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,

Bolet Warnandez
Robert L. Fernandez

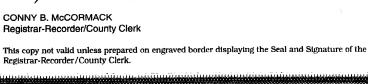
COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

			IFICATE OF LIV		0190-014234			
	E BIRTH CERTIFICATE NUMBER STATE TA NAME OF CHILD—FIRST NAME		18 HIDDLE NAME	1 LAST NAME				
THIS CHILD	Vicki 2 SEX 3A THIS BIRTH SINGLE TWIN		LYNN 3a IF THIN OR TRIPLET THIS I CHILD BORN 157 2ND 180'S	4A DATE OF BIRTH NONTH DAY TEAR	nandez			
	Female	Single	CHIED BONN 131 SHO 340	58 STREET ADDRESS STREET AND NUMBER	5:19 a. M			
PLACE	SA PLACE OF BIRTH NAME OF HOSPITAL Methodist Hospital of Southern California				LIMITS (SPECIFY VES OR NO)			
OF BIRTH	50 CITY OR TOWN	IDITAL OF SOUL	CALLEDINIA	SE COUNTY				
, , , , , , , , , , , , , , , , , , ,	GA MAIDEN NAME OF MOTHER FIRST NAME - SE MIDDLE NAME			LOS Angeles	7 BIRTHPLACE ISTATE OR FOREIGN COUNTRY			
MOTHER OF CHILD	Carol	Anz		Wagataff	Pennsylvania			
	AT THE OF THIS BIRTH	BA SOCIAL SECURITY NUMBER OF MOTHER	9 COLOR OR MATE Y MOTHER Caucasian	10A RESIDENCE OF MOTHER—STREET ADDRESS OF CALLED AND RUMBER RUBBLE STREETS OF CALLED	LIMITS ISPECIFY YES OR NO			
	10c RESIDENCE OF MOTHE		Vaucasian	106 RESIDENCE OF MOTHER COUNTY 10E RESIDENCE OF MOTHER STATE				
	San Gabriel			Los Angeles	California 12º BIRTHPLACE (STATE OF FURI GN COUNTRY)			
FATHER OF CHILD	Robert Leonard			Fernandez	California			
	13 AGE OF PATHER AT TIME OF THIS BIRTH	13A SOCIAL STORMY MURBER	V	Ioan officer	15. KIND OF INDUSTRY OR BUSINESS Bank			
INFORMANT S CERTIFICATION	I HEREBY CERTIFY THAT CHAVE HET STATED INFURNATION AND THAT IT REST TO THE BEST OF MY ANOMELE	IS TRUE AND COR	TOR OTHER INFORMANT	SIGNATURE IF OTHER THAN PAPENT SPECIFY	16# DATE REVIEWED AND SIGNED BY INCOMMENT			
ATTENDANT'S CERTIFICATION	HEREBY CERTIFY THAT I ATTE	NDED THIS BIRTH	W cod other Anton the ATTE	NGL THE BITTH BEGNATURE-DEGREE ON TITLE	178 part of him or President on open action ass			
	AND THAT THE CHILD WAS BO	ED ABOVE	West Duarte	pad Aradia	170 PHYSICIAN'S CALIFORNIA LICENSE NUMBER			
FOCAL REGISTRAR R	EQUEST OMISS	ION FROM LOCAL	REGISTRAR SIGN TO IE	A LO HER WAI	20 DATE RECEIVED FOR REGISTRATION BY LOCAL REJISTRAN			

TANY OTHER CHILDREN 2 R HEW WAYS THEN CHILDREN WERE 210 HOW MANS PROVIDED WHAT PETER DURAN HERE PORT AND STORY HERE PORT AND S

SEP 0 5 2000

19-008615





COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

	STATE FILE NUMBER		ND CERTI	FICATI	E OF MARRIA			EGICIU RBEMUN NORTART		
							2. DATE	OF BIRTHMooth,	Day, Year	
GROOM PERSONAL DATA	1A. NAME OF GROOMFirst (Giv BRADFORD	L	IC. LAST (FAMILY) MARTINEZ							
	JA. RESIDENCE - STREET AND IR.		36. C/TY		SC. ZIP CODE S	D. COUNTY OUT!	IDE	4. STATE OF BIR	TH	
		1	ROSENEA	n	91770 L	os angel	ES	CALIF		
	2522 LA PRESA				LAST MARNAGE EN	DED BY:	78. DATE-	Month, Day, Year		
	B. MAILING ADDRESS IF SIFFERI	PREVIOUS MARRIAGES PARTICIPATE TO DEATH DISSOLUTION DE			_	ULMENT				
	BA. USUAL OCCUPATION	SE, LIEUAL KIND OF BURNESS OR INDUSTRY				8. EDUCATION - YEARS COMPLETED				
	IQA. FULL NAME OF FATHER	1	108. STATE OF	BIRTH	ITA, PULL MAIDEN NA	ME OF MOTHER		TITE. STATE OF	ЭКТН	
	RALPH MARTINEZ	!	CALIF	l	CHARLENE L	LOESCHE		INDIANA		
	124 NAME OF BRIDE - FIRST IG!			C. CURREN	T LAST (FAMILY)	120, MAIDEN L	AST PANELY	12. DATE OF SH	101	
		1		ERNAN		the Disease		MONTH, UAV,		
	VICKI	LYNN	148, CITY	TILLIAN .	JIAC ZIF COOK	140. COUNTY C	UTSIDE	15. STATE OF B	WTH.	
BRIDE								CALIF		
PERSONAL	504 DOBBINS DR		SAN GAB			LOS ANGE		ATE MONTH. OA	- VEAS	
DATA	16. MAILING ADDRESSH DIFFE	TENT	17 MUNICER OF PREVIOUS NA	ARIAGES	18A. LAST MARRIAGE ENDED BY:		,		1, 100	
PAIN						UTION LI AMBULM	T SO RESULTA	TION-YEARS	OME FIED	
ſ	18A. USUAL OCCUPATION	198. USUAL KIND OF BUS		ARESE OR INCLUSTRY		20. EDUCATION TO TO COMPANY				
					5 1 5 M					
	21A, FULL NAME OF FATHER	1	218. STATE OF	MALH	22A. FULL MAIDEN N	AME OF MOTHER		1 229. STATE OF	BIRTH	
	ROBERT FERNANDE		CALIF		CAROL A WA			PA		
	WE, THE UNDERSCRED, AN UNMARKED MAR AND UNMARKED WOMER, SEATE THAT THE FOREGOING REFORMATION IS CONVECT AND TILE TO THE SEXT OF CUR KNOWLEDGE AND BELEF, THAT NO LEGAL ORIECTION TO THE MARKED NOR TO THE BRUMCE OF A LICENSE IS SHOWN TO UR, AND HEREBY APRLY FOR A LICENSE AND A CERTIFICATE OF MARKAGE.									
AFFIDAVIT	23. SIGNATURE OPIGROOM				34. SIGNATURE OF BRIDE					
	4. 2000			-Uliabia	1 1		1 -			
	D D M				PULKAL	y, Ju	Carc			
	AUTHORIZATION AND LICENSE SEVENEY GAME TO ANY PERSON DILY AUTHORIZED BY THE LAWS OF THE STATE OF CALFORNIA TO PERFORM A TO PROBLE THE SEATURE OF THE ABOVE HAMED PERSONS, RECURRED CONSERTS FOR THE ISSUANCE OF THE LICENSE AFE OR FEE,									
LICENSE	26A, ISSUE DATE 258, LICENSE E		HRSS APTER	26C. LIC	ENNE NUMBER	256. COM	TY OF ISSU		١	
TO MARRY	MONTH. DAY, YEAR		MONTH, DAY, YEAR		N 0009520 LOS					
	05/10/1007	09/10	/1007		MATURE OF COUNTY CL	DK 287. 8614			PLICALES	
	06/12/1997	, 03/10	/ 199 /	•	Y B. MCCORM		$DC_{i}\Lambda$	1/1 \ / /		
				1		1010	STATE AND	<u>m</u> 74	wac	
	264. SIGNATURE OF WITNESS	1 🛕	1 -		T AND NUMBER	1	1 _			
WITNESS(ES)	14		i 7220	Lakos			ele Cet		7Co	
(ONE REQUIRED)	27A. SIGNATURE OF WITHERS	, ,	278 ADDRES	T-STREE	T AND NUMBER	279 917.	STATE AND		200	
	> And dink	oun	18/4/9	Ile to	AUNA.	16/10	rdale	, CP 7/1	208	
	THE PERSON NAMED THAT THE ABOVE	CHANGE CONTRACTOR	HOLE MAN MOORE	ED BY ME	28A HONATURE AT	ENSON SALLMANISM	C MARKAGE	200. RELIGIOUS DES		
	N HAPPLAGE IN ACCORDANCE WIT	h the laws of the i	TATE OF CALFORN	A	1 / III	Jean The	. In 102	Romatic	atholic	
ERTIFICATION	July	12		97	19C KAME OF PERSO	SOLEMNIZING MA		200. OFFICIAL TO	rië.	
of Person	ON MONTH	GAY	19.	VEAR	Pr. Willi	am Fanta	ה חמה	1 A S S C 1	Pagtor	
BOLEMNEZING					29E MAILING ADDRES		11 000	29F. ZIP CODE	. 49.44	
MARRIAGE	Alhambra, Los	Angeles	County	LIFORNIA	510 N. El		c+	Alhambr	9180	
	CITY OR TOWN	201	JNTY		DIO N. ET			l		
OCAL REGISTRAR	30A. BIGNATURE OF LOCAL RE	GISTRAR			DEPUTY OF APPLICABL		ACCEPTED	POR REQUETRATIO)H	
OF MARRIAGES	CONNY B. MCC	OPMACK	1 m a	ne B.	tenderson	DEPUTY	JUL 1	· 1557		
	FORMA DEPARTMENT OF HEALTH &	CARROLA PROCESS OFFICE AS						81 81873 VS-1	17 (3-81)	
DIVIS OF CHE	and the second section of the second section of									

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
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 3 0 2020



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE