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1-88-09-000981

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAMILY)	
	2. SEX	3A. THIS BIRTH, SINGLE TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION		
	5C. CITY		5D. COUNTY	5E. PLANNED PLACE OF BIRTH	
	5F. STATE OF BIRTH		5G. DATE OF BIRTH—MONTH, DAY, YEAR		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)	7. STATE OF BIRTH	8. DATE OF BIRTH—MONTH, DAY, YEAR
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN)	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH	11. DATE OF BIRTH—MONTH, DAY, YEAR
PARENT'S CERTIFICATION	12A. PARENT OR OTHER INFORMANT—SIGNATURE		12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED
	13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE		13B. LICENSE NUMBER		13C. DATE SIGNED
CERTIFICATION OF BIRTH	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR—SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics

by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED

JUN 23 1993

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

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BK- 0305
PG- 9434
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