
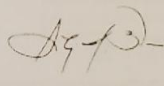


**State of California
Secretary of State**

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

APOSTILLE (Convention de La Haye du 5 octobre 1961)			
1. Country: Pays / País:	United States of America		
This public document Le présent acte public / El presente documento público			
2. has been signed by a été signé par ha sido firmado por	Regina Alcomendras		
3. acting in the capacity of agissant en qualité de quien actúa en calidad de	County Clerk-Recorder		
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	County of Santa Clara, State of California		
Certified Attesté / Certificado			
5. at à / en	Sacramento, California	6. the le / el día	22nd day of November 2021
7. by par / por	Secretary of State, State of California		
8. N° sous n° bajo el número	62728		
9. Seal / stamp: Sceau / timbre: Sello / timbre:		10. Signature: 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: apostille-search.sos.ca.gov/
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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

1202143009790

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	KRISTON	MIKEL	BARISIC
PLACE OF BIRTH	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
	MALE	SINGLE	-
NAME OF PARENT	4A. DATE OF BIRTH - MM/DD/YYYY	4B. HOUR - 24 HOUR CLOCK TIME	
	06/11/2021	1713	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
LUCILE PACKARD CHILDREN'S HOSPITAL	725 WELCH ROAD		
5C. CITY	5D. COUNTY		
PALO ALTO	SANTA CLARA		
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME
	SILVIJE	EUGEN	BARISIC
NAME OF PARENT	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH	9. DATE OF BIRTH
	CROATIA	09/06/1978	06/17/1983
NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
	DANIELLE	MARIE	SANDOVAL
INFORMANT AND BIRTH CERTIFICATION	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH	12. RELATIONSHIP TO CHILD
	SPAIN	06/17/1983	MOTHER
INFORMANT AND BIRTH CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE	13. LICENSE NUMBER
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	DANIELLE M BARISIC	G81997
LOCAL REGISTRATION	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	15. DATE SIGNED
	ALEJANDRA GARCIA, BIRTH CLERK	ALEJANDRA GARCIA, BIRTH CLERK	06/14/2021
LOCAL REGISTRATION	13. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY
	MICHELE PETRA HUGIN, MD STANFORD GYNECOLOGY CLINIC 900 BLAKE WILBUR #W0050, PALO ALTO, CA	SARA H. CODY, MD	06/17/2021
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY		



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document
officially registered and placed on file in the Office of the
Santa Clara County Clerk-Recorder.

Regina Alcomendras
REGINA ALCOMENDRAS
COUNTY CLERK-RECORDER

DATE ISSUED **OCT 22 2021**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE