

STATE OF CALIFORNIA  
 CERTIFICATION OF VITAL RECORD

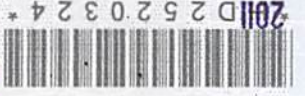
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

1201119068984

CERTIFICATE OF LIVE BIRTH  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY

1A. NAME OF CHILD - FIRST <b>LEON</b>		1B. MIDDLE <b>ANDREW</b>		1C. LAST <b>ALIPAZ</b>	
2. SEX <b>MALE</b>		3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>	
3. HOUR - 24 HOUR CLOCK TIME <b>1322</b>		4A. DATE OF BIRTH - MM/DD/CCYY <b>06/29/2011</b>		4B. HOUR - 24 HOUR CLOCK TIME <b>1322</b>	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HOME</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>8707 PALMOUTH AVE #112</b>		5C. CITY <b>LOS ANGELES</b>	
6A. NAME OF FATHER/PARENT - FIRST <b>NICHOLAS</b>		6B. MIDDLE <b>ANDREW</b>		6C. LAST <b>ALIPAZ</b>	
7A. NAME OF MOTHER/PARENT - FIRST <b>TOMOKO</b>		7B. MIDDLE <b>-</b>		7C. LAST - BIRTH NAME <b>ORUI</b>	
8. DATE OF BIRTH - MM/DD/CCYY <b>01/16/1979</b>		9. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		10. DATE OF BIRTH - MM/DD/CCYY <b>01/16/1979</b>	
11. DATE SIGNED - MM/DD/CCYY <b>08/15/2011</b>		12. RELATIONSHIP TO CHILD <b>PARENTS</b>		13. DATE SIGNED - MM/DD/CCYY <b>08/15/2011</b>	
13B. LICENSE NUMBER <b>254</b>		13C. DATE SIGNED - MM/DD/CCYY <b>-</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>-</b>	
15A. DATE OF DEATH - MM/DD/CCYY <b>-</b>		15B. STATE FILE NO. - STATE USE ONLY <b>-</b>		16. LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD</b>	
17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>08/15/2011</b>		18. STATE FILE NO. - STATE USE ONLY <b>-</b>		19. LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD</b>	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health, it bears the Registrar's signature in purple ink.  
 Director of Public Health and Registrar  
 Jonathan E. Fielding MD  
 DATE ISSUED **AUG 15 2011** D 2520324



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# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201419123508

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
		1201419123508	
1A. NAME OF CHILD - FIRST		1B. MIDDLE	
IRIS		MARIE	
2. SEX		3A. THIS BIRTH SINGLE TWIN, ETC.	
FEMALE		TWIN	
3A. THIS BIRTH SINGLE TWIN, ETC.		3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.	
TWIN		2ND	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION	
CEDARS SINAI MEDICAL CENTER		8700 BEVERLY BLVD.	
5C. CITY		5D. COUNTY	
LOS ANGELES		LOS ANGELES	
6A. NAME OF FATHER/PARENT - FIRST		6B. MIDDLE	
NICHOLAS		ANDREW	
9A. NAME OF MOTHER/PARENT - FIRST		9B. MIDDLE	
TOMOKO		-	
12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD	
<i>[Signature]</i>		Father	
12C. DATE SIGNED - MM/DD/CCYY		12/31/2014	
10. BIRTHPLACE - STATE/COUNTRY		7. BIRTHPLACE - STATE/COUNTRY	
WA		WA	
11. DATE OF BIRTH - MM/DD/CCYY		10. BIRTHPLACE - STATE/COUNTRY	
01/16/1979		JAPAN	
12C. DATE SIGNED - MM/DD/CCYY		11. DATE OF BIRTH - MM/DD/CCYY	
12/31/2014		01/16/1979	
13B. LICENSE NUMBER		13C. DATE SIGNED - MM/DD/CCYY	
A061618		12/31/2014	
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		17. DATE RECEIVED FROM REGISTRAR FOR REGISTRATION - MM/DD/CCYY	
ANTHONY CHIN, MD, 415 N. CRESCENT DR., BEVERLY HILLS		LORENA BEVAR, SUPVR.	
15A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		16. LOCAL REGISTRAR - SIGNATURE	
<i>[Signature]</i> Jen Beje Sun		JEFFREY D GUNZENHAUSER, MD	
15B. DATE OF DEATH - MM/DD/CCYY		18. LOCAL REGISTRAR - SIGNATURE	
		JEFFREY D GUNZENHAUSER, MD	
15A. DATE OF DEATH - MM/DD/CCYY		18. LOCAL REGISTRAR - SIGNATURE	
		JEFFREY D GUNZENHAUSER, MD	
15A. DATE OF DEATH - MM/DD/CCYY		18. LOCAL REGISTRAR - SIGNATURE	
		JEFFREY D GUNZENHAUSER, MD	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

MAY 26 2015

*[Signature]*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk



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(TRCO 6629) 07/11



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER 1201419123507 LOCAL REGISTRATION NUMBER

1A. NAME OF CHILD - FIRST MARISA		1B. MIDDLE FRANCES		1C. LAST ALPAZ	
2. SEX FEMALE		3A. THIS BIRTH, SINGLE, TWIN, ETC. TWIN		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 1ST	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY CEDARS SINAI MEDICAL CENTER					
5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 8700 BEVERLY BLVD.					
5C. CITY LOS ANGELES					
6A. NAME OF FATHER/PARENT - FIRST NICHOLAS		6B. MIDDLE ANDREW		6C. LAST ALPAZ	
7. BIRTHPLACE - STATE/COUNTRY WA		8. DATE OF BIRTH - M/D/CCYY 07/12/1981		9. DATE OF BIRTH - M/D/CCYY 01/16/1979	
9A. NAME OF MOTHER/PARENT - FIRST TOMOKO		9B. MIDDLE -		9C. LAST - BIRTH NAME ORUI	
10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH - M/D/CCYY 01/16/1979		12. DATE SIGNED - M/D/CCYY 01/16/1979	
12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD Father		12C. DATE SIGNED - M/D/CCYY 12/31/2014	
13. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED CORRECT TO THE BEST OF MY KNOWLEDGE		13A. ATTENDANT - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> Lynn Berg, Srn		13B. LICENSE NUMBER A061618	
13C. DATE SIGNED - M/D/CCYY 12/31/2014		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT LORENA BEJAR, SUPVR.			
15A. DATE OF DEATH - M/D/CCYY		15B. STATE FILE NO. - STATE USE ONLY		15C. LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD JL	
16. DATE ACCEPTED FOR REGISTRATION - M/D/CCYY 01/09/2015		17. DATE ACCEPTED FOR REGISTRATION - M/D/CCYY			

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DEAN C. LOGAN  
*[Signature]*  
Registrar-Recorder/County Clerk



MAY 26 2015

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