
Exhibit A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3201301008821

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, STAPLES OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAHI		2. MIDDLE KELIS		3. LAST (Family) MCMATH	
4. A. DATE OF BIRTH month/day/year [REDACTED]		5. AGE yrs. 13		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]		9. HOURS (24 hour) 1500	
10. EDUCATION - Highest Level Degree (Do not include on back) 07		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death) NEVER MARRIED	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		14. KIND OF BUSINESS OR INDUSTRY (e.g., primary school, hotel, manufacturing, employment agency, etc.) E.C. RBEMS ACADEMY		15. YEARS IN OCCUPATION 7	
16. DECEDENT'S RESIDENCE (Street and number, or latitude/longitude)		17. CITY OAKLAND		18. COUNTY/PROVINCE ALAMEDA	
19. ZIP CODE 94605		20. YEARS IN COUNTY 13		21. STATE/FOREIGN COUNTRY CA	
22. INFORMANT'S NAME, RELATIONSHIP NAILAH WINKFIELD, MOTHER		23. INFORMANT'S SIGNATURE (Print name and address, and include as much phone numbers, city or town, state and zip)		24. SIGNATURE OF LOCAL REGISTRAR	
25. NAME OF BIRTHMOTHER - FIRST MILTON		26. MIDDLE DELMAR		27. LAST BIRTH NAME MCMATH	
28. NAME OF FATHER - FIRST LATASHA		29. MIDDLE NALAH		30. LAST BIRTH NAME SPEARS	
31. BIRTH STATE MI		32. BIRTH STATE CA		33. BIRTH STATE CA	
34. DEPOSITION DATE month/year 01/06/2014		35. PLACE OF FINAL DISPOSITION UNKNOWN		36. LICENSE NUMBER 3237 ARNOLD AVE, SALINA, KS 67401	
37. TYPE OF DISPOSITION REMOVAL		38. SIGNATURE OF EMBALMER NOT EMBALMED		39. LICENSE NUMBER -	
40. NAME OF FUNERAL HOME/EMBALMER LATASHA SPEARS-WINKFELD		41. LICENSE NUMBER NONE		42. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
43. DATE month/year 01/03/2014		44. PLACE OF DEATH CHILDREN'S HOSPITAL		45. HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> EPICP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other	
46. COUNTY ALAMEDA		47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 747 52ND STREET		48. CITY OAKLAND	
49. CAUSE OF DEATH PENDING INVESTIGATION		50. SIGNATURE OF CORONER JESSICA D HORN		51. LICENSE NUMBER 117	
52. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> On/Off by Unlawful <input type="checkbox"/> Other		53. TYPE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		54. SIGNATURE OF LOCAL REGISTRAR JESSICA D HORN	
55. PLACE OF BIRTH (e.g., home, construction site, medical care, etc.)		56. SIGNATURE OF CORONER / DEPUTY CORONER JESSICA D HORN		57. DATE month/year 01/03/2014	
58. DESCRIBE HOW BIRTH OCCURRED (events which resulted in injury)		59. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JESSICA D HORN, DEPUTY CORONER		60. LICENSE NUMBER 117	
61. LOCATION OF BIRTH (Street and number, or location, and city, and state)		62. SIGNATURE OF LOCAL REGISTRAR JESSICA D HORN		63. DATE month/year 01/03/2014	

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CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



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This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

APR 22 2014

Patrick O'Connell

PATRICK O'CONNELL
ALAMEDA COUNTY CLERK-RECORDER

DATE ISSUED

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

