

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

4502885
CASE FILE NO.

2025023275
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

| | | | | | | | | |
|----------------------------------|---|--|---|--|---|---|---|--|
| CHILD | 1. CHILD NAME (First, Middle, Last, Suffix) Heston Heath HOCKENBERY | | 2. DATE OF BIRTH (Mo, Day, Yr) September 2, 2025 | | 3. TIME OF BIRTH 09:38 (24Hr) | | 4. SEX M | |
| | 5. FACILITY NAME (If not institution, give street and number) 9588 Aberdeen Ridge Ct | | | 6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas | | 7. COUNTY OF BIRTH CLARK | | |
| MOTHER | 8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Jacqueline Ann KREISLER | | | 8b. DATE OF BIRTH (Mo/Day/Yr) January 14, 1983 | | 8c. AGE 42 | | |
| | 9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) KREISLER | | | 10. BIRTHPLACE (State, Territory, or Foreign Country) Florida | | | | |
| | 11a. RESIDENCE OF MOTHER-STATE Nevada | | 11b. COUNTY CLARK | | 11c. CITY, TOWN, OR LOCATION Las Vegas | | | |
| | 11d. STREET AND NUMBER 9588 Aberdeen Ridge Ct | | | 11e. APT. NO. | 11f. ZIP CODE 89148 | | 11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Adam Heath HOCKENBERY | | | 12b. DATE OF BIRTH June 19, 1982 | 12c. AGE 43 | 12d. BIRTHPLACE (State, Territory, or Foreign Country) Wisconsin | | |
| CERTIFIER & ATTENDANT | 13a. CERTIFIER'S NAME: TIFFANIE C GONZALES | | | 14a. ATTENDANT'S NAME TIFFANIE C GONZALES | | | | |
| | TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify) | | | ATTENDANT'S ADDRESS 1481 W Warm Springs Rd, Suite 136 Henderson NV 89014 TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) | | | | |
| REGISTRAR | 15a. CERTIFIER OR ATTENDANT'S SIGNATURE TIFFANIE C GONZALES SIGNATURE AUTHENTICATED | | | 15b. DATE CERTIFIED 10 / 01 / 2025 MM DD YYYY | | | | |
| | 16a. REGISTRAR'S SIGNATURE JESSICA N ANDRADE SIGNATURE AUTHENTICATED | | | 16b. DATE FILED BY REGISTRAR 10 / 01 / 2025 MM DD YYYY | | | | |

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL RECORDS, 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.

Registrar of Vital Records **SIGNATURE AUTHENTICATED**

By: *Cosmas Locken*

DATE ISSUED: 10/22/2025

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE