

EXHIBIT 1.530

CASE NO.: 50-2018-CA-002317

Sahm Foreclosure v BFR, LLC et al

BIRTH CERTIFICATES OF JOSH, JAKE, DANNY BERNSTEIN

NOT A CERTIFIED COPY

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

NAME: JACOB NOAH ARCHIE BERNSTEIN

DATE OF BIRTH: 1/01/99 SEX: MALE

PLACE OF BIRTH: PALM BEACH COUNTY, FLORIDA

CERTIFICATE NUMBER: 109-99-005951

DATE FILED: 1/12/99 DATE ISSUED: 2/19/99

MOTHER'S MAIDEN NAME: CANDICE MICHELLE STOMP

FATHER'S NAME: ELIOT IVAN BERNSTEIN

This is to certify that this is a true abstract of the official record filed with this office.

By

Reenie Brown

State Registrar

WARNING:
3818496

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FLORIDA DEPARTMENT OF
HEALTH



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FLORIDA DEPARTMENT OF
HEALTH



STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
 ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH 1200237040839
 STATE OF CALIFORNIA

STATE FILE NUMBER		USE BLACK INK ONLY				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD 0013	1A. NAME OF CHILD — FIRST (GIVEN) DANIEL		1B. MIDDLE ELIJSHA ABE OTTOMO		1C. LAST (FAMILY) BERNSTEIN		
	2. SEX MALE	3A. THIS BIRTH: SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH — MM/DD/CCYY 11/26/2002	4B. HOUR — (24 HOUR CLOCK TIME) 1708		
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY POMERADO HOSPITAL		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION 15615 POMERADO RD.				
	5C. CITY POWAY		5D. COUNTY SAN DIEGO		5E. PLANNED PLACE OF BIRTH HOSPITAL		
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) ELIOT		6B. MIDDLE IVAN		6C. LAST (FAMILY) BERNSTEIN		7. STATE OF BIRTH IL
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) CANDICE		9B. MIDDLE MICHELLE		9C. LAST (MAIDEN) STOMP		10. STATE OF BIRTH CA
INFORMANT 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 <i>CB</i> <i>CHRT</i>			12B. RELATIONSHIP TO CHILD Parents	
CERTIFICATION OF BIRTH	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE Colette M. Eastman MD.			13B. LICENSE NUMBER 20A4445	
	13C. DATE SIGNED 29 Nov 02					14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT COLETTE EASTMAN, DO, 15706 POMERADO RD#110, POWAY					14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE NANCY L BOWEN, MD			17. DATE ACCEPTED FOR REGISTRATION 12/06/2002	

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

October 17, 2003
 Gregory J. Smith
 Assessor/Recorder/County Clerk

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



CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
SANTA ANA, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1 199730 032132

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
	JOSEUA	EMMIO ZANDER	BERNSTEIN
PLACE OF BIRTH	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
	MALE	SINGLE	-
PLACE OF BIRTH	4A. DATE OF BIRTH — MM/DD/CCYY	4B. HOUR — (24 HOUR CLOCK TIME)	
	08/27/1997	1840	
	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION	
HOAG MEMORIAL HOSPITAL	ONE HOAG DRIVE		
FATHER OF CHILD	5C. CITY	5E. PLANNED PLACE OF BIRTH	
	NEWPORT BEACH	HOSPITAL	
MOTHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)
	ELIOT	IVAN	BERNSTEIN
INFORMANT CERTIFICATION	7A. NAME OF MOTHER — FIRST (GIVEN)	7B. MIDDLE	7C. LAST (MAIDEN)
	CANDICE	MICHELLE	STOMP
CERTIFICATION OF BIRTH	12A. PARENT OR OTHER INFORMANT — SIGNATURE		12B. RELATIONSHIP TO CHILD
	<i>[Signature]</i>		MOTHER
LOCAL REGISTRAR	13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE		13B. LICENSE NUMBER
	<i>Patricia Korber M.D.</i>		G-59224
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
P. KORBER, MD, 351 HOSPITAL RD., NB 92663			
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE
			<i>[Signature]</i>
		17. DATE ACCEPTED FOR REGISTRATION	
		09/09/1997	

NOT A

464275

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **MAR 19 1999**

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

Gary L. Granville
GARY L. GRANVILLE, Clerk-Recorder
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE