

AFFIDAVIT OF OWNERSHIP

Tara-Dawn: Kirschenmann
c/o [REDACTED]
Burbank, California, Republic [91505]
Affiant

RE: Birth Certificate #1 [REDACTED] for TARA DAWN KIRSCHENMANN Estate


I, the undersigned affiant, of lawful age and being first duly sworn on my oath, depose and state that I am familiar with the facts recited, and the party named in said Birth Certificate is the same party as one of the owners named in said certificate of title.

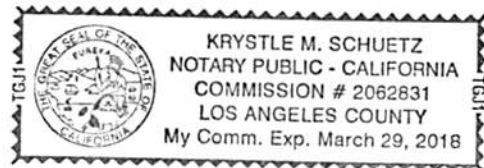
Further affiant sayeth not.


Tara-Dawn: Kirschenmann
Affiant

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

On this 4th day of Jan., 2018, before me, the undersigned, a Notary Public in and for CA, personally appeared the above-signed, known to me to be the one whose name is signed on this instrument, and has acknowledged to me that he/she has executed the same.


Notary Public



03/29/2018
My Commission Expires

(seal)

State of California Secretary of State

This Certificate is not valid for use anywhere within the United States of America, its territories or possessions.

APOSTILLE (Convention de La Haye du 5 octobre 1961)			
1. Country: Pays / País:	United States of America		
This public document Le présent acte public / El presente documento público			
2. has been signed by a été signé par ha sido firmado por	Robert C. Werner		
3. acting in the capacity of agissant en qualité de quien actúa en calidad de	County Recorder		
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	County of Fresno, State of California		
Certified Attesté / Certificado			
5. at à / en	Sacramento, California	6. the le / el día	21st day of November 2017
7. by par / por	Secretary of State, State of California		
8. N° sous n° bajo el número	61235		
9. Seal / stamp: Sceau / timbre: Sello / timbre:		10. Signature: Signature: Firma:	

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

To verify the issuance of this Apostille, see: www.sos.ca.gov/business/notary/apostille-search/.

This certificate does not constitute an Apostille under the Hague Convention of 5 October 1961, when it is presented in a country which is not a party to the Convention. In such cases, the certificate should be presented to the consular section of the mission representing that country.

Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu.

Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.

Cette Apostille peut être vérifiée à l'adresse suivante: www.sos.ca.gov/business/notary/apostille-search/.

Ce certificat ne constitue pas une Apostille en vertu de la Convention de La Haye du 5 Octobre 1961, lorsque présenté dans un pays qui n'est pas partie à cette Convention. Dans ce cas, le certificat doit être présenté à la section consulaire de la mission qui représente ce pays.

Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento público esté revestido.

Esta Apostilla no certifica el contenido del documento para el cual se expidió.

Esta Apostilla se puede verificar en la dirección siguiente: www.sos.ca.gov/business/notary/apostille-search/.

Este certificado no constituye una Apostilla en virtud del Convenio de La Haya de 5 de octubre de 1961 cuando se presenta en un país que no es parte del Convenio. En estos casos, el certificado debe ser presentado a la sección consular de la misión que representa a ese país.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME Tara		1b. MIDDLE NAME Dawn		1c. LAST NAME Ashjian	
	2. SEX Female	3a. THIS BIRTH, SINGLE, TWIN OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? ---		4a. DATE OF BIRTH—MONTH, DAY, YEAR April 7, 1969	4b. HOUR 2:00 A.M.
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Fresno Community Hospital			5b. STREET ADDRESS (STREET, AND NUMBER OR LOCATION) Fresno and R Streets		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes
	5d. CITY OR TOWN Fresno			5e. COUNTY Fresno		
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME Donna Jean		6b. MIDDLE NAME ---		6c. LAST NAME (MAIDEN SURNAME) King	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 26 YEARS		9. COLOR OR RACE OF MOTHER White		10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR LOCATION) 4084 North Third	
	10c. RESIDENCE OF MOTHER—CITY OR TOWN Fresno		10d. RESIDENCE OF MOTHER—COUNTY 108-52 Fresno		10e. RESIDENCE OF MOTHER—STATE California, 93726	
	11a. NAME OF FATHER—FIRST NAME Terry		11b. MIDDLE NAME Jon		11c. LAST NAME Ashjian	
FATHER OF CHILD	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 28 YEARS		14. COLOR OR RACE OF FATHER White		15a. PRESENT OR LAST OCCUPATION Owner	
	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		15b. KIND OF INDUSTRY OR BUSINESS Lighting Fixtures Shop			
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Donna Jean Ashjian</i>			16b. DATE REVIEWED AND SIGNED BY INFORMANT April 9, 1969
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>J.B. Peery, M.D.</i>			17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT April 8, 1969
LOCAL REGISTRAR	17c. ADDRESS 1300 North Fresno, Fresno		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER C 2722		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR APR 11 1969	
	18.		19. LOCAL REGISTRAR—SIGNATURE <i>Robert C. Werner</i>			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF FRESNO }

SS DATE ISSUED

OCT 08 2008



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This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

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

Robert C. Werner
ROBERT C. WERNER
COUNTY RECORDER

