

phone

12:00p
08/13/2019

(B9), RM, CO,

CC

never met JE. Worked as an
electrician for JE on island.

↓

a long time ago

3-5 years ago

for a month

never saw grls on JE island, nor
JE.

KW doesn't know boss's name.

phone

08/13/19 12:15 p



(B3), RM, CC, GC

↓
Spanish speaker

[REDACTED]
DOB: [REDACTED]

2017 - after Hurricane
knew other workers
to pick/clean up
debris.

- check receipts

- bad knee
trailer,
St Thomas

- (GC notes)

NB 11/18/21



- K daughter had ^{thought bout} restraining order ^{against K}

manic depressive/bipolar

doesn't like I'm moving - accusing
Restraining order? ^{my husband}
^{of being}
^{abusive}

K called police

police came to house

Mon 2:15A (tues am)

Report of drug & alcohol abuse

questioned kids if anyone
abusing kids

CPS showed up next day

CPS apologizing bout all of it

think bro WF buying into K

K offer buy him house in FL.

think need intervention

don't trust bro either b/c he like

enables
her by
maintaining
relationship

word vomit - he said he thought I
might be suicidal

I said I got psychiatrist who prescribed ^{meds}

I havent even started taking

anti depressants yet b/c don't know
how they make me feel

little bro live in NY said just cant engage

K called [REDACTED] to say [REDACTED] beat me
told him no

none of it true → husband not abusive
not abusing drugs/alcohol

9/14/21

NB

friend called → got call yesterday

she & husband
- poker players

1 → 19 - she → 15 when met

woman from GM defense team

woman told her she ^(NO) was taken care of by JE
know if she gonna ~~have~~ testify?

F say don't know what talk about

woman say

I'm a survivor myself

I wanna know if she feels remorse

does she love him

is she gonna testify

she had it really good →

they supported her

↳ took care of her

F say 2 hung up on woman

F start put 2 & 2 together

N - don't know if trying to intimidate

I didn't talk to F bout it (experiences)

NB 10-6-21

[REDACTED]

used to work w/ Dool

Similar to ~~XXXXXX~~ call to other friend
private investigator asked lot questions

↳ put 2 & 2 together
(KS) she said didnt know

is she testify
how not know anything if you friends

[REDACTED]
[REDACTED]

-investigator from NY reached/called him

sucks they Reaching out to all my coworkers



SACRAMENTO COUNTY CLERK/RECORDER

MAIL ORDER APPLICATION FOR BIRTH CERTIFICATE

\$28.00 PER COPY

Please read the instructions on Page 3 before completing this form.
Complete additional application forms as necessary to fulfill your order.

Part 1 – Birth Record Information. Complete the information below as shown on the birth record, to the best of your knowledge, indicating type and number of certified copies for each record requested.

| | | |
|---|--|-----------------------------|
| 1ST RECORD REQUESTED | Type: <input checked="" type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL | Number of copies: 1 |
| Child's Name on Certificate – First Middle Last [REDACTED] | Date of Birth [REDACTED] | City of Birth [REDACTED] |
| Father's Name – First Middle Last [REDACTED] | Mother's Maiden Name – First Middle Last [REDACTED] | |
| 2ND RECORD REQUESTED | Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL | Number of copies: |
| Child's Name on Certificate – First Middle Last | Date of Birth | City of Birth |
| Father's Name – First Middle Last | Mother's Maiden Name – First Middle Last | |
| 3RD RECORD REQUESTED | Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL | Number of copies: |
| Child's Name on Certificate – First Middle Last | Date of Birth | City of Birth |
| Father's Name – First Middle Last | Mother's Maiden Name – First Middle Last | |

Part 2 –To receive an **authorized certified copy** of the record(s) requested, **indicate your relationship to the registrant(s)** by selecting from the list below and **complete the attached Sworn Statement** declaring that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | The registrant (child identified on certificate) or a parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. |
| <input type="checkbox"/> | A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. (Please include a copy of the court order.) |
| <input checked="" type="checkbox"/> | A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.) |
| <input type="checkbox"/> | An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. |

Part 3 – Applicant Information and Payment

| | |
|--|---|
| Applicant's Full Legal Name [REDACTED] | Telephone Number [REDACTED] |
| Residential Address: Street Address, City, State and Zip code Federal Bureau of Investigation, C-20 | |
| Shipping Address Including City, State and Zip code (if different from above) **PO Box cannot be used for overnight delivery.** [REDACTED] | |
| Payment and Delivery Method (Make checks payable to Sacramento County Clerk/Recorder) | |
| <input type="checkbox"/> Credit card (+ \$6.00) Overnight delivery for additional \$19.00 | <input type="checkbox"/> Credit card (+ \$6.00) Regular mail delivery |
| <input type="checkbox"/> Check/money order enclosed Regular mail delivery | |
| Cardholder's Name | Card Number |
| Expiration Date | CVC (3-digit code) |

Return completed application with payment (and notarized Sworn Statement if requesting authorized certified copies):

Mail: Sacramento County Clerk/Recorder
5229 Hazel Avenue, Suite B
Fair Oaks, CA 95628

Fax: (916) 874-0947

| FOR OFFICIAL USE ONLY | | | |
|-----------------------|-------|-----------------|-----------|
| Reel | Image | Certificate No. | Paper No. |

Instructions

As part of statewide efforts to prevent identity theft, California law requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original document on file with our office.

An **authorized certified copy** establishes the identity of the registrant (the child identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a birth record. (Part 2 of the application identifies the individuals who are authorized to make the request.) Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

All other individuals are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 1 – Birth Record Information

Provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, the record might be impossible to locate. For each record requested, indicate the type (authorized or informational) and number of certified copies desired.

Part 2 – Authorized Certified Copy

To request an authorized certified copy, you (the applicant) must indicate your relationship to the registrant (the child identified on the certificate) and complete the Sworn Statement, declaring under penalty of perjury that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online. Applicants who cannot claim a relationship authorized by Health & Safety Code section 103526 are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 3 – Applicant Information and Payment

APPLICANT INFORMATION

Enter your name and address information in the space provided. Please include a daytime telephone number where we can reach you in case we have any questions regarding your order. Your telephone number will not be used for any other purpose. Include a physical shipping address (street address, city, state, and Zip code) if requesting overnight delivery.

PAYMENT BY CHECK / MONEY ORDER

Mail the completed application along with check or money order to our office at the address shown on page 1 of the application. Payments must be made in U.S. dollars in the form of a personal check, cashier's check, certified check, traveler's check, or money order. Make checks payable to: "Sacramento County Clerk/Recorder." A returned check fee of \$53.00 will be charged on all returned checks (Sacramento County Code section 2.01.030).

PAYMENT BY CREDIT CARD

Payment by credit card is required for all fax orders. Enter the cardholder's name, type of credit card, card number, expiration date (MM/YY), and card verification code (CVC). The CVC is typically a 3-digit number on the back of the credit card. Mail or fax the completed application to our office, or order online at www.VitalChek.com. VitalChek is a private company that provides a secure Internet site, allowing the public to order vital records 24 hours a day. A processing fee of \$6.00 applies to all credit card transactions. When ordering an **authorized certified copy** online through VitalChek, you must also **mail or fax your notarized Sworn Statement** to our office (address information shown on page 1 of the application). Authorized certified copies cannot be issued without a notarized Sworn Statement.

DELIVERY METHOD

Overnight delivery via UPS Air is available for an additional cost of \$19.00 on orders paid by credit card. Credit card orders are processed within 2 days of receipt. If selecting overnight delivery, be sure to include a physical address (street address, city, state, and Zip code); UPS will not deliver to post office boxes. Orders paid by check or money order are processed within 2 weeks of receipt and shipped via first class postal service.

FEES

The fee is **\$28.00** for each certified copy.

For questions about your order or further assistance, please contact our office:

