

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

TYPE OR PRINT IN
PERMANENT BLACK INK
INSTRUCTIONS
SEE HANDBOOK

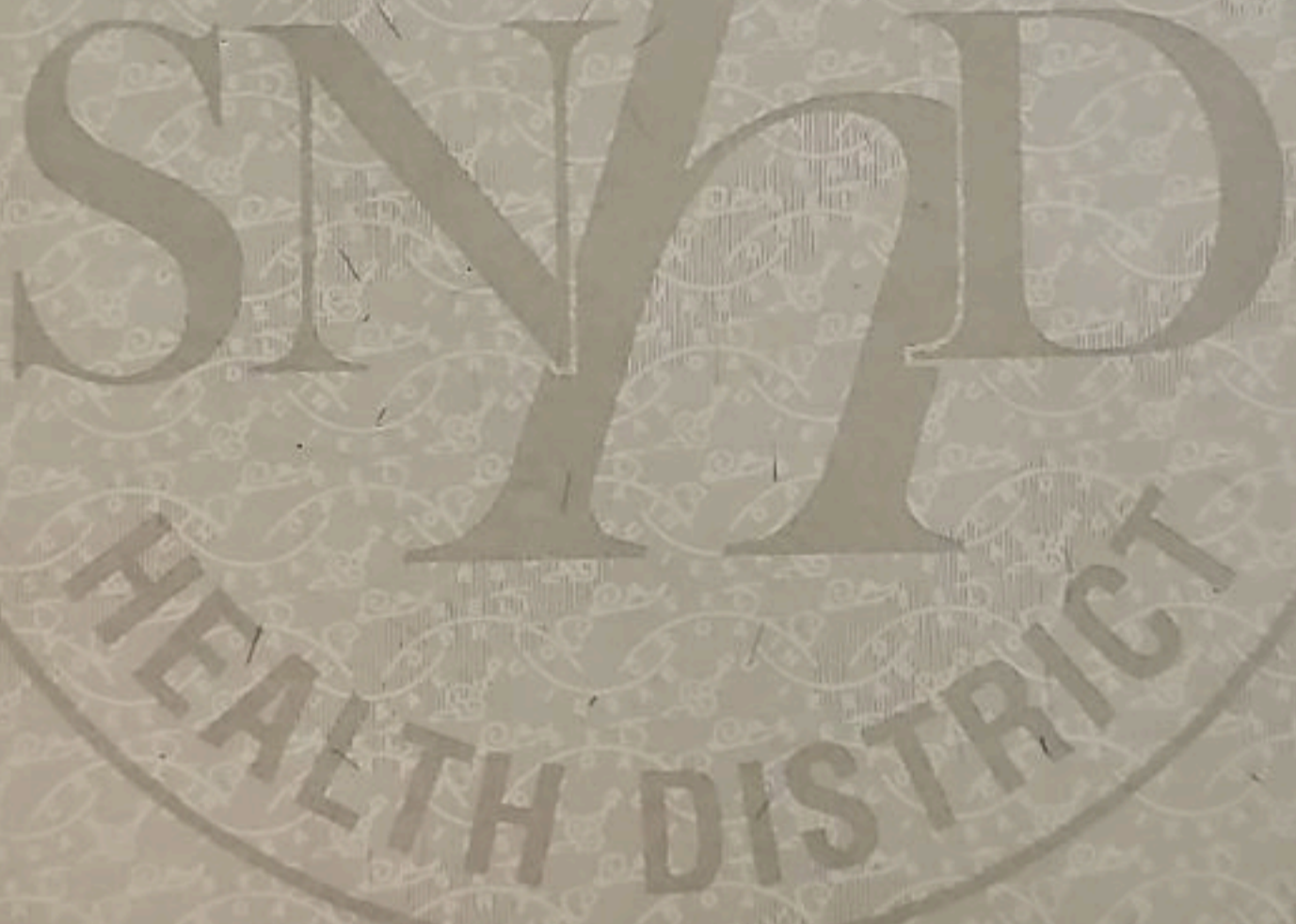
000649
LOCAL FILE NUMBER

BIRTHNUMBER

CHILD		1. CHILD—NAME First: Alicia Marie Middle: HAAS Last: HAAS	2. SEX female	3a. DATE OF BIRTH (Mo., Day, Yr.) January 24, 1985	3b. HOUR 1:17AM	
		4a. HOSPITAL—NAME (if not in hospital, give street and number) Humana Hospital Sunrise	4b. CITY, TOWN OR LOCATION OF BIRTH Rural Las Vegas	4c. COUNTY OF BIRTH Clark		
CERTIFIER		5a. I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5b. (Signature) <i>C. Ostovari</i>	5c. DATE SIGNED (Mo., Day, Yr.) 2-15-1985	5d. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print) 5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1404 Maryland Parkway Las Vegas Nevada 89104		
		6a. CERTIFIER—NAME AND TITLE (Type or print) C. Ostovari, MD	6b. REGISTRAR <i>Felicia Henderson, Deputy</i>	6c. DATE RECEIVED BY REGISTRAR (Month, Day, Year) FEB 3 1985		
MOTHER		7a. MOTHER—MAIDEN NAME First: Laurie Ann Middle: Rybicki Last: Rybicki	7b. AGE (At time of this birth) 25	7c. STATE OF BIRTH (if not in U.S.A., name country) New York		
		8a. RESIDENCE—STATE Nevada	8b. COUNTY Clark	8c. CITY, TOWN OR LOCATION Las Vegas	8d. STREET AND NUMBER OF RESIDENCE 3950 Mtn Vista St #265	
		8e. INSIDE CITY LIMITS (Specify Yes or No) no				
		8f. MOTHER'S MAILING ADDRESS—(if same as above, enter Zip Code only) 89121				
FATHER		9a. FATHER—NAME First: William Middle: Leo Last: Haas Jr	9b. AGE (At time of this birth) 26	9c. STATE OF BIRTH (if not in U.S.A., name country) New York		
		10a. 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) <i>William Haas</i>			10b. RELATION TO CHILD Mother	

HOLD UP TO LIGHT TO VIEW WATERMARK

HOLD UP TO LIGHT TO VIEW WATERMARK



"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 state Board of Health pursuant to NRS 440.175.



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DATE ISSUED:

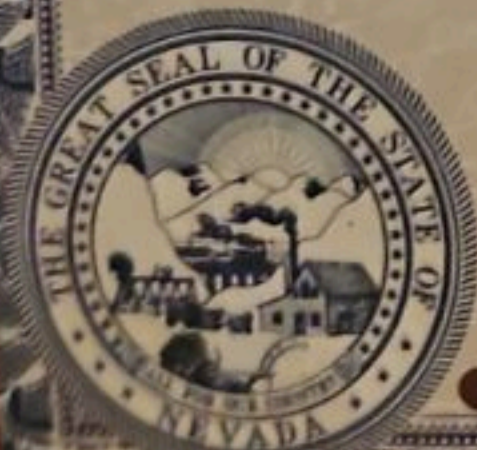
JUL 25 2016

Registrar of Vital Statistics

By

Ashlee Gallegos

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Fax ID # 88-6151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



NEVADA



USA
NV

DRIVER LICENSE



1 HAAS
 2 ALICIA MARIE
 8 6255 TILLMAN CREST AVE
 LAS VEGAS, NV 89139-6868

15 Sex F 16 Hgt 5'06" 17 Wgt 130 18 Eyes BLU
 9 Class C 9a End NONE 19 Hair BLN 4a Iss 01/24/2018
 12 Restr B 5 DD 000112358020583325776

4d DL NO. **1701326863**
 3 DOB **01/24/1985**
 4b Exp **01/24/2026**

Alicia Marie

