

**MINNESOTA
DRIVER'S LICENSE**



SARA ILENE BELINA
1140 3RD ST
ST PAUL PARK, MN 55071

Date of Birth 10-21-1971

Sex	Eyes	Class
F	BLU	D

ISSUED 11-2016

EXPIRES 10-21-2020

Sara Belina

Z396276927018

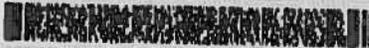


CLASS: D - VALID SINGLE UNIT AND COMBINATIONS UP TO 25000
LBS GVWR, ALL RECREATIONAL & FARM VEH. (M.S. 171.02)

10-21-1971

ENDORSEMENTS: NONE

RESTRICTIONS: NONE



MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF LIVE BIRTH

his becomes
permanent
legal record
when properly
executed.
Please
repe, or use
permanent
ink.

LOCAL FILE NUMBER

STATE FILE NUMBER

118361

1. CHILD - NAME FIRST MIDDLE LAST SARA ILENE LODDEN			2a. DATE OF BIRTH MONTH DAY YEAR October 21, 1971		2b. HOUR 9:29 A.M.
3. SEX Female	4a. THIS BIRTH SINGLE TWIN, TRIPLET ETC. Specify Single	4b. IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC. Specify		5a. COUNTY OF BIRTH Hennepin	
5b. LOCATION OF BIRTH CITY, VILLAGE OR TOWNSHIP Minneapolis		6a. USES CORPORATE UNITS Specify Yes or No Yes	5d. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Fairview Hospital		
6a. FATHER - NAME FIRST MIDDLE LAST James Robert Lodden			6b. AGE (AT TIME OF THIS BIRTH) 20	6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
7a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Susan Ilene Hunter			7b. AGE (AT TIME OF THIS BIRTH) 18	7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
8a. RESIDENCE OF MOTHER - STATE Minnesota		8b. COUNTY Hennepin	8c. CITY, VILLAGE OR TOWNSHIP Minneapolis		8d. USES CORPORATE UNITS Specify Yes or No Yes
9. ADDRESS OF MOTHER STREET AND NUM POST OFFICE 4152 32nd Avenue South			10. I CERTIFY THAT THIS CERTIFICATE IS CORRECT (SIGNATURE OF PARENT)		
11a. CERTIFICATION I CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE PLACE AND ON THE DATE STATED ABOVE. SIGNATURE S/Sidney Eesensten			11b. DATE SIGNED October 26, 1971	11c. ATTENDANT (M.D., D.O., MIDWIFE, OTHER) SPECIFY M.D.	
11d. CERTIFIER - NAME (TYPE ON PRINT) Sidney Eesensten, M.D.			11e. MAILING ADDRESS STREET AND NUMBER POST OFFICE 3809 42nd Avenue South		
12a. REGISTRAR - SIGNATURE Cheri Denardo			DEPUTY STATE REGISTRAR		12b. DATE FILED November 11, 1971

THIS SPACE RESERVED FOR USE OF REGISTRAR

STATE OF MINNESOTA)
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct
copy of the official record on file with the Section
of Vital Statistics Registration of the Minnesota
Department of Health.

Dated at Minneapolis

| May 29, 1985

Frederick L. King
Frederick L. King
State Registrar
Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL