



# State of California Secretary of State

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



<b>APOSTILLE</b> (Convention de La Haye du 5 octobre 1961)			
<b>1. Country:</b> Pays / País:	United States of America		
<b>This public document</b> Le présent acte public / El presente documento público			
<b>2. has been signed by</b> a été signé par ha sido firmado por	Dean C. Logan		
<b>3. acting in the capacity of</b> agissant en qualité de quien actúa en calidad de	Registrar-Recorder/County Clerk		
<b>4. bears the seal / stamp of</b> est revêtu du sceau / timbre de y está revestido del sello / timbre de	County of Los Angeles, State of California		
<b>Certified</b> Attesté / Certificado			
<b>5. at</b> à / en	Los Angeles, California	<b>6. the</b> le / el día	5th day of July 2019
<b>7. by</b> par / por	Secretary of State, State of California		
<b>8. N°</b> sous n° bajo el número	47486		
<b>9. Seal / stamp:</b> Sceau / timbre: Sello / timbre:		<b>10. Signature:</b> 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/](http://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/](http://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/](http://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 LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

STATE

104-

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

0190-035146

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST	
Michael	Barbanell	Landres	
2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	5A. DATE OF BIRTH—MONTH, DAY, YEAR
Male	Single		April 28, 1979
5B. HOUR		1704	
6A. PLACE OF BIRTH—NAME OF HOSPITAL		6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)	
Santa Monica Hospital Med.Center		1225 15th Street	
6C. CITY OR TOWN		6D. COUNTY	
Santa Monica 90404		Los Angeles	
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—FIRST	7B. MIDDLE	7C. LAST
Marcene	Susan	Barbanell	California
FATHER OF CHILD	10A. NAME OF FATHER—FIRST	10B. MIDDLE	10C. LAST
Bruce	Charles	Landres	California
PARENT'S CERTIFICATION	13A. PARENT OR OTHER INFORMANT—SIGNATURE		13B. RELATIONSHIP TO CHILD
1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		Bruce Landres, MD	FATHER
ATTENDANT'S CERTIFICATION	14A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—DEGREE OR TITLE AND TYPED NAME		14B. DATE SIGNED
1. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.		Stanley M. Warner MD	4/28/79
14C. ADDRESS		14D. ATTENDANT'S LICENSE NUMBER	
1304 15th ST, SANTA MONICA		G20592	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION
			MAY 07 1979

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

Dean C. Logan  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

JUN 20 2019



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CALOSANGDE