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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

GREGORY CLAYBORN, et al
PLAINTIFFS,
V.
TWITTER, INC., GOOGLE INC.,
AND FACEBOOK, INC.
DEFENDANTS.

DECLARATION PURSUANT TO
SECTION 377.32 OF THE
CALIFORNIA CODE OF CIVIL
PROCEDURE

1 I, Gregory Clayborn, declare as follows:

- 2 1. I am over the age of 18 years. I have personal knowledge of the facts contained in
3 this declaration, and if called as a witness I could and would testify competently to
4 the truth of the facts stated herein.
5
6 2. I am the father of Sierra Clayborn (“decedent”) who died on December 2, 2015, in
7 San Bernadino, California.
8
9 3. No proceeding is now pending in California for administration of the decedent's
10 estate. Further, no proceeding for administration of the decedent's estate is pending
11 in any other state court at this time.
12
13 4. The affiant or declarant is the decedent's successor in interest (as defined in Section
14 377.11 of the California Code of Civil Procedure) and succeeds to the decedent's
15 interest in the action or proceeding.
16
17 5. No other person has a superior right to commence the action or proceeding or to be
18 substituted for the decedent in the pending action or proceeding.
19
20 6. The affiant or declarant affirms or declares under penalty of perjury under the laws
21 of the State of California that the foregoing is true and correct.
22
23 7. A certified copy of the decedent’s death certificate is attached hereto.
24

25 Executed this 1st day of December , 2017

26 /s Gregory Clayborn
27 Gregory Clayborn
28

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3201536013250

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) SIERRA		2. MIDDLE SIMONE SUNSHINE	
3. LAST (Family) CLAYBORN		4. DATE OF BIRTH mm/dd/yyyy 06/15/1988	
5. AGE Yrs. 27		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER 620-46-1498	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/SPO* (at Time of Death) NEVER MARRIED	
11. DATE OF DEATH mm/dd/yyyy 12/02/2015		12. HOUR (24 Hours) 1204	
13. EDUCATION - Highest Level/Degree (last worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) BLACK		16. DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENVIRONMENTAL HEALTH SPECIALIST I	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COUNTY GOVERNMENT		18. YEARS IN OCCUPATION 3	
19. DECEASED'S RESIDENCE (Street and number, or location) 12670 FOOTHILL BLVD APT 30		20. CITY FONTANA	
21. COUNTY/PROVINCE SAN BERNARDINO		22. ZIP CODE 92335	
23. YEARS IN COUNTY 3		24. STATE/FOREIGN COUNTRY CA	
25. INFORMANT'S NAME, RELATIONSHIP GREGORY CLAYBORN, FATHER		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1439 S POINT VIEW ST APT 1, LOS ANGELES, CA 90035	
27. NAME OF SURVIVING SPOUSE/SPO* - FIRST GREGORY		28. MIDDLE -	
29. LAST (BIRTH NAME) CLAYBORN		30. BIRTH STATE AR	
31. NAME OF FATHER/PARENT - FIRST WENDY		32. MIDDLE -	
33. LAST (BIRTH NAME) WOMACK		34. BIRTH STATE CA	
35. DISPOSITION DATE: mm/dd/yyyy 01/05/2016		36. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK	
37. TYPE OF DISPOSITION(S) BU		38. SIGNATURE OF EMBALMER LUCIA CADENA	
39. LICENSE NUMBER EMB9382		40. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MORTUARY	
41. LICENSE NUMBER FD970		42. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD	
43. DATE: mm/dd/yyyy 12/30/2015		44. PLACE OF DEATH CONFERENCE CENTER	
45. COUNTY SAN BERNARDINO		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1425 S. WATERMAN AVE.	
47. CITY SAN BERNARDINO		48. CAUSE OF DEATH GUNSHOT WOUNDS OF HEAD AND ABDOMEN	
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) GUNSHOT WOUNDS OF HEAD AND ABDOMEN		50. SECS 701509094	
51. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST NO		52. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		54. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		56. ALTOPIPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED NO		58. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. SIGNATURE AND TITLE OF CERTIFIER LISA M WELLS		60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 1425 S. WATERMAN AVE., SAN BERNARDINO, CA 92408	
61. TYPE OF DEATH Natural		62. INJURED AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
63. DATE OF DEATH 12/02/2015		64. HOUR (24 Hours) 1059	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) CONFERENCE CENTER		66. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY ASSAILANT(S)	
67. LOCATION OF INJURY (Street and number, or location, and city, and zip) 1425 S. WATERMAN AVE., SAN BERNARDINO, CA 92408		68. SIGNATURE OF CORONER / DEPUTY CORONER LISA M WELLS	
69. DATE 12/29/2015		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LISA M WELLS, DEPUTY CORONER	
71. STATE REGISTRAR A		72. FAX AUTH.# 010001003103864	
73. CENSUS TRACT 010001003103864		74. DATE ISSUED DEC 30 2015	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PINC0 (Rev) 10/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE