
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 (Last)		2. MIDDLE		3. LAST (First)	
JAHJI		KELIS		MCMATH	
4. A. DATE OF BIRTH (month/day/year)		5. AGE (yrs.)		6. SEX (M or F)	
A01 RESIDENCE YEAR - Include 00 (aka FIRST, MIDDLE, LAST)		13		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		[REDACTED]		[] YES [X] NO [] UNK	
15. EDUCATION - Highest Level Degree (Do not include on back)		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
07		[] YES [X] NO		AFRICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g., primary stock, yard, construction, employment agency, etc.)		20. YEARS IN OCCUPATION	
STUDENT		E.C. RBEMS ACADEMY		7	
21. DECEDENT'S RESIDENCE (Street and number, or latitude/longitude)					
[REDACTED]					
22. CITY		23. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
OAKLAND		ALAMEDA		CA	
24. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or latitude/longitude, city or town, state and zip)		
NAILAH WINKFIELD, MOTHER			[REDACTED]		
28. NAME OF SURVIVING SPOUSE/POSP - FIRST		29. MIDDLE		30. LAST (First)	
-		-		-	
31. NAME OF FATHER/MOTHER - FIRST		32. MIDDLE		33. LAST	
MILTON		DELMAR		MCMATH	
35. NAME OF MOTHER/FATHER - FIRST		36. MIDDLE		37. LAST	
LATASHA		NARAH		SPEARS	
38. DEPOSITION DATE (month/year)		39. PLACE OF FINAL DISPOSITION (UNKNOWN)			
01/06/2014		3237 ARNOLD AVE, SALINA, KS 67401			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
REMOVAL		NOT EMBALMED		-	
44. NAME OF FUNERAL HOME/EMERALD		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTAR	
LATASHA SPEARS-WINKFELD		NONE		MUNTU DAVIS, M.D.	
47. DATE (month/year)		48. SIGNATURE OF LOCAL REGISTAR			
01/03/2014		[REDACTED]			
101. PLACE OF DEATH		102. IS HOSPITAL, SPECIFY ONE		103. IS OTHER THAN HOSPITAL, SPECIFY ONE	
CHILDREN'S HOSPITAL		[X] P [] EPICP [] DCA		[] Hospice [] Home [] Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Street and number, or location)		106. CITY	
ALAMEDA		747 52ND STREET		OAKLAND	
107. CAUSE OF DEATH (Enter the chain of events - illness, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or multiple lacerations without showing the history. DO NOT abbreviate.)					
MAMMARY CARCINOMA (final diagnosis or condition resulting in death) PENDING INVESTIGATION					
108. ICD-10 CODE (Official Cause of Death) INVS 2013-03628					
109. COPY PERFORMED? [] YES [X] NO					
110. AUTOPSY PERFORMED? [] YES [X] NO					
111. USED IN DEFENDING CASE? [] YES [] NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CHAIN (Date of year)					
NONE					
113. TISSUE SPECIMEN PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If type of specimen and date)					
NO					
114. IF FEMALE, PREPARE IN LAST YEAR					
[] YES [X] NO [] UNK					
114. COPY DATE TO THE BEST OF MY KNOWLEDGE WHEN OCCURRED AT WHICH DATE AND PLACE SERVED FROM THIS DEATH SERIES		115. SIGNATURE AND TITLE OF CORONER		116. LICENSE NUMBER 117. DATE (month/year)	
Decedent Hospitalized Died [] Decedent Died Home/Other []		[REDACTED]		[REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
[REDACTED]					
119. VERIFY THAT THIS DEATH OCCURRED IN THE HOUR, DATE, AND PLACE SERVED FROM THIS DEATH SERIES					
MANNER OF DEATH: [] Natural [] Accident [] Homicide [] Suicide [X] Pending Investigation [] On/Off by [] Other []					
120. INJURED AT WORK? [] YES [] NO [] UNK					
121. INJURY DATE (month/year) 122. HOUR (if known)					
[REDACTED]					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
[REDACTED]					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
[REDACTED]					
125. LOCATION OF INJURY (Street and number, or location, and city, and state)					
[REDACTED]					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/year)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
JESSICA D HORN		01/03/2014		JESSICA D HORN, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FOX AUTH#	
[REDACTED]		[REDACTED]		[REDACTED]	

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



002381866

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.

