

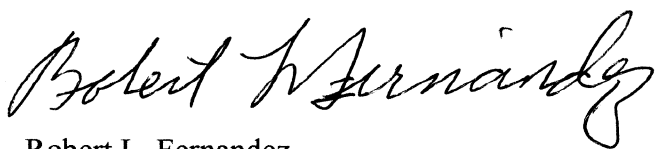
To Whom it Concerns,

I, Robert Fernandez, the father of Gail Houser and Vicki Martinez and father-in-law of Brad Martinez, hereby declare my intention to occupy the dwelling space at 518 N. Stoneman Avenue, Alhambra, CA. 91801.

I intend to move to the aforementioned address and reside there for a minimum of twelve months.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Tuesday, March 4, 2025, in Alhambra, California.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Fernandez", written in a cursive style.

Robert L. Fernandez

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

0190-014234

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF MARRIAGE

4 199719013159

STATE FILE NUMBER

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

LOCAL REGISTRATION NUMBER

GROOM PERSONAL DATA	1A. NAME OF GROOM--First (Given)		1B. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH--Month, Day, Year	
	BRADFORD		MICHAEL		MARTINEZ			
	3A. RESIDENCE - STREET AND NUMBER		3B. CITY		3C. ZIP CODE		3D. COUNTY-- OUTSIDE CALIFORNIA, ENTER STATE	
	2522 LA PRESA		ROSEMEAD		91770 LOS ANGELES		4. STATE OF BIRTH CALIF	
BRIDE PERSONAL DATA	5. MAILING ADDRESS--IF DIFFERENT		6. NUMBER OF PREVIOUS MARRIAGES		7A. LAST MARRIAGE ENDED BY:		7B. DATE--Month, Day, Year	
			00		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT			
	8A. USUAL OCCUPATION		8B. USUAL KIND OF BUSINESS OR INDUSTRY		8. EDUCATION - YEARS COMPLETED			
AFFIDAVIT	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
	RALPH MARTINEZ		CALIF		CHARLENE L LOESCHE		INDIANA	
	13A. NAME OF BRIDE - FIRST (Given)		12B. MIDDLE		12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 12C	
	VICKI		LYNN		FERNANDEZ			
LICENSE TO MARRY	14A. RESIDENCE - STREET AND NUMBER		14B. CITY		14C. ZIP CODE		14D. COUNTY-- OUTSIDE CALIFORNIA, ENTER STATE	
	504 DOBBINS DR		SAN GABRIEL		91775 LOS ANGELES		15. STATE OF BIRTH CALIF	
	16. MAILING ADDRESS--IF DIFFERENT		17. NUMBER OF PREVIOUS MARRIAGES		18A. LAST MARRIAGE ENDED BY:		18B. DATE - MONTH, DAY, YEAR	
			00		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT			
WITNESS(ES) (ONE REQUIRED)	19A. USUAL OCCUPATION		19B. USUAL KIND OF BUSINESS OR INDUSTRY		20. EDUCATION - YEARS COMPLETED			
	21A. FULL NAME OF FATHER		21B. STATE OF BIRTH		22A. FULL MAIDEN NAME OF MOTHER		22B. STATE OF BIRTH	
	ROBERT FERNANDEZ		CALIF		CAROL A WAGSTAFF		PA	
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.							
	23. SIGNATURE OF GROOM				24. SIGNATURE OF BRIDE			
	AUTHORIZATION AND LICENSE IS HEREBY GRANT TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.							
LOCAL REGISTRAR OF MARRIAGES COUNTY RECORDER	25A. ISSUE DATE MONTH, DAY, YEAR		25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR		25C. LICENSE NUMBER		25D. COUNTY OF ISSUE	
	06/12/1997		09/10/1997		N 0009520		LOS ANGELES	
	26A. SIGNATURE OF WITNESS		26B. ADDRESS - STREET AND NUMBER		26C. CITY, STATE AND ZIP CODE		26D. SIGNATURE OF DEPUTY CLERK IF APPLICABLE	
			72204 Roma Dr		Tempe City, CA 91780			
LOCAL REGISTRAR OF MARRIAGES COUNTY RECORDER	27A. SIGNATURE OF WITNESS		27B. ADDRESS - STREET AND NUMBER		27C. CITY, STATE AND ZIP CODE		27D. SIGNATURE OF DEPUTY CLERK IF APPLICABLE	
			1814 Pike Fortuna		Glendale, CA 91208			
	28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.							
	29. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT) Fr. William Fenton OCD 30. OFFICIAL TITLE Assoc. Pastor 31. MAILING ADDRESS 510 N. El Molino St. 32. ZIP CODE Alhambra 91801							
LOCAL REGISTRAR OF MARRIAGES COUNTY RECORDER	30A. SIGNATURE OF LOCAL REGISTRAR		30B. SIGNATURE OF DEPUTY (IF APPLICABLE)		31. DATE ACCEPTED FOR REGISTRATION			
					JUL 18 1997			
	STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR							
	ST 81875 VS-117 (3-91)							

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DEAN C. LOGAN
Registrar-Recorder/County Clerk

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JUN 30 2020



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGDE