

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

LOCAL FILE NUMBER **08637** **CERTIFICATE OF LIVE BIRTH** STATE FILE NUMBER

**CHILD**

1. CHILD'S NAME <b>Lance</b>			2. DATE OF BIRTH (Month, Day, Year) <b>May 18, 2003</b>		
3. TIME OF BIRTH <b>3:39 PM</b>	4. SEX <b>Male</b>	5. CITY, TOWN OR LOCATION OF BIRTH <b>Las Vegas</b>		6. COUNTY OF BIRTH <b>Clark</b>	
7. PLACE OF BIRTH (Specify) <b>Hospital</b>			8. FACILITY NAME (If not institution, give street and number) <b>Valley Hospital Medical Center</b>		

**CERTIFIER/  
ATTENDANT**

9. I Certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year) <b>5/26/03</b>	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) <b>NAME Steven Kramer TITLE M.D.</b>	
12. CERTIFIER'S NAME AND TITLE (Type/Print) <b>NAME Laura Risco TITLE Medical Clerk</b>		13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code) <b>1934 East Sahara Las Vegas, NV 89104</b>		

EATH UNDER  
ONE YEAR  
OF AGE  
for State File  
number of  
each certifi-  
cate for this  
child.

14. REGISTRAR'S SIGNATURE <i>Susan Glenn, Deputy</i>		15. DATE FILED BY REGISTRAR (Month, Day, Year) <b>MAY 28 2003</b>	
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**MOTHER**

16a. MOTHER'S NAME <b>Michelle Lyn Nolte</b>		16b. MAIDEN SURNAME <b>Vandeput</b>	17. AGE <b>31</b>
18. BIRTHPLACE (State or foreign country) <b>Michigan</b>	19a. RESIDENCE — STATE <b>Nevada</b>	19b. COUNTY <b>Clark</b>	19c. CITY, TOWN OR LOCATION <b>Las Vegas</b>

**FATHER**

19d. STREET AND NUMBER <b>8221 Hercules Dr.</b>		19e. INSIDE CITY LIMITS? <b>Yes</b>	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) <b>89128</b>	
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**INFORMANT**

21. FATHER'S NAME <b>Bruno John Nolte</b>		22. AGE <b>34</b>	23. BIRTHPLACE (State or foreign country) <b>California</b>
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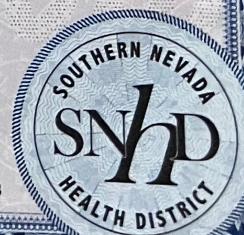
24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.  
Signature of parent or other informant > **Michelle Nolte**

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

**A000127159** **OCT 21 2015**  
DATE ISSUED:

Registrar of Vital Statistics  
By: *Pamela Thomas*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE