**HS Law Corp.**
**Otavio Haverroth Silva, SBN#343486**
**P.O. Box 90487**
**San Diego, CA 92169**
**(510) 241-9336**

**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE**
**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**
**IMMIGRATION COURT**
1241 E. Dyer Road, Suite 200
Santa Ana, CA 92705

| | | |
|---|---|---|
| **In the Matter of** | ) | |
| **Amanda Martins** | ) | **File No. A 256-049-798** |
| **In Removal Proceedings** | ) | |

**RESPONDENT'S ADDITIONAL DOCUMENTS IN SUPPORT OF MOTION TO REOPEN**

# Exhibit list

| Exhibits: | Pages: |
| --- | --- |
| **Exhibit A - Proof of Pending Petition for Alien Relative and Eligibility for Adjustment of Status** | |
| Petition for Alien Relative, Form I-130, Packet | 1-294 |
| Proof of Delivery (FedEx) of Form I-130 (Petition for Alien Relative) | 295-296 |

# Exhibit A - Proof of Pending Petition for Alien Relative and Eligibility for Adjustment of Status

# Authorization for Credit Card Transactions

**Department of Homeland Security**

**Form G-1450**

## How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

**NOTE:** Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

**NOTE:** Please see the USCIS Form G-1450 website for additional information.

**We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.**

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

I-130, Petition for Alien Relative

| **Applicant's/Petitioner's/Requester's Information (Full Legal Name)** | | |
|---|---|---|
| Given Name (First Name)<br>Anahi | Middle Name (if any)<br>N/A | Family Name (Last Name)<br>VALDIVIA |

| **Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)** | | |
|---|---|---|
| Given Name (First Name) | Middle Name (if any) | Family Name (Last Name) |

| **Credit Card Holder's Billing Address:** | | |
|---|---|---|
| Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number |
| City or Town | State | ZIP Code |

| **Credit Card Holder's Signature and Contact Information:** | |
|---|---|
| Credit Card Holder's Signature | |
| Credit Card Holder's Daytime Telephone Number | Credit Card Holder's Email Address |

| **Credit Card Information** | | |
|---|---|---|
| Credit Card Number | **Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover | Authorized Payment Amount<br>$ 675.00 |
| Credit Card Expiration Date (mm/yyyy) CVV Code | | |

USCIS
Attn: I-130 (Box 21700)
2108 E. Elliot Rd.
Tempe, AZ 85284-1806

**RE: Form I-130, Petition for Alien Relative**
**Petitioner: Anahi Valdivia**
**Beneficiary: Amanda da Silva Valdivia (Spouse)**

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Amanda da Silva Valdivia**.

- **Form G-1450, Authorization for Credit Card Transactions**

- **Anahi Valdivia's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative;

- **Amanda da Silva Valdivia's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130A, Supplemental Information for a Spouse Beneficiary;

**I. Anahi Valdivia's Identification Documents:**
- Anahi Valdivia's Valid Passport;
- Anahi Valdivia's Birth Certificate;

**II. Amanda da Silva Valdivia's Identification Documents:**
- Amanda da Silva Valdivia's Valid Passport;
- Amanda da Silva Valdivia's Birth Certificate with English Translation;
- Amanda da Silva Valdivia's Copy of I-94;

**III. Anahi Valdivia and Amanda da Silva Valdivia's Marriage Certificate;**

**IV. Evidence of Bona Fide Marriage**
- Anahi Valdivia's Personal Statement;
- Amanda da Silva Valdivia's Personal Statement with English Translation;

**Evidence of Joint Residence and Shared Household**
- Joint Lease Contract (National Apartment Association);
- Joint Residence Evidence - Apartment Renters Insurance (Assurant/GEICO);
- Joint Residence Evidence - Southern California Edison (Electricity Bill);
- Joint Residence Evidence - Spectrum (Internet/cable Bill);
- Evidence of Shared Address - Costco Mailers

**Evidence of Joint Financial and Insurance Records**
- Joint Policy Evidence - Auto Insurance (GEICO);

- Joint Household Evidence - AAA (American Automobile Association) Membership;
- Joint Household Evidence - Costco Wholesale Membership (Person Within Household);
- Joint Financial Evidence - Shared Household Debit Cards (Wells Fargo);

  **Letters of Support**
- Letter of Support delivered by Patricia Morato de Oliveira;
- Letter of Support delivered by Lucas Dino;
- Letter of Support delivered by Juana Perez Becerra;
- Letter of Support delivered by Daniel de Jesus Valdivia;
- Letter of Support delivered by Ivonne Valdivia;
- **Joint Activities and Supplemental Relationship Evidence**
- Joint Activity Evidence - Universal Studios Hollywood Electronic Tickets;
- Joint Correspondence - Official Mail/Tax Document (Addressed to both parties);
- Joint Relationship Evidence - Workplace Consensual Relationship Agreement;
- Joint Activity Evidence - Disney Magic Key Installment Contract (Explore Key Passes);

  **Photographic Evidence of Relationship**

**V. Amanda da Silva Valdivia's Photo 2x2;**

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



_____ Date: 08/21/2026

**Otavio Haverroth Silva (Bar n. 343486)**

**Attorney at Law**

**+1 510 241 9336**

# Anahi Valdivia's Signed Forms

# Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security**

**DHS**
**Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

**1.** USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

### *Name of Attorney or Accredited Representative*

**2.a.** Family Name (Last Name): HAVERROTH SILVA

**2.b.** Given Name (First Name): Otavio

**2.c.** Middle Name: N/A

### *Address of Attorney or Accredited Representative*

**3.a.** Street Number and Name: PO Box 90487

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

**3.d.** State: CA **3.e.** ZIP Code: 92169

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country: USA

### *Contact Information of Attorney or Accredited Representative*

**4.** Daytime Telephone Number: 5102419336

**5.** Mobile Telephone Number (if any): 5102419336

**6.** Email Address (if any): otavio@legalhs.com

**7.** Fax Number (if any): N/A

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

**1.a.** ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

**1.b.** Bar Number (if applicable): 343486

**1.c.** I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

**1.d.** Name of Law Firm or Organization (if applicable): HS Law Corp

**2.a.** ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

**2.b.** Name of Recognized Organization: N/A

**2.c.** Date of Accreditation (mm/dd/yyyy): N/A

**3.** ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

**4.a.** ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

**4.b.** Name of Law Student or Law Graduate: N/A

## Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

**1.a.** ☒ U.S. Citizenship and Immigration Services (USCIS)

**1.b.** List the form numbers or specific matter in which appearance is entered.

I-130

**2.a.** ☐ U.S. Immigration and Customs Enforcement (ICE)

**2.b.** List the specific matter in which appearance is entered.

N/A

**3.a.** ☐ U.S. Customs and Border Protection (CBP)

**3.b.** List the specific matter in which appearance is entered.

N/A

**4.** Receipt Number (if any)

► N/A

**5.** I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### *Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)*

**6.a.** Family Name (Last Name) VALDIVIA

**6.b.** Given Name (First Name) Anahi

**6.c.** Middle Name N/A

**7.a.** Name of Entity (if applicable)

N/A

**7.b.** Title of Authorized Signatory for Entity (if applicable)

N/A

**8.** Client's USCIS Online Account Number (if any)

► N/A

**9.** Client's Alien Registration Number (A-Number) (if any)

► A- N/A

### *Client's Contact Information*

**10.** Daytime Telephone Number

3109168475

**11.** Mobile Telephone Number (if any)

3109168475

**12.** Email Address (if any)

anahivaldivia50@gmail.com

### *Mailing Address of Client*

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

**13.a.** Street Number and Name PO Box 90487

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**13.c.** City or Town San Diego

**13.d.** State CA **13.e.** ZIP Code 92169

**13.f.** Province N/A

**13.g.** Postal Code N/A

**13.h.** Country

USA

## Part 4. Client's Consent to Representation and Signature

### *Consent to Representation and Release of Information*

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

## Part 4. Client's Consent to Representation and Signature (continued)

### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

**1.a.** ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

**1.b.** ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

**1.c.** ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

### *Signature of Client or Authorized Signatory for an Entity*

**2.a.** Signature of Client or Authorized Signatory for an Entity

Anahi Valdivia

**2.b.** Date of Signature (mm/dd/yyyy) 07/08/2026

## Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

**1. a.** Signature of Attorney or Accredited Representative

**1.b.** Date of Signature (mm/dd/yyyy) 07/08/2026

**2.a.** Signature of Law Student or Law Graduate

N/A

**2.b.** Date of Signature (mm/dd/yyyy) N/A

## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a** Family Name (Last Name): VALDIVIA

**1.b.** Given Name (First Name): Anahi

**1.c.** Middle Name: N/A

**2.a.** Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

**2.d.** N/A

**3.a.** Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

**3.d.** N/A

**4.a.** Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

**4.d.** N/A

**5.a.** Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

**5.d.** N/A

**6.a.** Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

**6.d.** N/A

# Petition for Alien Relative

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form I-130**
OMB No. 1615-0012
Expires 02/28/2027

| For USCIS Use Only | Fee Stamp | Action Stamp |
|---|---|---|
| **A-Number** A- | | |
| **Initial Receipt** | | |
| **Resubmitted** | | |
| **Relocated** | **Section of Law/Visa Category** | |
| **Received** | ☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4 | |
| **Sent** | ☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1 | |
| **Completed** | ☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1 | |

| | | | | |
|---|---|---|---|---|
| **Approved** | Petition was filed on (Priority Date mm/dd/yyyy): | ☐ Field Investigation | ☐ Personal Interview | ☐ 204(a)(2)(A) Resolved |
| **Returned** | PDR request granted/denied - New priority date (mm/dd/yyyy): | ☐ Previously Forwarded | ☐ Pet. A-File Reviewed | ☐ I-485 Filed Simultaneously |
| | | ☐ 203(g) Resolved | ☐ Ben. A-File Reviewed | ☐ 204(g) Resolved |
| **Remarks** | | | | |

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____

| **To be completed by an attorney or accredited representative** (if any). | | | |
|---|---|---|---|
| ☒ **Select this box if Form G-28 is attached.** | **Volag Number** (if any) | **Attorney State Bar Number** (if applicable) | **Attorney or Accredited Representative USCIS Online Account Number** (if any) |
| | N/A | 343486 | 007492625438 |

► **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information.** **Complete and submit as many copies of Part 9., as necessary, with your petition.**

## Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):
   ☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
   ☐ Child was born to parents who were married to each other at the time of the child's birth
   ☐ Stepchild/Stepparent
   ☐ Child was born to parents who were not married to each other at the time of the child's birth
   ☐ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No
4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

## Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- N/A
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 608178770

### *Your Full Name*

4.a. Family Name (Last Name): VALDIVIA
4.b. Given Name (First Name): Anahi
4.c. Middle Name: N/A

## Part 2. Information About You (Petitioner) (continued)

### *Other Names Used (if any)*

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

**5.a.** Family Name (Last Name): N/A

**5.b.** Given Name (First Name): N/A

**5.c.** Middle Name: N/A

### *Other Information*

**6.** City/Town/Village of Birth: Los Angeles

**7.** Country of Birth: USA

**8.** Date of Birth (mm/dd/yyyy): 07/04/1998

**9.** Sex ☐ Male ☒ Female

### *Mailing Address*

**10.a.** In Care Of Name: Otavio Haverroth Silva

**10.b.** Street Number and Name: PO Box 90487

**10.c.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**10.d.** City or Town: San Diego

**10.e.** State: CA **10.f.** ZIP Code: 92169

**10.g.** Province: N/A

**10.h.** Postal Code: N/A

**10.i.** Country: USA

**11.** Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

### *Address History*

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

**Physical Address 1**

**12.a.** Street Number and Name: 1875 Sherington Place

**12.b.** ☒ Apt. ☐ Ste. ☐ Flr. SS 203

**12.c.** City or Town: Newport Beach

**12.d.** State: CA **12.e.** ZIP Code: 92663

**12.f.** Province: N/A

**12.g.** Postal Code: N/A

**12.h.** Country: USA

**13.a.** Date From (mm/dd/yyyy): 09/30/2025

**13.b.** Date To (mm/dd/yyyy): PRESENT

**Physical Address 2**

**14.a.** Street Number and Name: 427 E 119th St

**14.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**14.c.** City or Town: Los Angeles

**14.d.** State: CA **14.e.** ZIP Code: 90061

**14.f.** Province: N/A

**14.g.** Postal Code: N/A

**14.h.** Country: USA

**15.a.** Date From (mm/dd/yyyy): 11/27/2015

**15.b.** Date To (mm/dd/yyyy): 09/30/2025

### *Your Marital Information*

**16.** How many times have you been married? ▶ 1

**17.** Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

## Part 2. Information About You (Petitioner) (continued)

**18.** Date of Current Marriage (if currently married) (mm/dd/yyyy) 09/09/2025

### *Place of Your Current Marriage (if married)*

**19.a.** City or Town: Santa Ana

**19.b.** State: CA

**19.c.** Province: N/A

**19.d.** Country: USA

### *Names of All Your Spouses (if any)*

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

**Spouse 1**

**20.a.** Family Name (Last Name): VALDIVIA

**20.b.** Given Name (First Name): Amanda

**20.c.** Middle Name: da Silva

**21.** Date Marriage Ended (mm/dd/yyyy): N/A

**Spouse 2**

**22.a.** Family Name (Last Name): N/A

**22.b.** Given Name (First Name): N/A

**22.c.** Middle Name: N/A

**23.** Date Marriage Ended (mm/dd/yyyy): N/A

### *Information About Your Parents*

**Parent 1's Information**

Full Name of Parent 1

**24.a.** Family Name (Last Name): PEREZ BECERRA

**24.b.** Given Name (First Name): Juana

**24.c.** Middle Name: N/A

**25.** Date of Birth (mm/dd/yyyy): 05/28/1976

**26.** Sex ☐ Male ☒ Female

**27.** Country of Birth: Mexico

**28.** City/Town/Village of Residence: Los Angeles

**29.** Country of Residence: USA

**Parent 2's Information**

Full Name of Parent 2

**30.a.** Family Name (Last Name): VALDIVIA

**30.b.** Given Name (First Name): Francisco Javier

**30.c.** Middle Name: N/A

**31.** Date of Birth (mm/dd/yyyy): 06/22/1976

**32.** Sex ☒ Male ☐ Female

**33.** Country of Birth: Mexico

**34.** City/Town/Village of Residence: Los Angeles

**35.** Country of Residence: USA

### *Additional Information About You (Petitioner)*

**36.** I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

**If you are a U.S. citizen, complete Item Number 37.**

**37.** My citizenship was acquired through (Select **only one** box):
☒ Birth in the United States
☐ Naturalization
☐ Parents

**38.** Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 38.**, complete the following:

**39.a.** Certificate Number

**39.b.** Place of Issuance

**39.c.** Date of Issuance (mm/dd/yyyy)

## Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

**40.a.** Class of Admission

**40.b.** Date of Admission (mm/dd/yyyy)

Place of Admission

**40.c.** City or Town

**40.d** State

**41.** Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

### *Employment History*

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

**Employer 1**

**42.** Name of Employer/Company: Galpao Gaucho Brazilian Steakhouse

**43.a.** Street Number and Name: 1830 Main St

**43.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**43.c.** City or Town: Irvine

**43.d.** State: CA **43.e.** ZIP Code: 92614

**43.f.** Province: N/A

**43.g.** Postal Code: N/A

**43.h.** Country: USA

**44.** Your Occupation: Server

**45.a.** Date From (mm/dd/yyyy): 08/25/2025

**45.b.** Date To (mm/dd/yyyy): PRESENT

**Employer 2**

**46.** Name of Employer/Company: Texas de Brazil Brazilian Steakhouse

**47.a.** Street Number and Name: 13772 Jamboree Rd

**47.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**47.c.** City or Town: Irvine

**47.d.** State: CA **47.e.** ZIP Code: 92602

**47.f.** Province: N/A

**47.g.** Postal Code: N/A

**47.h.** Country: USA

**48.** Your Occupation: Server

**49.a.** Date From (mm/dd/yyyy): 03/25/2016

**49.b.** Date To (mm/dd/yyyy): 08/25/2024

## Part 3. Biographic Information

**NOTE:** Provide the biographic information about you, the petitioner.

**1.** Ethnicity (Select **only one** box)

☒ Hispanic or Latino
☐ Not Hispanic or Latino

**2.** Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

**3.** Height Feet: 5 Inches: 2

**4.** Weight Pounds: 1 5 9

**5.** Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

## Part 3. Biographic Information (continued)

**6.** Hair Color (Select **only one** box)

- ☐ Bald (No hair)
- ☒ Black
- ☐ Blond
- ☐ Brown
- ☐ Gray
- ☐ Red
- ☐ Sandy
- ☐ White
- ☐ Unknown/Other

## Part 4. Information About Beneficiary

**1.** Alien Registration Number (A-Number) (if any)

► A- 256049798

**2.** USCIS Online Account Number (if any)

► N/A

**3.** U.S. Social Security Number (if any)

► N/A

### *Beneficiary's Full Name*

**4.a.** Family Name (Last Name): VALDIVIA

**4.b.** Given Name (First Name): Amanda

**4.c.** Middle Name: da Silva

### *Other Names Used (if any)*

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

**5.a.** Family Name (Last Name): DA SILVA MARTINS

**5.b.** Given Name (First Name): Amanda

**5.c.** Middle Name: N/A

### *Other Information About Beneficiary*

**6.** City/Town/Village of Birth: São Bernardo do Campo

**7.** Country of Birth: Brazil

**8.** Date of Birth (mm/dd/yyyy): 08/18/2000

**9.** Sex ☐ Male ☒ Female

**10.** Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

**NOTE:** Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

### *Beneficiary's Physical Address*

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

**11.a.** Street Number and Name: 1875 Sherington Place

**11.b.** ☒ Apt. ☐ Ste. ☐ Flr. ss203

**11.c.** City or Town: Newport

**11.d.** State: CA **11.e.** ZIP Code: 92663

**11.f.** Province: N/A

**11.g.** Postal Code: N/A

**11.h.** Country: USA

### *Other Address and Contact Information*

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

**12.a** Street Number and Name: SAME

**12.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**12.c.** City or Town: N/A

**12.d.** State: N/A **12.e.** ZIP Code: N/A

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

**13.a.** Street Number and Name: N/A

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**13.c.** City or Town: N/A

**13.d.** Province: N/A

**13.e.** Postal Code: N/A

**13.f.** Country: N/A

**14.** Daytime Telephone Number (if any): 7147102301

## Part 4. Information About Beneficiary (continued)

**15.** Mobile Telephone Number (if any)

7147102301

**16.** Email Address (if any)

amandacaliusa@outlook.com

### *Beneficiary's Marital Information*

**17.** How many times has the beneficiary been married? ▶ 1

**18.** Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

**19.** Date of Current Marriage (if currently married) (mm/dd/yyyy) 09/09/2025

### *Place of Beneficiary's Current Marriage (if married)*

**20.a.** City or Town: Santa Ana

**20.b.** State: CA

**20.c.** Province: N/A

**20.d.** Country: USA

### *Names of Beneficiary's Spouses (if any)*

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

**Spouse 1**

**21.a.** Family Name (Last Name): VALDIVIA

**21.b.** Given Name (First Name): Anahi

**21.c.** Middle Name: N/A

**22.** Date Marriage Ended (mm/dd/yyyy): N/A

**Spouse 2**

**23.a.** Family Name (Last Name): N/A

**23.b.** Given Name (First Name): N/A

**23.c.** Middle Name: N/A

**24.** Date Marriage Ended (mm/dd/yyyy): N/A

### *Information About Beneficiary's Family*

**Provide information about the beneficiary's spouse and children.**

**Person 1**

**25.a.** Family Name (Last Name): VALDIVIA

**25.b.** Given Name (First Name): Anahi

**25.c.** Middle Name: N/A

**26.** Relationship: Spouse

**27.** Date of Birth (mm/dd/yyyy): 07/04/1998

**28.** Country of Birth: USA

**Person 2**

**29.a.** Family Name (Last Name): N/A

**29.b.** Given Name (First Name): N/A

**29.c.** Middle Name: N/A

**30.** Relationship: N/A

**31.** Date of Birth (mm/dd/yyyy): N/A

**32.** Country of Birth: N/A

**Person 3**

**33.a.** Family Name (Last Name): N/A

**33.b.** Given Name (First Name): N/A

**33.c.** Middle Name: N/A

**34.** Relationship: N/A

**35.** Date of Birth (mm/dd/yyyy): N/A

**36.** Country of Birth: N/A

## Part 4. Information About Beneficiary (continued)

**Person 4**

**37.a.** Family Name (Last Name): N/A

**37.b.** Given Name (First Name): N/A

**37.c.** Middle Name: N/A

**38.** Relationship: N/A

**39.** Date of Birth (mm/dd/yyyy): N/A

**40.** Country of Birth: N/A

**Person 5**

**41.a.** Family Name (Last Name): N/A

**41.b.** Given Name (First Name): N/A

**41.c.** Middle Name: N/A

**42.** Relationship: N/A

**43.** Date of Birth (mm/dd/yyyy): N/A

**44.** Country of Birth: N/A

### *Beneficiary's Entry Information*

**45.** Was the beneficiary **EVER** in the United States? ☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

**46.a.** He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

**46.b.** Form I-94 Arrival-Departure Record Number: ► 18614027784

**46.c.** Date of Arrival (mm/dd/yyyy): 09/25/2024

**46.d.** Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 03/24/2025

**47.** Passport Number: GH108541

**48.** Travel Document Number: N/A

**49.** Country of Issuance for Passport or Travel Document: Brazil

**50.** Expiration Date for Passport or Travel Document (mm/dd/yyyy): 06/13/2033

### *Beneficiary's Employment Information*

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

**51.a.** Name of Current Employer (if applicable): Galpao Gaucho Brazilian Steakhouse

**51.b.** Street Number and Name: 1830 Main St

**51.c.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**51.d.** City or Town: Irvine

**51.e.** State: CA **51.f.** ZIP Code: 92614

**51.g.** Province: N/A

**51.h.** Postal Code: N/A

**51.i.** Country: USA

**52.** Date Employment Began (mm/dd/yyyy): 10/20/2024

### *Additional Information About Beneficiary*

**53.** Was the beneficiary **EVER** in immigration proceedings? ☒ Yes ☐ No

**54.** If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☒ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

**55.a.** City or Town: Santa Ana

**55.b.** State: CA

**56.** Date (mm/dd/yyyy): 07/15/2026

## Part 4. Information About Beneficiary (continued)

**If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.**

**57.a.** Family Name (Last Name): N/A

**57.b.** Given Name (First Name): N/A

**57.c.** Middle Name: N/A

**58.a.** Street Number and Name: N/A

**58.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**58.c.** City or Town: N/A

**58.d.** Province: N/A

**58.e.** Postal Code: N/A

**58.f.** Country: N/A

**If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.**

**59.a.** Street Number and Name: 1875 Sherington PI

**59.b.** ☒ Apt. ☐ Ste. ☐ Flr. SS 203

**59.c.** City or Town: Newport

**59.d.** State: CA **59.e.** ZIP Code: 92663

**59.f.** Province: N/A

**59.g.** Postal Code: N/A

**59.h.** Country: USA

**60.a.** Date From (mm/dd/yyyy): 09/30/2025

**60.b.** Date To (mm/dd/yyyy): Present

**The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:**

**61.a.** City or Town: N/A

**61.b.** State: N/A

**The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:**

**62.a.** City or Town: Rio de Janeiro

**62.b.** Province: Rio de Janeiro

**62.c.** Country: Brazil

**NOTE:** Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

## Part 5. Other Information

**1.** Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

**2.a.** Family Name (Last Name): N/A

**2.b.** Given Name (First Name): N/A

**2.c.** Middle Name: N/A

**3.a.** City or Town: N/A

**3.b.** State: N/A

**4.** Date Filed (mm/dd/yyyy): N/A

**5.** Result (for example, approved, denied, withdrawn): N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

**Relative 1**

**6.a.** Family Name (Last Name): N/A

**6.b.** Given Name (First Name): N/A

**6.c.** Middle Name: N/A

**7.** Relationship: N/A

## Part 5. Other Information (continued)

**Relative 2**

**8.a.** Family Name (Last Name): N/A

**8.b.** Given Name (First Name): N/A

**8.c.** Middle Name: N/A

**9.** Relationship: N/A

**WARNING:** USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

**PENALTIES:** By law, you may be imprisoned for up to 5 years or fined $250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to $10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

## Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

**NOTE:** Read the **Penalties** section of the Form I-130 Instructions before completing this part.

### *Petitioner's Statement*

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

**1.a.** ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

**1.b.** ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understood all of this information as interpreted.

**2.** ☒ At my request, the preparer named in **Part 8.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

### *Petitioner's Contact Information*

**3.** Petitioner's Daytime Telephone Number: (310) 916-8475

**4.** Petitioner's Mobile Telephone Number (if any): (310) 916-8475

**5.** Petitioner's Email Address (if any): anahivaldivia50@gmail.com

### *Petitioner's Declaration and Certification*

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

**1)** I provided or authorized all of the information contained in, and submitted with, my petition;

**2)** I reviewed and understood all of the information in, and submitted with, my petition; and

**3)** All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

### *Petitioner's Signature*

**6.a.** Petitioner's Signature (sign in ink): Anahi Valdivia

**6.b.** Date of Signature (mm/dd/yyyy): 08/21/2026

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

## Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

### *Interpreter's Full Name*

**1.a.** Interpreter's Family Name (Last Name)

N/A

**1.b.** Interpreter's Given Name (First Name)

N/A

**2.** Interpreter's Business or Organization Name (if any)

N/A

### *Interpreter's Mailing Address*

**3.a.** Street Number and Name: N/A

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: N/A

**3.d.** State: N/A **3.e.** ZIP Code: N/A

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country

N/A

### *Interpreter's Contact Information*

**4.** Interpreter's Daytime Telephone Number

N/A

**5.** Interpreter's Mobile Telephone Number (if any)

N/A

**6.** Interpreter's Email Address (if any)

N/A

### *Interpreter's Certification*

I certify, under penalty of perjury, that:

I am fluent in English and N/A,

which is the same language provided in **Part 6.**, **Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

### *Interpreter's Signature*

**7.a.** Interpreter's Signature (sign in ink)

N/A

**7.b.** Date of Signature (mm/dd/yyyy) N/A

## Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

### *Preparer's Full Name*

**1.a.** Preparer's Family Name (Last Name)

HAVERROTH SILVA

**1.b.** Preparer's Given Name (First Name)

Otavio

**2.** Preparer's Business or Organization Name (if any)

HS Law Corp

### *Preparer's Mailing Address*

**3.a.** Street Number and Name: PO Box 90487

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

**3.d.** State: CA **3.e.** ZIP Code: 92169

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country

USA

## Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

### *Preparer's Contact Information*

**4.** Preparer's Daytime Telephone Number

5102419336

**5.** Preparer's Mobile Telephone Number (if any)

5102419336

**6.** Preparer's Email Address (if any)

otavio@legalhs.com

### *Preparer's Statement*

**7.a.** ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

**7.b.** ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

### *Preparer's Certification*

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

### *Preparer's Signature*

**8.a.** Preparer's Signature (sign in ink)



**8.b.** Date of Signature (mm/dd/yyyy) 08/21/2026

## Part 9. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a.** Family Name (Last Name): VALDIVIA

**1.b.** Given Name (First Name): Anahi

**1.c.** Middle Name: N/A

**2.** A-Number (if any) ► A- N/A

**3.a.** Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

**3.d.** N/A

**4.a.** Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

**4.d.** N/A

**5.a.** Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

**5.d.** N/A

**6.a.** Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

**6.d.** N/A

**7.a.** Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

**7.d.** N/A

# Amanda da Silva Valdivia's Signed Forms

# Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security**

**DHS Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

**1.** USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

### *Name of Attorney or Accredited Representative*

**2.a.** Family Name (Last Name): HAVERROTH SILVA

**2.b.** Given Name (First Name): Otavio

**2.c.** Middle Name: N/A

### *Address of Attorney or Accredited Representative*

**3.a.** Street Number and Name: PO Box 90487

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

**3.d.** State: CA **3.e.** ZIP Code: 92169

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country: USA

### *Contact Information of Attorney or Accredited Representative*

**4.** Daytime Telephone Number: 5102419336

**5.** Mobile Telephone Number (if any): 5102419336

**6.** Email Address (if any): otavio@legalhs.com

**7.** Fax Number (if any): N/A

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

**1.a.** ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

**1.b.** Bar Number (if applicable): 343486

**1.c.** I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

**1.d.** Name of Law Firm or Organization (if applicable): HS Law Corp

**2.a.** ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

**2.b.** Name of Recognized Organization: N/A

**2.c.** Date of Accreditation (mm/dd/yyyy): N/A

**3.** ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

**4.a.** ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

**4.b.** Name of Law Student or Law Graduate: N/A

## Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

**1.a.** ☒ U.S. Citizenship and Immigration Services (USCIS)

**1.b.** List the form numbers or specific matter in which appearance is entered.

130a

**2.a.** ☐ U.S. Immigration and Customs Enforcement (ICE)

**2.b.** List the specific matter in which appearance is entered.

N/A

**3.a.** ☐ U.S. Customs and Border Protection (CBP)

**3.b.** List the specific matter in which appearance is entered.

N/A

**4.** Receipt Number (if any)

► N/A

**5.** I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### *Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)*

**6.a.** Family Name (Last Name): VALDIVIA

**6.b.** Given Name (First Name): Amanda

**6.c.** Middle Name: da Silva

**7.a.** Name of Entity (if applicable)

N/A

**7.b.** Title of Authorized Signatory for Entity (if applicable)

N/A

**8.** Client's USCIS Online Account Number (if any)

► N/A

**9.** Client's Alien Registration Number (A-Number) (if any)

► A- 256049798

### *Client's Contact Information*

**10.** Daytime Telephone Number

7147102301

**11.** Mobile Telephone Number (if any)

7147102301

**12.** Email Address (if any)

amandacaliusa@outlook.com

### *Mailing Address of Client*

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

**13.a.** Street Number and Name: PO Box 90487

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**13.c.** City or Town: San Diego

**13.d.** State: CA **13.e.** ZIP Code: 92169

**13.f.** Province: N/A

**13.g.** Postal Code: N/A

**13.h.** Country

USA

## Part 4. Client's Consent to Representation and Signature

### *Consent to Representation and Release of Information*

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

## Part 4. Client's Consent to Representation and Signature (continued)

### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

**1.a.** ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

**1.b.** ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

**1.c.** ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

### *Signature of Client or Authorized Signatory for an Entity*

**2.a.** Signature of Client or Authorized Signatory for an Entity

➡ [signature]

**2.b.** Date of Signature (mm/dd/yyyy) 07/08/2026

## Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

**1. a.** Signature of Attorney or Accredited Representative

[signature]

**1.b.** Date of Signature (mm/dd/yyyy) 07/08/2026

**2.a.** Signature of Law Student or Law Graduate

N/A

**2.b.** Date of Signature (mm/dd/yyyy) N/A

## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a** Family Name (Last Name): VALDIVIA

**1.b.** Given Name (First Name): Amanda

**1.c.** Middle Name: da Silva

**2.a.** Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

**2.d.** N/A

**3.a.** Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

**3.d.** N/A

**4.a.** Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

**4.d.** N/A

**5.a.** Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

**5.d.** N/A

**6.a.** Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

**6.d.** N/A

# Supplemental Information for Spouse Beneficiary

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form I-130A**
OMB No. 1615-0012
Expires 02/28/2027

**To be completed by an attorney or accredited representative** (if any).

| ☒ **Select this box if Form G-28 is attached.** | **Volag Number** (if any) | **Attorney State Bar Number** (if applicable) | **Attorney or Accredited Representative USCIS Online Account Number** (if any) |
|---|---|---|---|
| | N/A | 343486 | 0 0 7 4 9 2 6 2 5 4 3 8 |

► **START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

## Part 1. Information About You (Spouse Beneficiary)

**1.** Alien Registration Number (A-Number) (if any)
► **A-** 2 5 6 0 4 9 7 9 8

**2.** USCIS Online Account Number (if any)
► N/A

### *Your Full Name*

**3.a.** Family Name (Last Name): VALDIVIA
**3.b.** Given Name (First Name): Amanda
**3.c.** Middle Name: da Silva

### *Address History*

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

**Physical Address 1**

**4.a.** Street Number and Name: 1875 Sherington Place
**4.b.** ☒ Apt. ☐ Ste. ☐ Flr.: SS203
**4.c.** City or Town: Newport Beach
**4.d.** State: CA **4.e.** ZIP Code: 92663
**4.f.** Province: N/A
**4.g.** Postal Code: N/A
**4.h.** Country: USA

**5.a.** Date From (mm/dd/yyyy): 09/29/2025
**5.b.** Date To (mm/dd/yyyy): PRESENT

**Physical Address 2**

**6.a.** Street Number and Name: 3400 Avenue of the arts
**6.b.** ☒ Apt. ☐ Ste. ☐ Flr.: C310
**6.c.** City or Town: Costa Mesa
**6.d.** State: CA **6.e.** ZIP Code: 92626
**6.f.** Province: N/A
**6.g.** Postal Code: N/A
**6.h.** Country: USA

**7.a.** Date From (mm/dd/yyyy): 10/30/2024
**7.b.** Date To (mm/dd/yyyy): 09/28/2025

**Last Physical Address Outside the United States**

Provide your last address outside the United States of more than one year (even if listed above).

**8.a.** Street Number and Name: Rua Paulo Monte Serrat, 35
**8.b.** ☐ Apt. ☐ Ste. ☐ Flr.: N/A
**8.c.** City or Town: Sao Bernardo do Campo
**8.d.** Province: Planalto
**8.e.** Postal Code: 09895250
**8.f.** Country: Brazil

## Part 1. Information About You (The Spouse Beneficiary)

**9.a.** Date From (mm/dd/yyyy): 05/2024

**9.b.** Date To (mm/dd/yyyy): 09/24/2024

### *Information About Parent 1*

Full Name of Parent 1

**10.a.** Family Name (Maiden Name): MARTINS VAZ

**10.b.** Given Name (First Name): Silvio

**10.c.** Middle Name: N/A

**11.** Date of Birth (mm/dd/yyyy): 05/03/1979

**12.** Sex ☒ Male ☐ Female

**13.** City/Town/Village of Birth: Sao Bernardo do Campo

**14.** Country of Birth: Brazil

**15.** City/Town/Village of Residence: Sao Bernardo do Campo

**16.** Country of Residence: Brazil

### *Information About Parent 2*

Full Name of Parent 2

**17.a.** Family Name (Last Name): DA SILVA MARTINS

**17.b.** Given Name (First Name): Andreia

**17.c.** Middle Name: N/A

**18.** Date of Birth (mm/dd/yyyy): 11/29/1972

**19.** Sex ☐ Male ☒ Female

**20.** City/Town/Village of Birth: São Bernardo do Campo

**21.** Country of Birth: Brazil

**22.** City/Town/Village of Residence: Deceased

**23.** Country of Residence: Deceased

## Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

### *Employment History*

**Employer 1**

**1.** Name of Employer/Company: Galpao Gaucho Brazilian Steakhouse

**2.a.** Street Number and Name: 1830 Main Street

**2.b.** ☐ Apt. ☐ Ste. ☐ Flr.: N/A

**2.c.** City or Town: Irvine

**2.d.** State: CA **2.e.** ZIP Code: 92614

**2.f.** Province: N/A

**2.g.** Postal Code: N/A

**2.h.** Country: USA

**3.** Your Occupation: Customer Server

**4.a.** Date From (mm/dd/yyyy): 10/01/2024

**4.b.** Date To (mm/dd/yyyy): PRESENT

**Employer 2**

**5.** Name of Employer/Company: William Wagner Pereira da Silva Law Office

**6.a.** Street Number and Name: Rua Tres de Dezembro, 39

**6.b.** ☐ Apt. ☐ Ste. ☐ Flr.: N/A

**6.c.** City or Town: Sao Bernardo do Campo

**6.d.** State: N/A **6.e.** ZIP Code: N/A

**6.f.** Province: Sao Paulo

**6.g.** Postal Code: 09625050

**6.h.** Country: Brazil

## Part 2. Information About Your Employment (continued)

7. Your Occupation: Administrative Assistant

8.a. Date From (mm/dd/yyyy): 10/01/2023

8.b. Date To (mm/dd/yyyy): 02/01/2024

## Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company: N/A

2.a. Street Number and Name: N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

2.d. State: N/A 2.e. ZIP Code: N/A

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: N/A

4.a. Date From (mm/dd/yyyy): N/A

4.b. Date To (mm/dd/yyyy): N/A

## Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

### *Spouse Beneficiary's Statement*

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer name in **Part 6.**, Otavio Haverroth Silva, prepared this form for me based only upon information I provided or authorized.

### *Spouse Beneficiary's Contact Information*

3. Spouse Beneficiary's Daytime Telephone Number: 7147102301

4. Spouse Beneficiary's Mobile Telephone Number (if any): 7147102301

5. Spouse Beneficiary's Email Address (if any): amandacaliusa@outlook.com

### *Spouse Beneficiary's Certification*

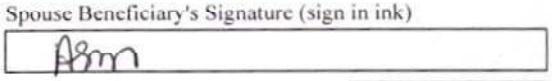
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

### *Spouse Beneficiary's Signature*

6.a. Spouse Beneficiary's Signature (sign in ink)



6.b. Date of Signature (mm/dd/yyyy): 08/21/2026

**NOTE TO ALL SPOUSE BENEFICIARIES:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

## Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

### *Interpreter's Full Name*

**1.a.** Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

**1.b.** Interpreter's Given Name (First Name)
Andre Vinicius

**2.** Interpreter's Business or Organization Name (if any)
HS Law Corp

### *Interpreter's Mailing Address*

**3.a.** Street Number and Name: PO Box 90487

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

**3.d.** State: CA **3.e.** ZIP Code: 92169

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country
USA

### *Interpreter's Contact Information*

**4.** Interpreter's Daytime Telephone Number
4154252508

**5.** Interpreter's Mobile Telephone Number (if any)
4154252508

**6.** Interpreter's Email Address (if any)
andre@yousalaw.com

### *Interpreter's Certification*

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

### *Interpreter's Signature*

**7.a.** Interpreter's Signature (sign in ink)

**7.b.** Date of Signature (mm/dd/yyyy) 08/21/2026

## Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

### *Preparer's Full Name*

**1.a.** Preparer's Family Name (Last Name)
HAVERROTH SILVA

**1.b.** Preparer's Given Name (First Name)
Otavio

**2.** Preparer's Business or Organization Name (if any)
HS Law Corp

### *Preparer's Mailing Address*

**3.a.** Street Number and Name: PO Box 90487

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

**3.d.** State: CA **3.e.** ZIP Code: 92169

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country
USA

## Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

### *Preparer's Contact Information*

**4.** Preparer's Daytime Telephone Number

5102419336

**5.** Preparer's Mobile Telephone Number (if any)

5102419336

**6.** Preparer's Email Address (if any)

otavio@legalhs.com

### *Preparer's Statement*

**7.a.** ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

**7.b.** ☒ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case ☒ extends ☐ does not extend beyond the preparation of this form.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

### *Preparer's Certification*

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

### *Preparer's Signature*

**8.a.** Preparer's Signature (sign in ink)



**8.b.** Date of Signature (mm/dd/yyyy) 08/21/2026

## Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a.** Family Name (Last Name): VALDIVIA

**1.b.** Given Name (First Name): Amanda

**1.c.** Middle Name: da Silva

**2.** A-Number (if any) ► A- 256049798

**3.a.** Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 4.A

**3.d.**
3 - 87 Austin, Irvine, CA 92604 USA
From: 09/30/2024 To: 10/29/2024
4 - Travel NYC, USA
From: 09/25/2024 To: 09/29/2024
5 - Paulo Monte Serrat Street 35,
Planalto SP 09895-250 - Brazil
From: 05/2024 To: 09/24/2024

**4.a.** Page Number: 1 **4.b.** Part Number: 1 **4.c.** Item Number: 4.A

**4.d.**
6 - 18 Topeka, Irvine CA 92604 USA
From: 03/2024 To: 05/2024
7 - Paulo Monte Serrat Street 35,
Planalto SO 09895-250 - Brazil
From: 02/2022 To: 03/2024
8 - Av. Dom Jaime de Barros Câmara,
Apt. 14, SP 09895-400 - BraziL
From: 02/2019 To: 01/2022

**5.a.** Page Number: 2 **5.b.** Part Number: 2 **5.c.** Item Number: 5

**5.d.**
Sudatti e Pereira Law Office
Rua Jose Versolato, 111, Apt 1101
Centro - Sao Bernardo do Campo SP
09750730 Brazil
From: 08/01/2021 to 04/01/2023

**6.a.** Page Number **6.b.** Part Number **6.c.** Item Number

**6.d.** N/A

**7.a.** Page Number **7.b.** Part Number **7.c.** Item Number

**7.d.** N/A

# Exhibit list


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| | |
|---|---|
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**Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support**

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**Exhibit 8 - Evidence of Bona Fide Marriage: Joint Activities and Supplemental Relationship Evidence**

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**Exhibit 9 - Evidence of Bona Fide Marriage: Photographic Chronology**

Photographic Evidence of Relationship - Photos 153-251

# Exhibit 1 - Anahi Valdivia's Identification Documents

O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave



USA

. . .AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

*Abraham Lincoln*

*The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.*

*Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.*

*El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.*

We the People

*Of the United States,*
*in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.*

Anahi Valdivia

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA



# UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 563416285

Surname / Nom / Apellidos
VALDIVIA

Given Names / Prénoms / Nombres
ANAHI

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
04 Jul 1998

Place of birth / Lieu de naissance / Lugar de nacimiento
CALIFORNIA, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
21 Sep 2017

Authority / Autorité / Autoridad
United States Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
20 Sep 2027

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USAVALDIVIA<<ANAHI<<<<<<<<<<<<<<<<<<<<<<<<

5634162856USA9807204F[illegible]0920450381316 1<590550

# PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:
ADRESSE DU TITULAIRE AUX ETATS-UNIS:
DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:

BEARER'S FOREIGN ADDRESS:
ADRESSE DU TITULAIRE A L'ETRANGER:
DIRECCION DEL PORTADOR EN EL EXTRANJERO:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES AND CRISIS MANAGEMENT, AT 202-647-5225, AND THE EMERGENCY CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE AUX CRISES DU DEPARTMENT D'ETAT, AU 202-647-5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS:

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION DE CRISIS, DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202-647-5225, Y A LA PERSONA QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre

Address / Adresse / Dirección

Telephone / Téléphone / Teléfono



# IMPORTANT INFORMATION REGARDING YOUR PASSPORT

**THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE AREA DESIGNATED ON PAGE THREE.**

**IT IS UNLAWFUL** for any person other than the original, lawful recipient to use this passport. Use of this passport in contravention of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or the Department of State, Office of Passport Policy and Legal Advisory Services, at the telephone number listed at *www.travel.state.gov*

**U.S. GOVERNMENT PROPERTY** This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.9). It must be surrendered upon demand made by an authorized representative of the United States Government.

**LOSS OR THEFT** The loss, theft, or destruction of a passport should be reported immediately to local police authorities and to Passport Services, CLASP Unit, Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or consulate. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

**ALTERATION OR MUTILATION OF PASSPORT** This passport must not be altered or mutilated in any way. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries may place stamps or make notations or additions in this passport. You may amend or update personal information for your own convenience on the adjoining PERSONAL DATA AND EMERGENCY CONTACT page.

The principle of free governments adheres to the American soil. It is bedded in it, immovable as its mountains.

*Daniel Webster*

# IMPORTANT INFORMATION

**1. TRAVEL INFORMATION** Consult our Consular Information Sheets, Travel Warnings, and Public Announcements at *http://travel.state.gov*

**2. HEALTH AND VACCINATIONS** Contact the Centers for Disease Control and Prevention (CDC) via the International Travelers Info Line, at 1-877-347-8747, or *http://www.cdc.gov*

**3. HEALTH INSURANCE** Medicare/Medicaid does not cover healthcare costs outside the U.S. Does your insurance apply overseas, including medical evacuation, payment to a hospital or doctor overseas, or reimbursement to you later? See our brochure "Medical Information For Americans Traveling Abroad," or consult *http://travel.state.gov*

**4. YOUR PASSPORT** Make sure you have a signed, valid passport, and foreign entry visas, if required. Make two photocopies of your passport data page. Carry one copy with you in a separate place from your passport. Leave one at home with family/friends, along with a copy of your proposed travel itinerary.

**5. EMERGENCY CONTACT** Use a pencil to fill in the PERSONAL DATA AND EMERGENCY CONTACT information requested on page 4 of the passport.

**6. AVOID VIOLATING FOREIGN LAWS** Remember, while in a foreign country, you are subject to its laws. Penalties for violating local laws, even unknowingly, can be more severe than in the U.S. for similar offenses. Deal only with authorized agents when exchanging money, or purchasing souvenirs. If in trouble, contact the nearest U.S. embassy or consulate. If you are arrested, demand to see the U.S. Consul.

**7. ILLEGAL DRUGS** Do not carry packages abroad or to the U.S. at the request of or as a favor to a stranger. Penalties for possession or trafficking in illegal drugs, even unknowingly, are strict and convicted offenders can expect prison sentences and heavy fines.

**8. SAFETY** Avoid becoming a target. Do not wear conspicuous clothing or expensive jewelry, and do not carry excessive amounts of money or unnecessary credit cards. Consular Information Sheets include a security and crime section that discusses conditions in specific countries. Consult "A Safe Trip Abroad" at *http://travel.state.gov*

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**9. BE MINDFUL OF SECURITY THREATS** Do not leave luggage unattended in public areas, nor accept packages from strangers.

**10. DISASTERS AND CATASTROPHIC EVENTS** If a catastrophic event occurs, call home to let family and friends know you are okay. If you require assistance, contact the nearest U.S. embassy or consulate.

**11. REGISTER WITH U.S. EMBASSY** When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, or in person or register online through the Department's Registration Home Page at *https://travelregistration.state.gov/ibrs/*

**12. PARENTAL CHILD ABDUCTION** For information on prevention of international child abduction, or help if your child has been taken, contact the Department of State's Office of Children's Issues at 1-202-736-7000, or consult our home page at *http://travel.state.gov*

**13. LOSS OF U.S. CITIZENSHIP** Under certain circumstances, you may lose your U.S. citizenship by performing, voluntarily and with the intention to relinquish U.S. citizenship, any of the following acts: (1) being naturalized in a foreign state; (2) taking an oath or making a declaration to a foreign state; (3) serving in the armed forces of a foreign state; (4) accepting employment with a foreign government; or (5) formally renouncing U.S. citizenship before a U.S. consular officer overseas. Consult the nearest U.S. embassy or consulate, or contact the Office of American Citizens Services and Crisis Management, Department of State, SA-29, 4th Floor, 2201 C Street NW, Washington DC 20520, or call 1-202-647-5225. Toll free hot line 1-888-407-4747, or if calling from outside the U.S., 1-317-472-2328.

**14. DUAL CITIZENS** A person who has the citizenship of more than one country at the same time is considered a dual citizen. A dual citizen may be subject to the laws of the other country that considers that person its citizen while in that country's jurisdiction, including conscription for military service. Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad should contact the nearest U.S. embassy or consulate.

7

Let us raise a standard to which

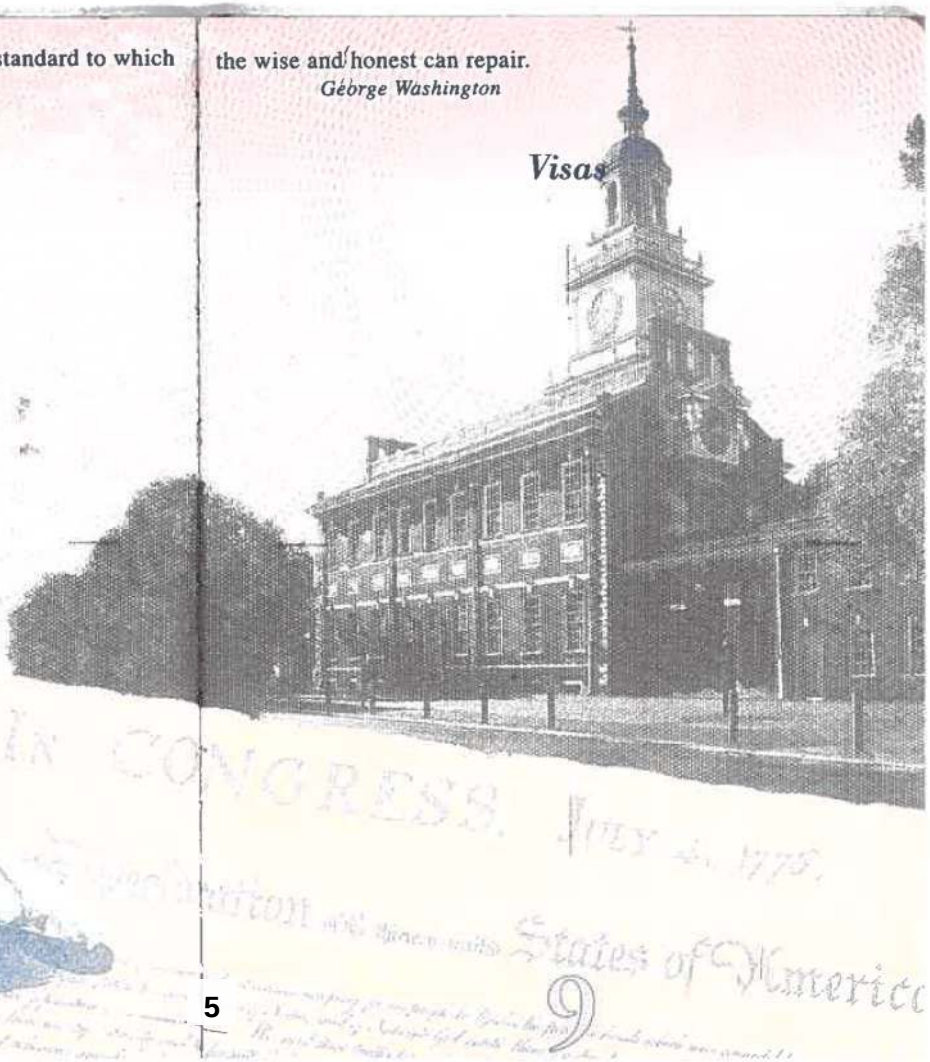
*Visas*





the wise and honest can repair.
*George Washington*

*Visas*



We hold these truths to be self-evident: that all men are with certain unalienable rights, that among these

## *Visas*

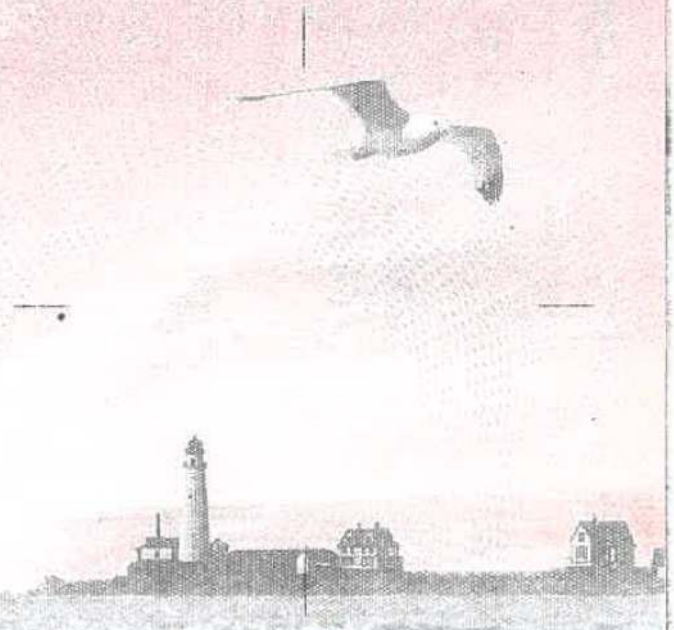


10

created equal, that they are endowed by their Creator are life, liberty, and the pursuit of happiness.

*excerpt from the Declaration of Independence*

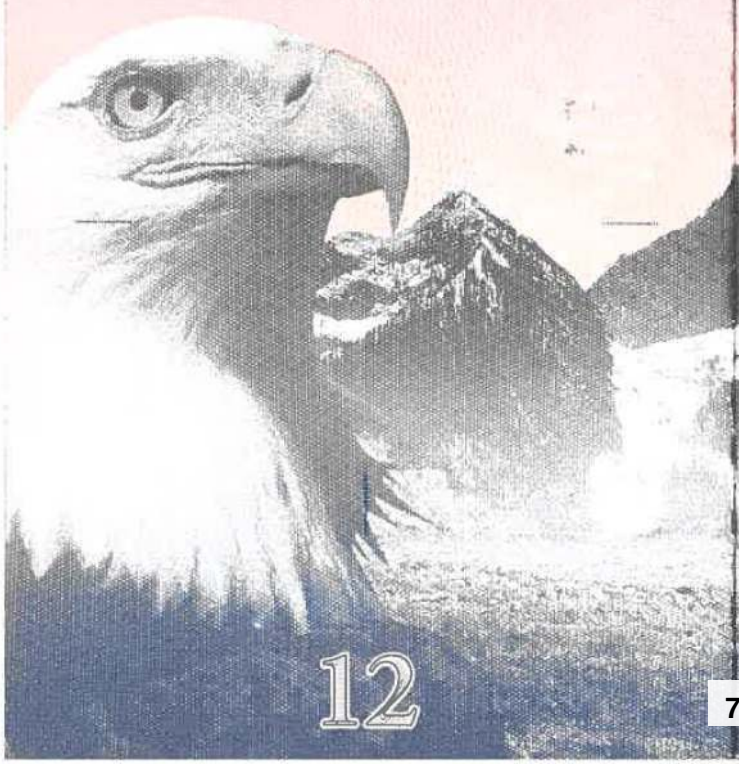
## *Visas*



11

We have a great dream. It started way back in 1776,

*Visas*

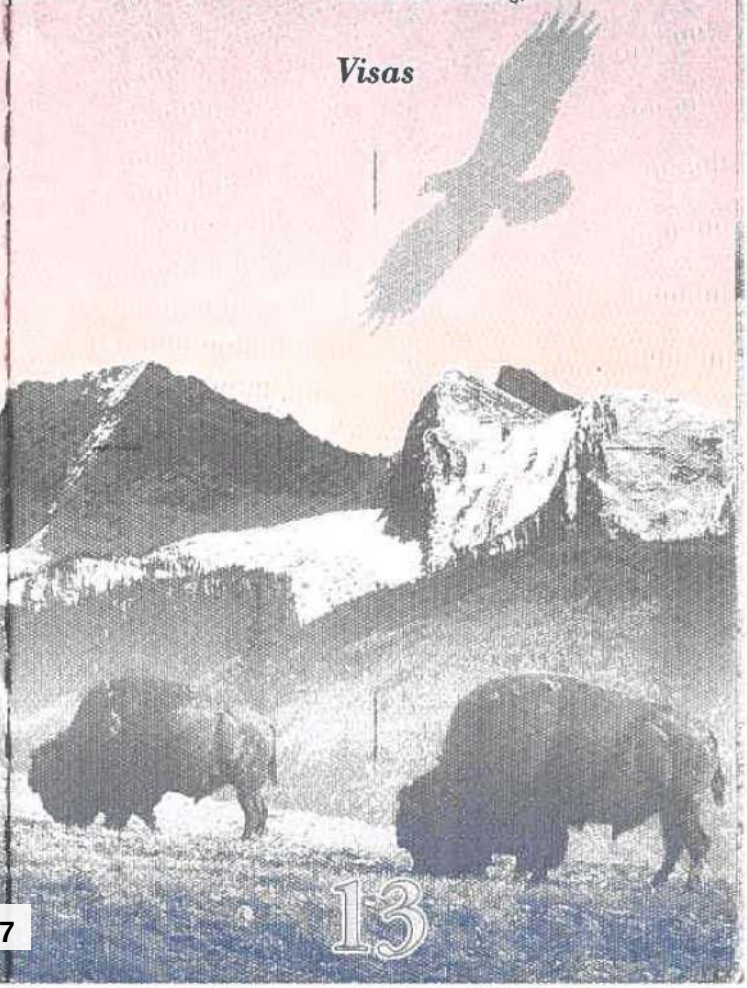


12

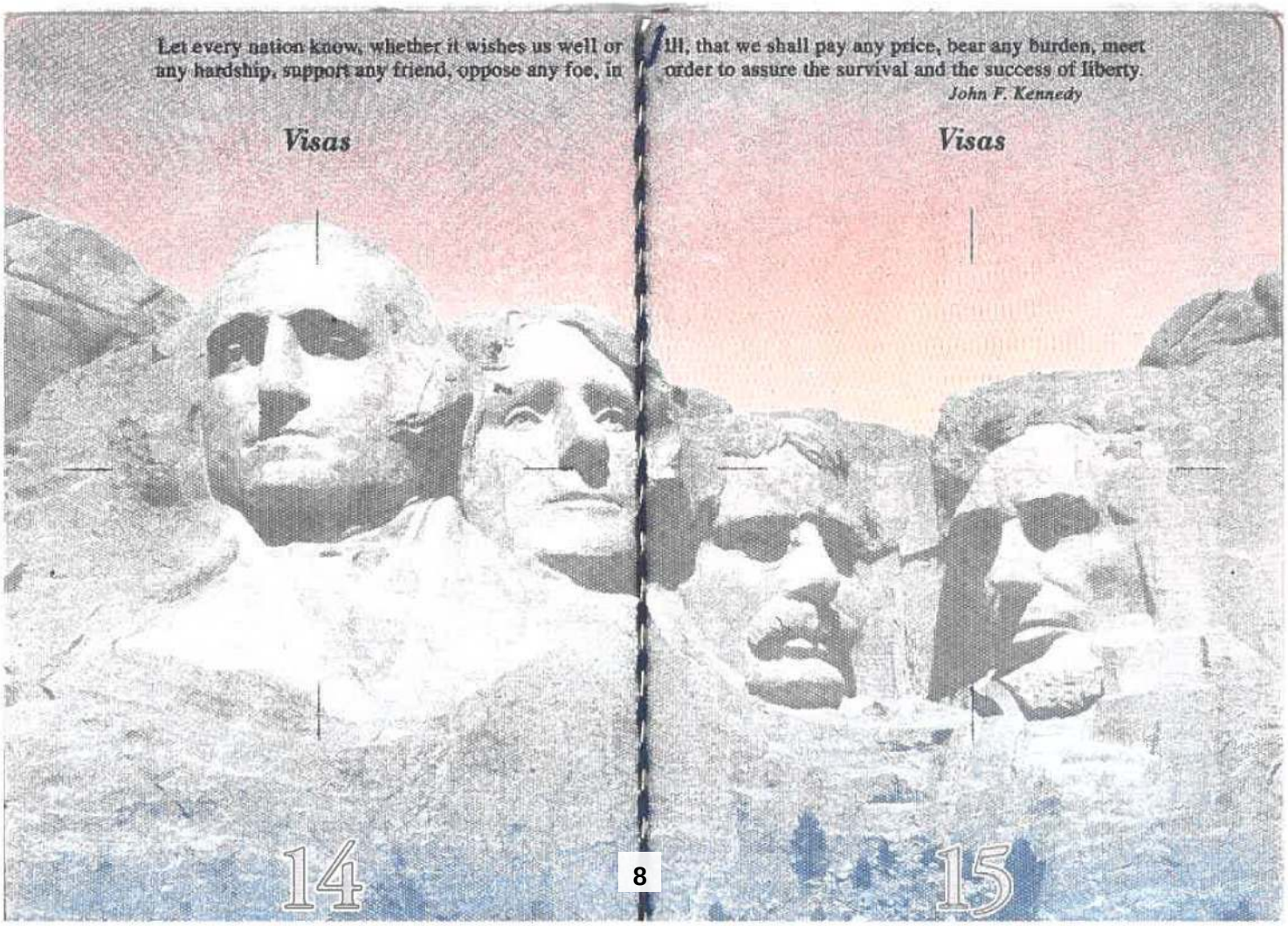
and God grant that America will be true to her dream.

*Martin Luther King, Jr.*

*Visas*



13

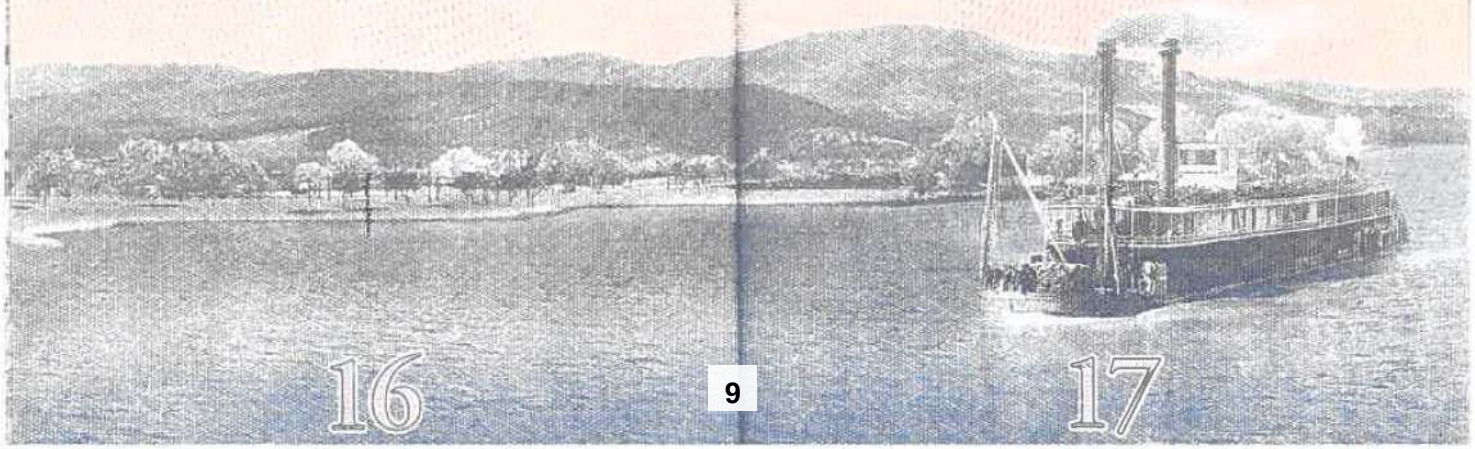

Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, in
Visas
14
ill, that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.
John F. Kennedy
Visas
15

This is a new nation, based on a mighty

*Visas*

continent, of boundless possibilities.
*Theodore Roosevelt*

*Visas*

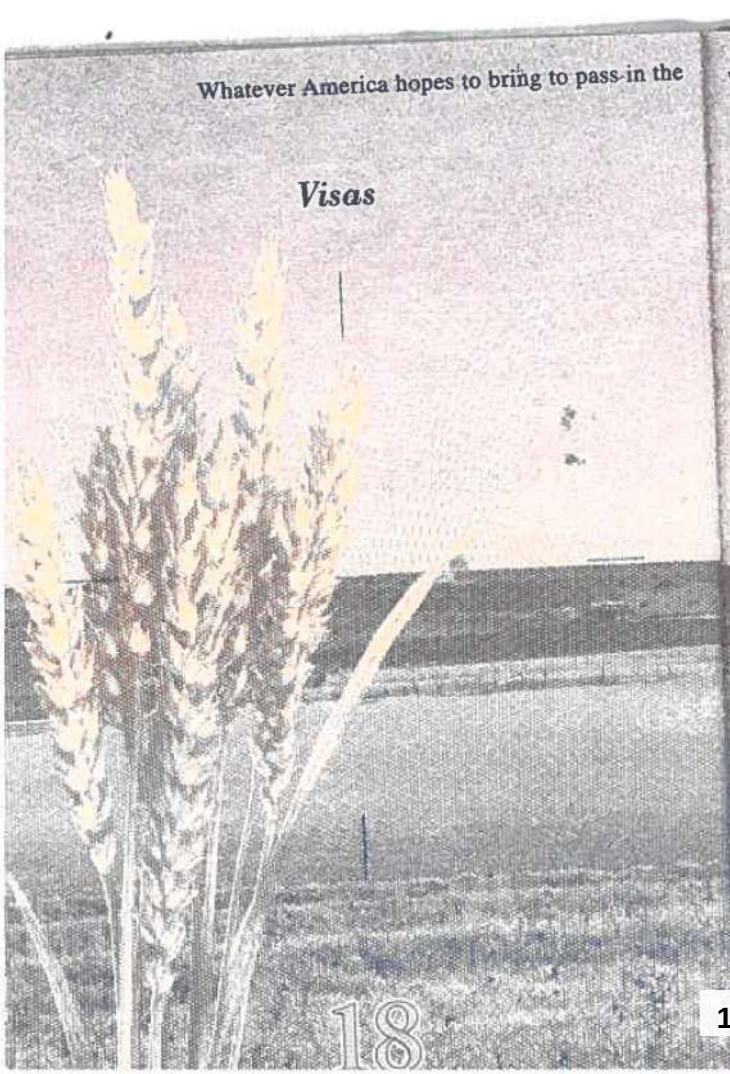


16

17

Whatever America hopes to bring to pass in the

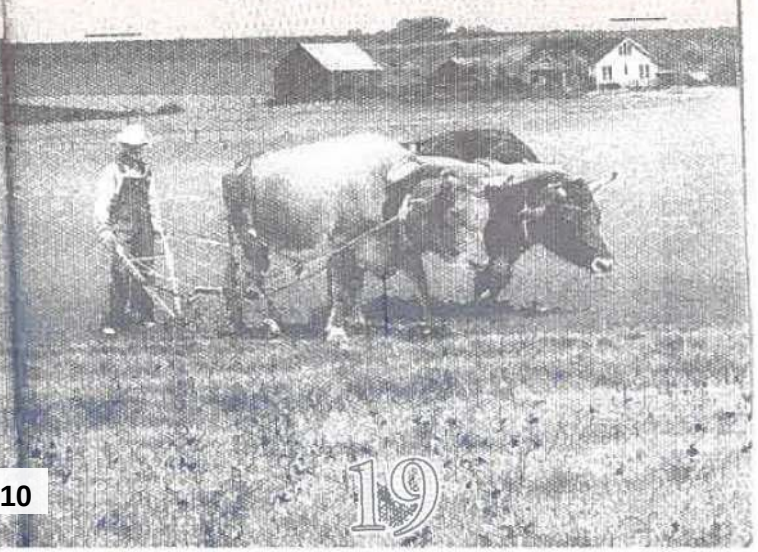
## *Visas*





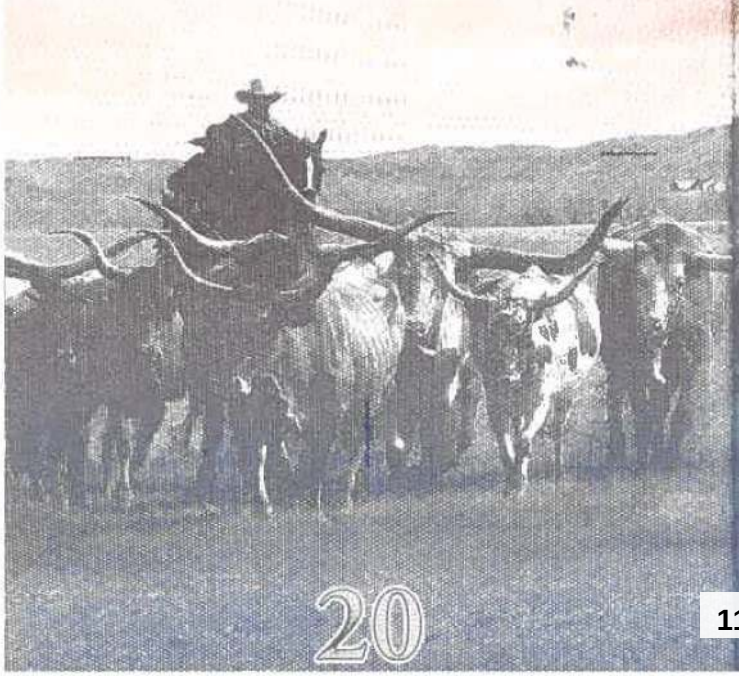
world must first come to pass in the heart of America.
*Dwight D. Eisenhower*

## *Visas*



For this is what America is all about. It is the uncrossed
is not reached and the harvest sleeping in the unplowed
Is a new world coming? We welcome it — and we will

*Visas*





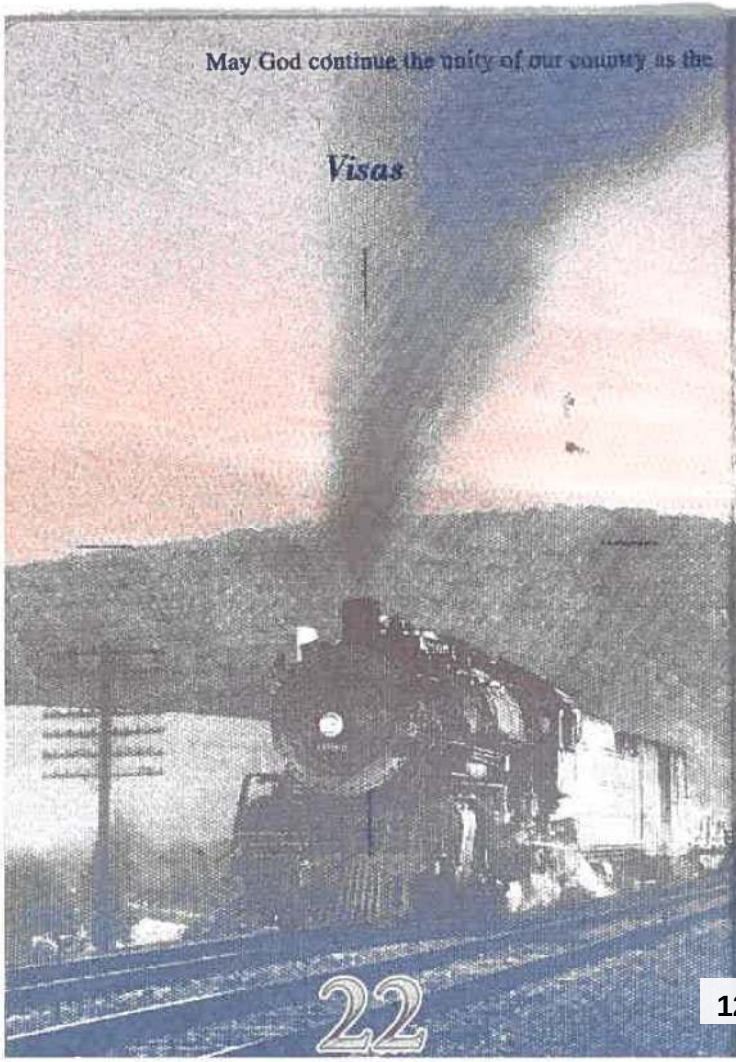
desert and the unclimbed ridge. It is the star that
ground. Is our world gone? We say "Farewell!"
bend it to the hopes of man. *Lyndon B. Johnson*

*Visas*



May God continue the unity of our country as the

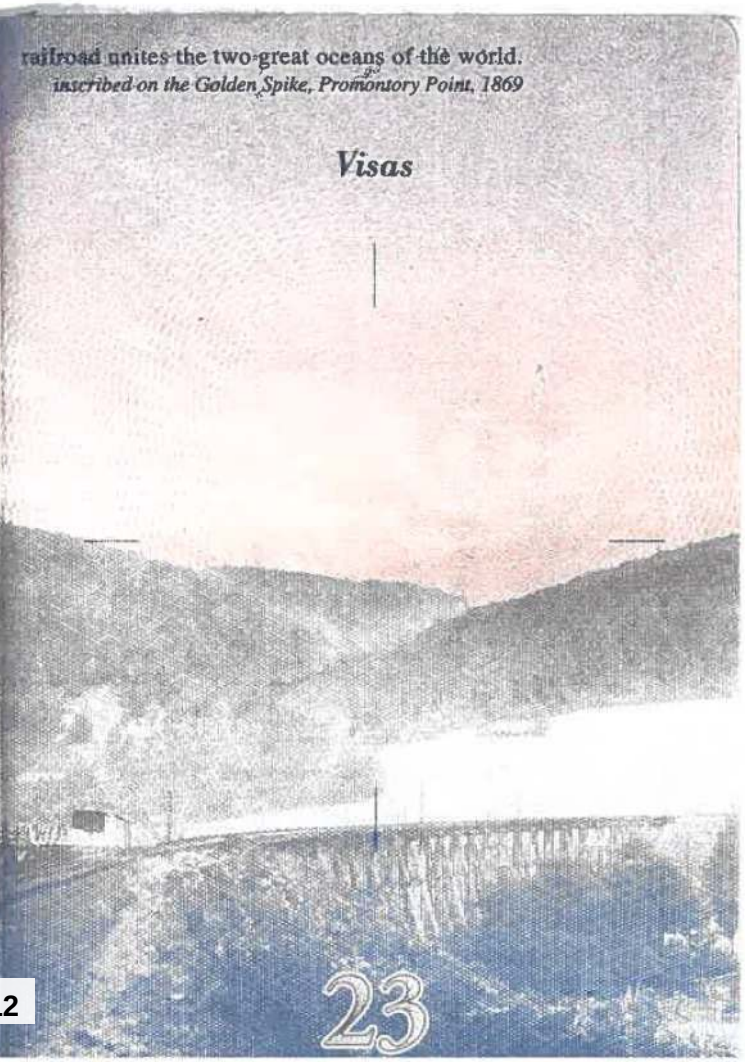






railroad unites the two great oceans of the world.
*inscribed on the Golden Spike, Promontory Point, 1869*

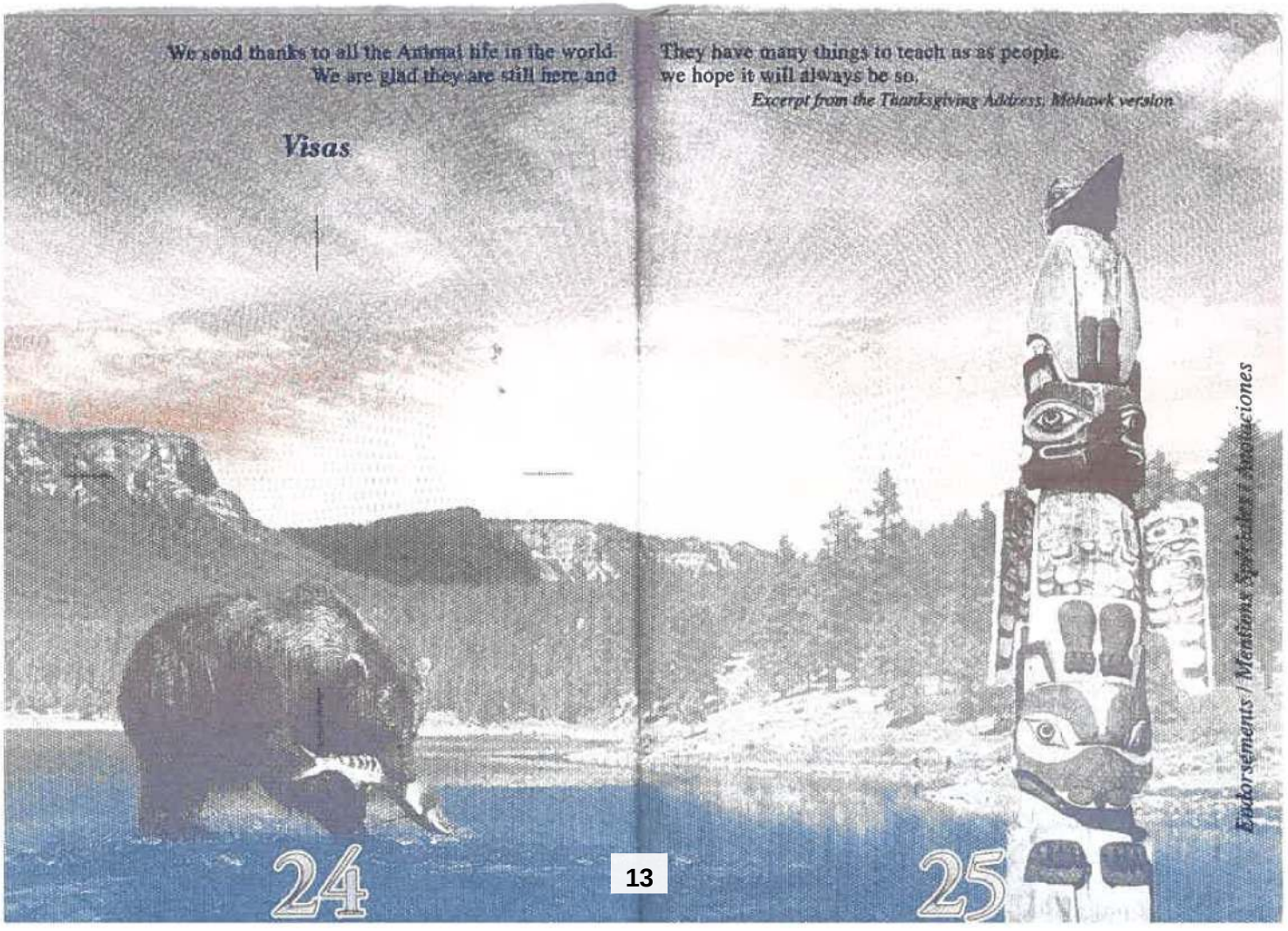




We send thanks to all the Animal life in the world.
We are glad they are still here and

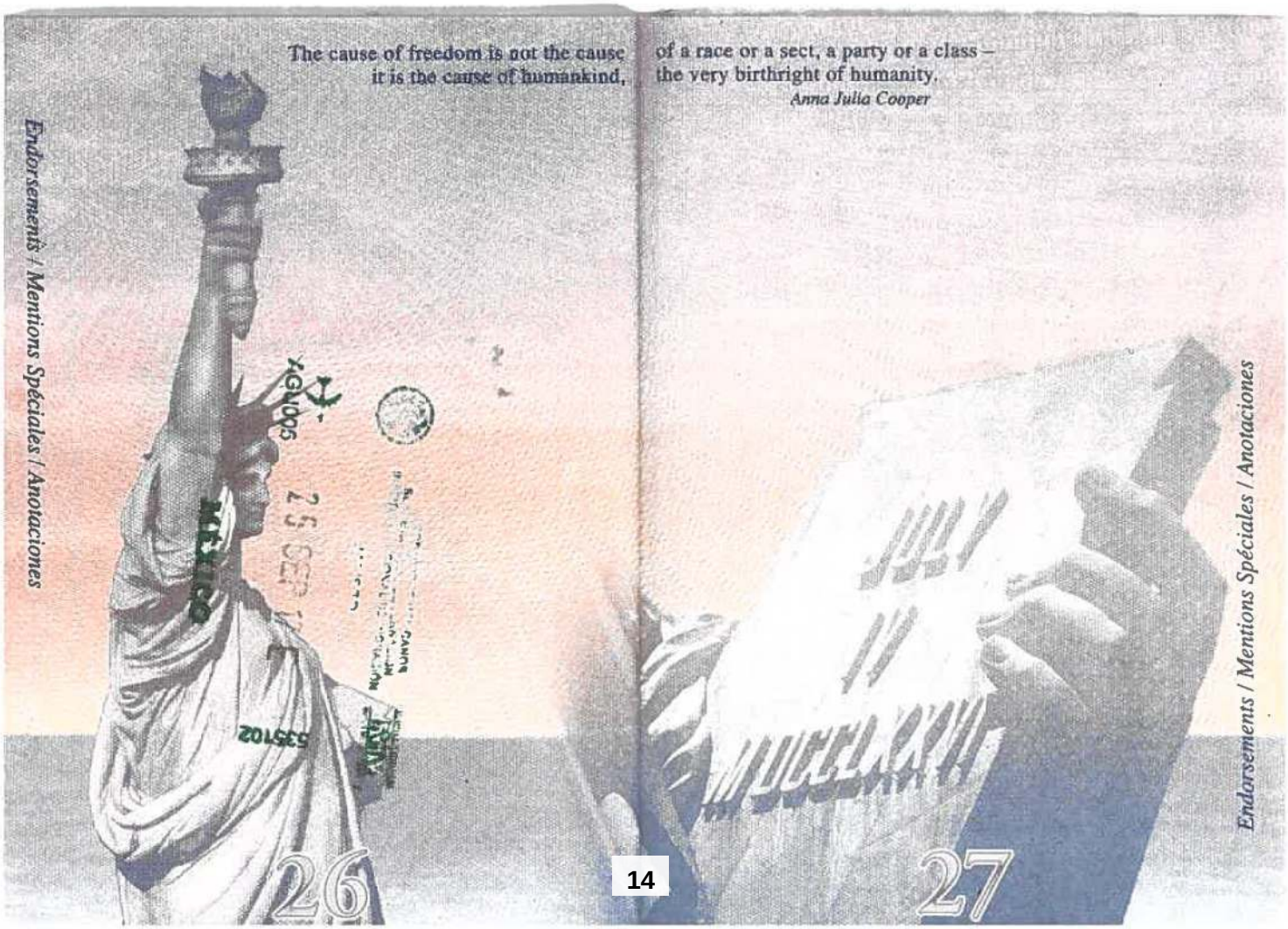
They have many things to teach as as people.
we hope it will always be so.

*Excerpt from the Thanksgiving Address, Mohawk version*



***Visas***

*Endorsements / Mentions Spéciales / Anotaciones*


The cause of freedom is not the cause
it is the cause of humankind,
of a race or a sect, a party or a class –
the very birthright of humanity.
Anna Julia Cooper
Endorsements / Mentions Spéciales / Anotaciones
Endorsements / Mentions Spéciales / Anotaciones
26
27

Every generation has the obligation to free men's minds for a look at new worlds . . . to look out from a higher plateau than the last generation.

*Ellison S. Onizuka*

**This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.**

**A. RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES** For information, write the Department of the Treasury, Office of Foreign Assets Control, Treasury Annex, 1500 Pennsylvania Avenue N.W., Washington, D.C. 20220, or consult *http://www.treas.gov/ofac*

**B. CUSTOMS & BORDER PROTECTION** Contact Customs & Border Protection (CBP), for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements," at *http://www.cbp.gov/xp/cgov/travel/*

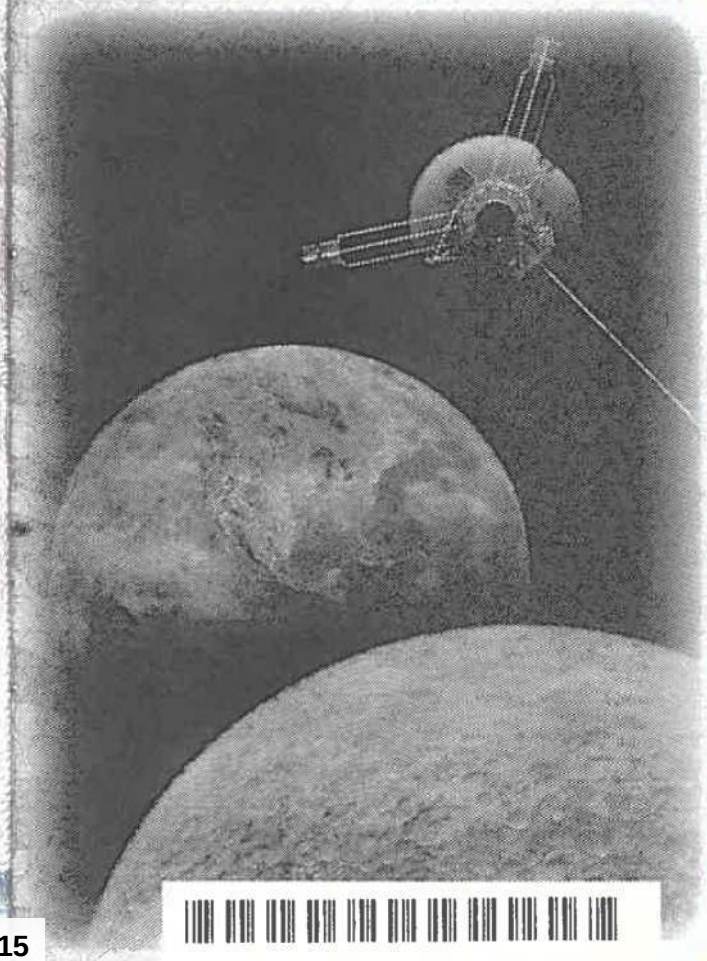
**C. AGRICULTURE** For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States," contact the U.S. Department of Agriculture, *http://www.aphis.usda.gov/travel* See also U.S. Fish and Wildlife Service, *http://www.le.fws.gov/TipsforTravelers.htm* for other important "Information for International Travelers."

**D. U.S. TAXES** All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at *http://irs.gov/publications/p54/index.html*

**E. SOCIAL SECURITY** Write to the Social Security Administration, Office of International Operations, P.O. Box 17769, Baltimore, MD 21235, or consult *http://www.ssa.gov/international* about receiving payments while outside the U.S., or contact the nearest Social Security office in the United States or at a U.S. embassy or consulate abroad.

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563416285

# STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES
REGISTRAR–RECORDER/COUNTY CLERK

## CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 1199819080789
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | |
|---|---|---|---|---|---|---|
| THIS CHILD | 1A. NAME OF CHILD — FIRST (GIVEN): ANAHI | 1B. MIDDLE: - | 1C. LAST (FAMILY): VALDIVIA | | | |
| | 2. SEX: F | 3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: - | 4A. DATE OF BIRTH — MM/DD/CCYY: 07/04/1998 | 4B. HOUR — (24 HOUR CLOCK TIME): 1112 | |
| PLACE OF BIRTH | 5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: L.A. METROPOLITAN MEDICAL CENTER | 5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 2231 SOUTH WESTERN AVENUE | | | | |
| | 5C. CITY: LOS ANGELES | 5D. COUNTY: LOS ANGELES | 5E. PLANNED PLACE OF BIRTH: HOSPITAL | | | |
| FATHER OF CHILD | 6A. NAME OF FATHER — FIRST (GIVEN): FRANCISCO | 6B. MIDDLE: JAVIER | 6C. LAST (FAMILY): VALDIVIA | 7. STATE OF BIRTH: MEXICO | 8. DATE OF BIRTH: 06/22/1976 | |
| MOTHER OF CHILD | 9A. NAME OF MOTHER — FIRST (GIVEN): JUANA | 9B. MIDDLE: - | 9C. LAST (MAIDEN): PEREZ | 10. STATE OF BIRTH: MEXICO | 11. DATE OF BIRTH: 05/28/1976 | |
| INFORMANT CERTIFICATION | I 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: Francisco Javier Valdivia | | 12B. RELATIONSHIP TO CHILD: FATHER | 12C. DATE SIGNED: 07/07/1998 | |
| CERTIFICATION OF BIRTH | I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. | 13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE: [signature] M.D. | | 13B. LICENSE NUMBER: G076921 | 13C. DATE SIGNED: 08/04/1998 | |
| | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: ANTHONY C. PICKETT, M.D. 5859 S. VERMONT AVE., L.A., CA | | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT | | |
| LOCAL REGISTRAR | 15A. DATE OF DEATH | 15B. STATE FILE NO. (STATE USE ONLY) | 16. LOCAL REGISTRAR — SIGNATURE: [signature] EL | 17. DATE ACCEPTED FOR REGISTRATION: 08/25/1998 | | |

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN
Registrar-Recorder/County Clerk

MAY 22 2026

20000019816 89

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

0011922251 - 02 - E

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Exhibit 2 - Amanda da Silva Valdivia's Identification Documents



Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

GH108541

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

The passport must be signed except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: GH108541

SOBRENOME / SURNAME: DA SILVA MARTINS

NOME / GIVEN NAMES: AMANDA

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 18 AGO/AUG 2000

IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: SÃO BERNARDO DO CAMPO/SP

FILIAÇÃO / FILIATION: SILVIO MARTINS VAZ

ANDREIA DA SILVA MARTINS

DATA DE EMISSÃO / DATE OF ISSUE: 14 JUN/JUN 2023

AUTORIDADE / AUTHORITY: NUPAS/SR/SP

VALIDO ATÉ / DATE OF EXPIRY: 13 JUN/JUN 2033

P<BRADA<SILVA<MARTINS<<AMANDA<<<<<<<<<<<<<<
GH108541<4BRA0008187F3306138<<<<<<<<<<<<<<08

Brasil

## INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br



Issuing

**Para uso das autoridades brasileiras**
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

ADMITTED
JFK
SEP 25 2024
10
Class
B2
Until
24/Mar/2025

VISTOS VISAS

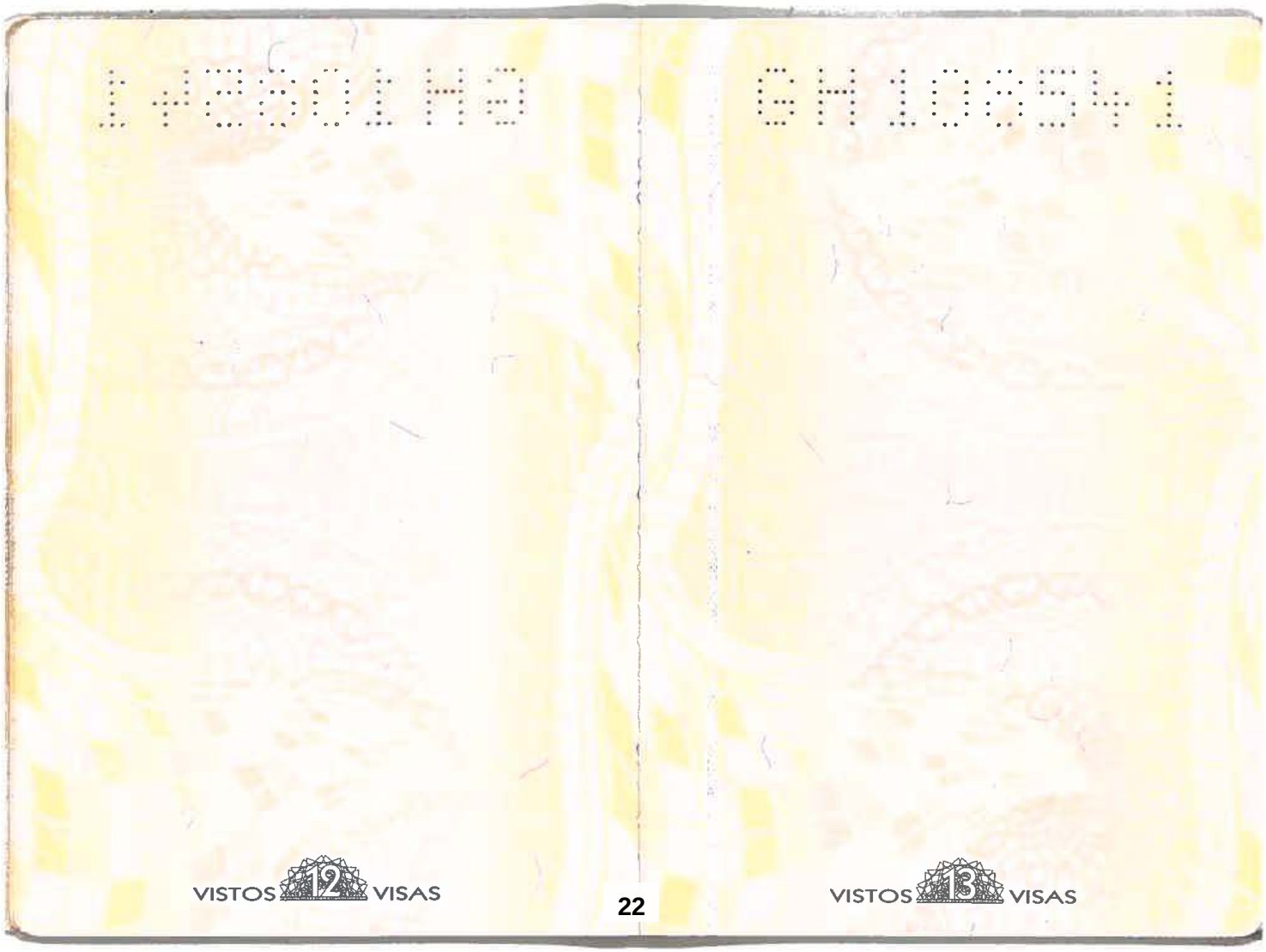
VISA

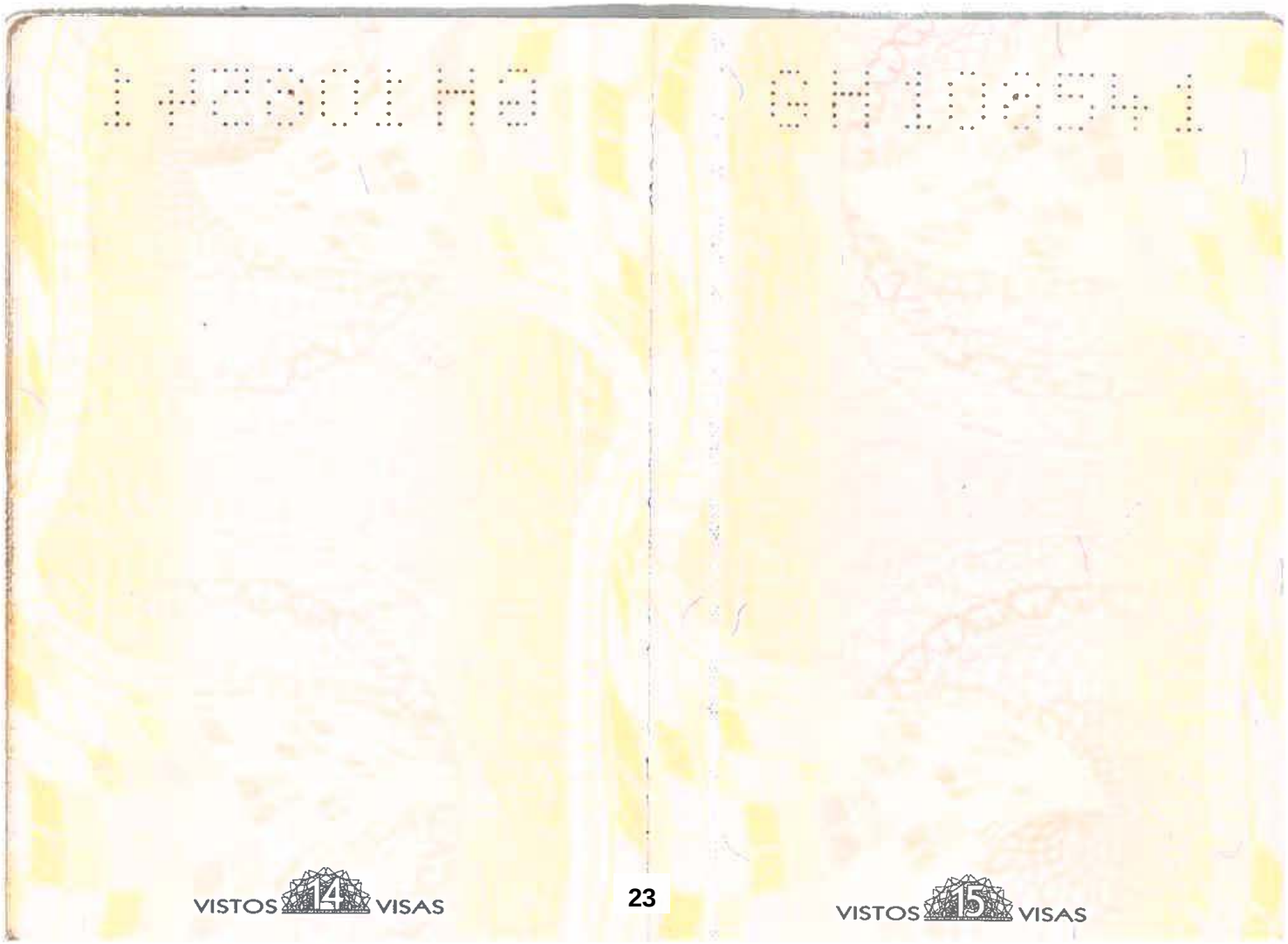
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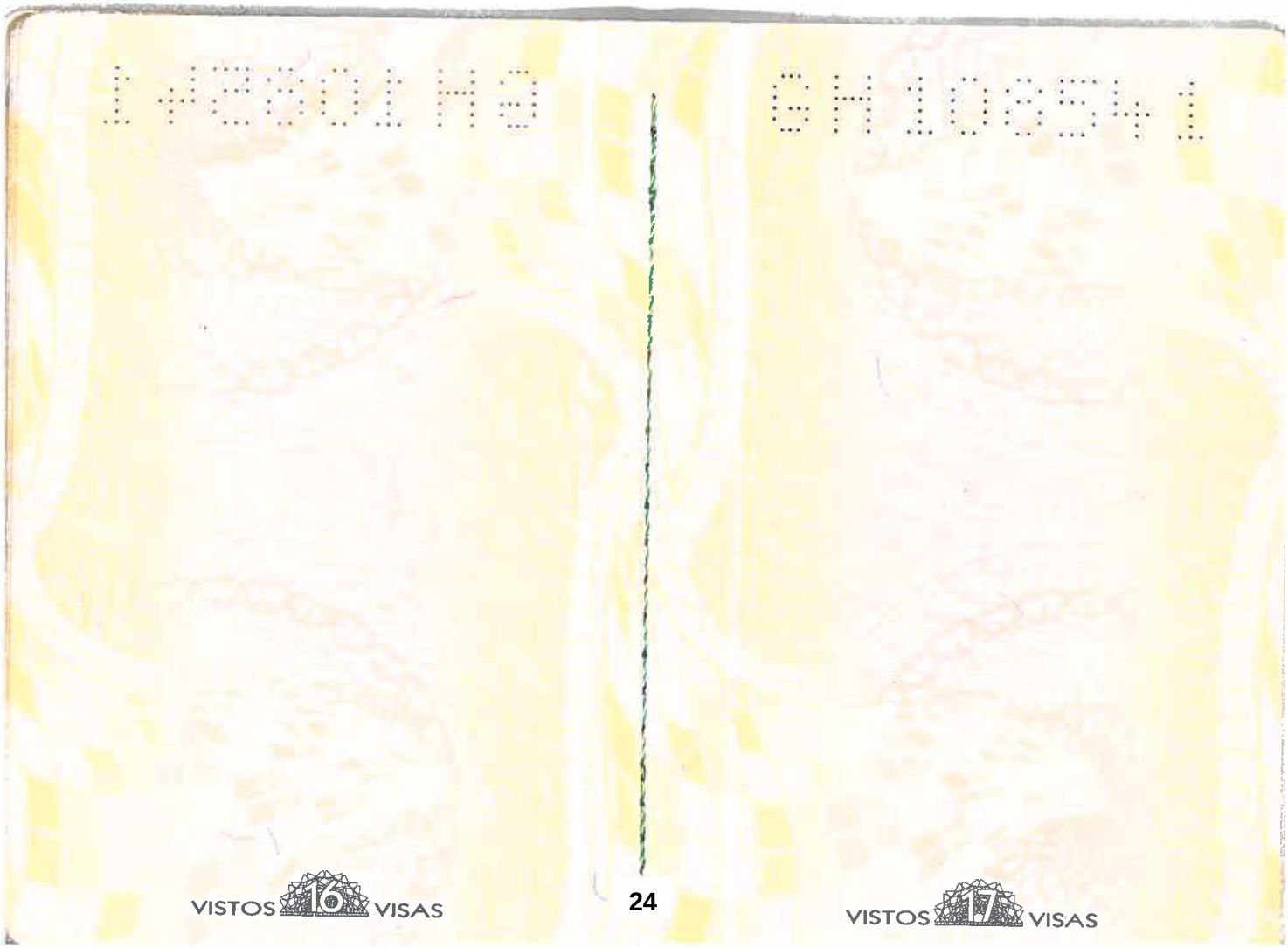


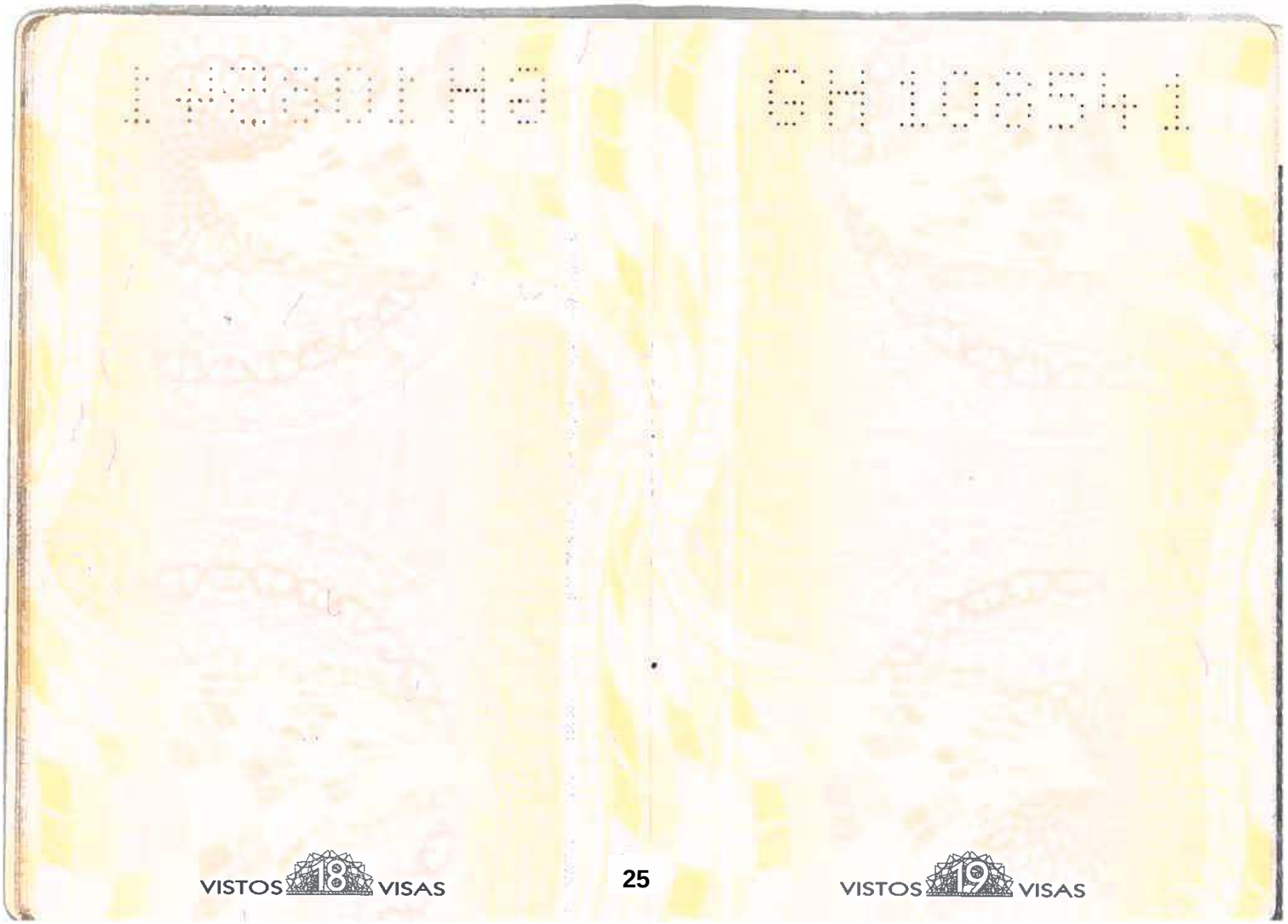
Issuing Post Name
SAO PAULO
Surname
DA SILVA MARTINS
Given Name
AMANDA
Passport Number
GH108541
Sex
F
Birth Date
18AUG2000
Nationality
BRZL
Entries
M
Annotation
Issue Date
30NOV2023
Expiration Date
27NOV2033
Control Number
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Visa Type /Class
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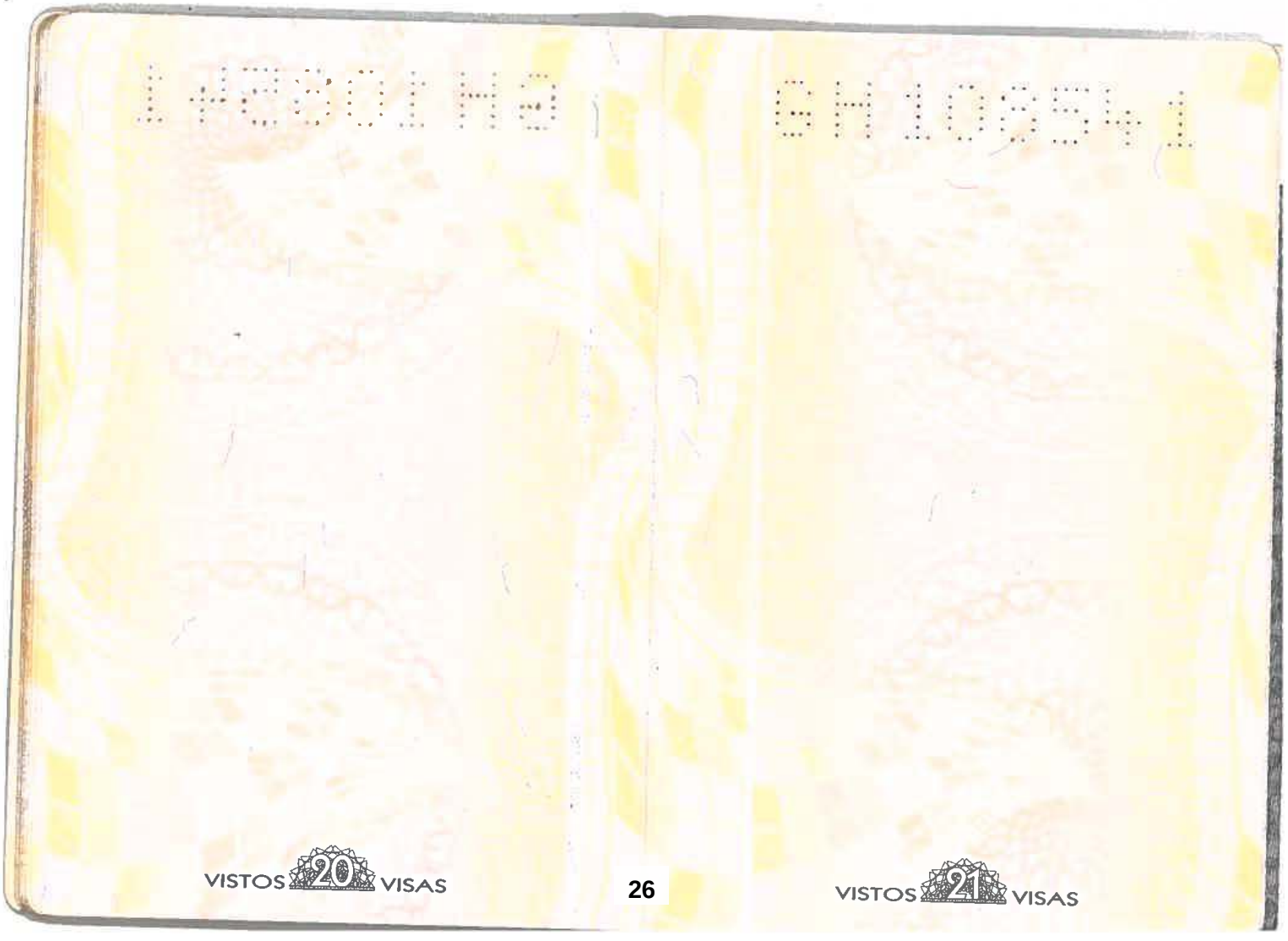
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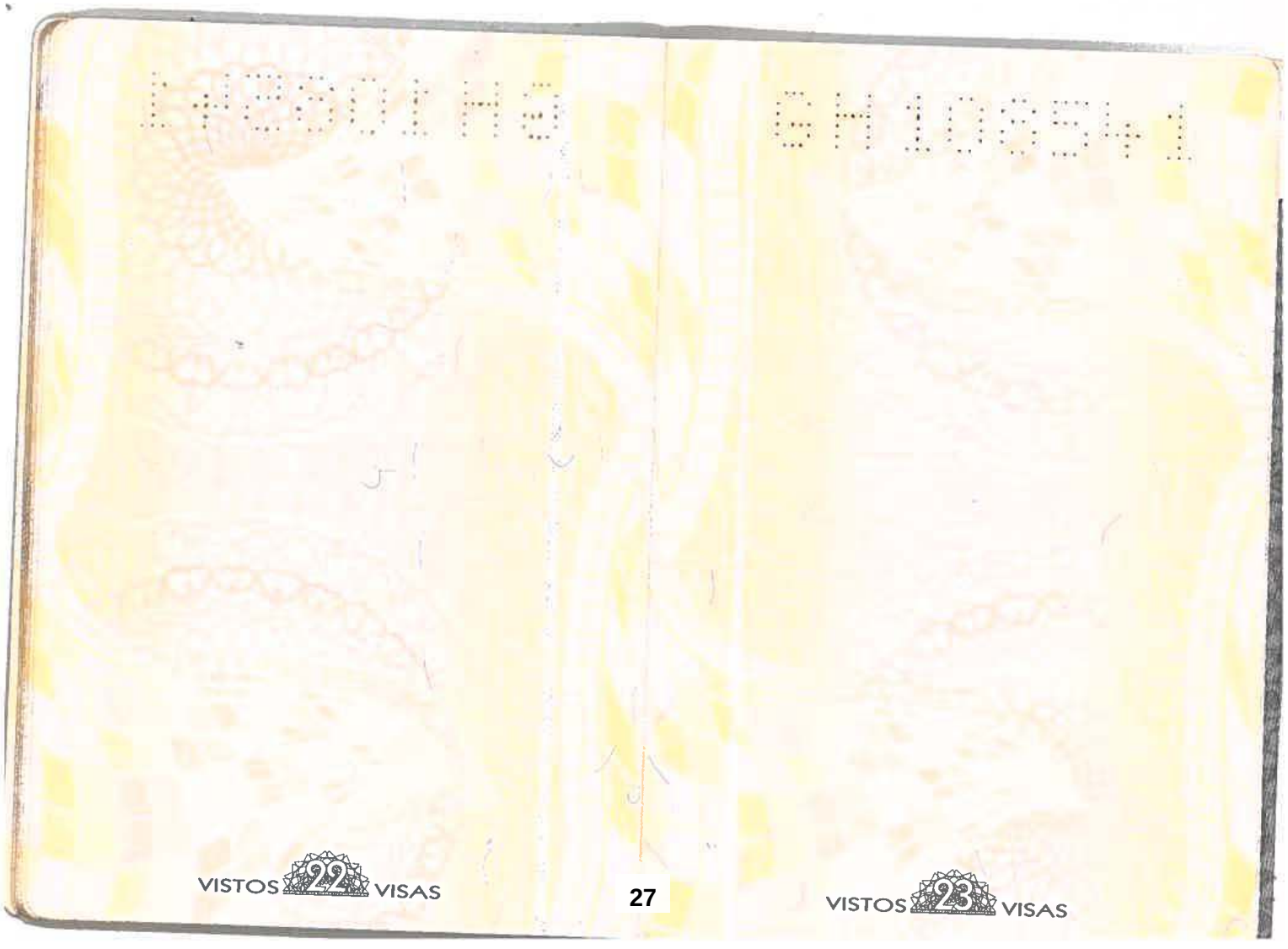


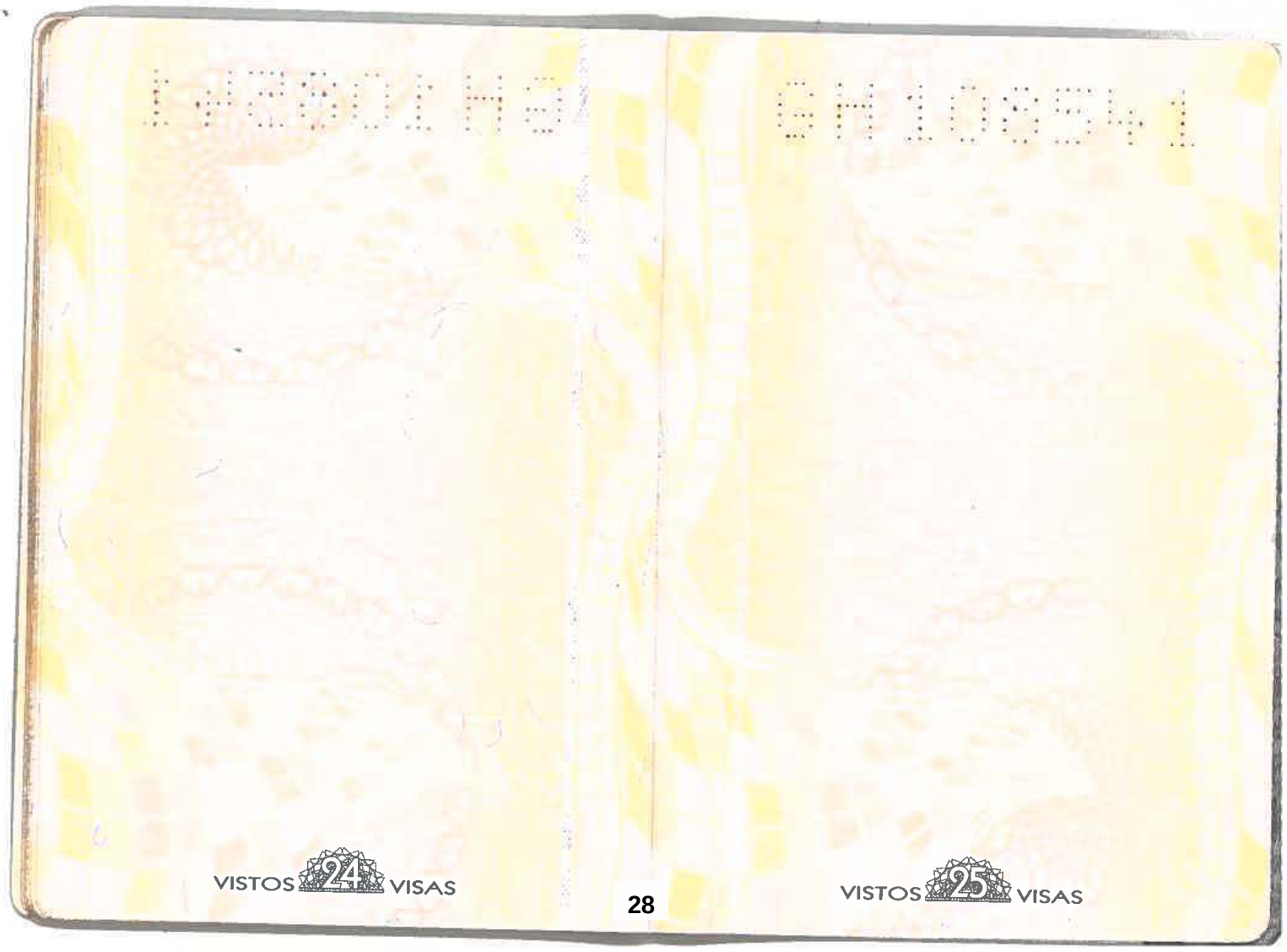


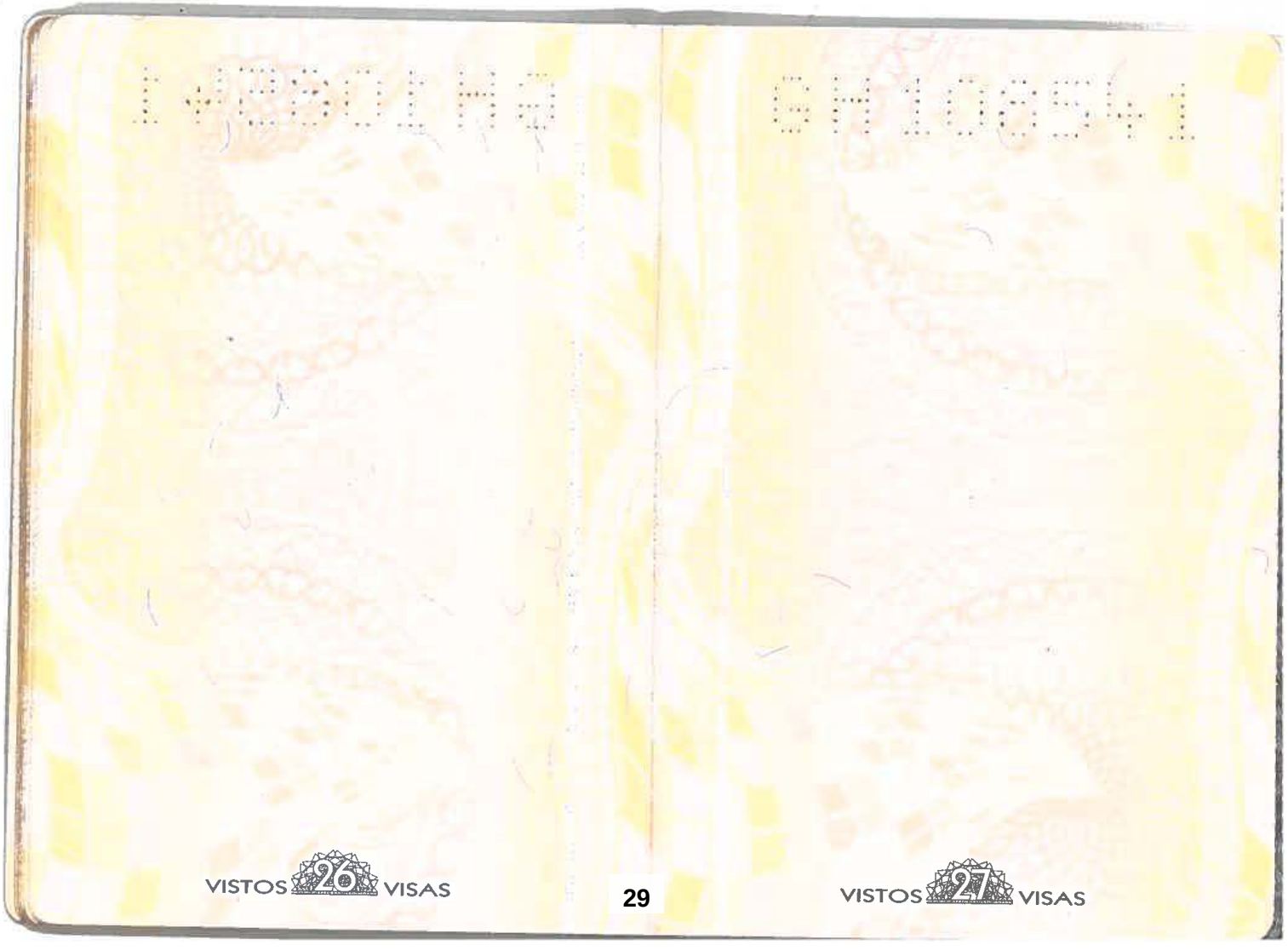





GH1085441


GH1085+1





Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

**ENDEREÇO DO TITULAR** / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name _____
Endereço / Address _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____



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**Símbolo Internacional do Passaporte Eletrônico**



CASA DA MOEDA DO BRASIL

July 22, 2025

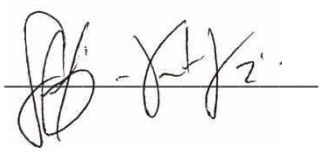
# AFFIDAVIT OF TRANSLATION ACCURACY

CERTIFICATE OF TRANSLATION

**Source Language:** Portuguese
**Target Language:** English

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A copy of the translation is attached to this certification and the original documents.
I, **Sylvia S. Siqueira**, am fluent in and competent to translate from the source to the target languages written above, and certify that the translation is true, complete and accurate to the best of my abilities.

Certified and translated by:



Sylvia S. Siqueira

ata American Translators Association
*The Voice of Interpreters and Translators*

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[There appears the coat of arms of the Federative Republic of Brazil]
FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

# BIRTH CERTIFICATE

Name
AMANDA DA SILVA MARTINS

CPF (Individual Taxpayer Registration) Number

| 454.582.708-00 |
|---|

Registration
111419 01 55 2000 1 00535 004 0332133 12

| Date of birth | Month | Day | Year |
|---|---|---|---|
| August eighteen, two thousand | Aug | 18 | 2000 |

| Time of birth | Municipality of birth | State |
|---|---|---|
| 08:40 a.m. | São Bernardo do Campo | SP |

| Place of birth | Municipality | State | Sex |
|---|---|---|---|
| Hospital e Maternidade Rudge Ramos, in Rudge Ramos, 2nd Subd. | São Bernardo do Campo | SP | female |

| Mother's name | Municipality of birth | State |
|---|---|---|
| ANDREIA DA SILVA MARTINS | São Bernardo do Campo | SP |

Respective grandparent(s)

| MARLENE DA SILVA; MANOEL MARCELINO DA SILVA; |
|---|

| Father's name | Municipality of birth | State |
|---|---|---|
| SILVIO MARTINS VAZ | São Bernardo do Campo | SP |

Respective grandparent(s)

| MARIA BEATRIZ VAZ; ORIVAL MARTINS VAZ; |
|---|

| Date of registration | DNV (live birth certificate number) |
|---|---|
| August twenty-second, two thousand | NOTHING ON RECORD |

Annotations/Amendments

| Recorded in book A no. 535, on page no. 4V, under no. 332133. 1) The registered person is bearer of CPF (Individual Taxpayer Registration) no. 454.582.708-00, according to a search carried out on this date with the Brazilian Federal Revenue Service database made available by the Civil Registry Information Center - CRC (Regional Accounting Council). SBCampo, Jul/08/2025. Nothing further to certify. |
|---|

Voluntary registration notes

| NOTHING ON RECORD |
|---|

CNS (Civil Registry Control Number) No. 111419
Civil Registry Office of Natural Persons
São Bernardo do Campo - 1st Subdistrict - SP
Eugênio Tonin - Registrar
Rua Rio Branco, no. 270 - Centro
CEP (Zip Code): 09710090 - Phone: (11)43302366
e-mail: contato@1cartoriosbc.com.br

The content of the certificate is true. I attest.

São Bernardo do Campo - SP, Jul/11/2025.

Digital seal: 1114192CE10000005930625M
Amount charged for this certificate: BRL 67.52

[There appears a logo with the following content]
Civil Registry

[There appears a QR code]
Signed electronically by: Thyfani Evaristo Fernandes - Jul/11/2025 09:34:55 a.m., pursuant to Article 19 of Law No. 6015/73, and Article 228-F of the National Code of Rules of the National Office of the Courts of the National Council of Justice - Extrajudicial Jurisdiction (CNN/CN/CNJ-Extra) CNS: 111419 - Clerk - SP - São Bernardo do Campo - 1st Subdistrict
Validation: https://certidao.registrocivil.org.br/validar
Validator code: kpmx-973f
Click here to validate the certificate

The QR Code of the inspection seal of the State Courts of Justice will be available in the validation table of this certificate at the address mentioned below when not present on the certificate itself. This certificate may be materialized within 30 days from its issuance date at any Civil Registry Office of Natural Persons in Brazil.

serp RCPN

SOLICITE SUAS CERTIDÕES DIRETAMENTE NO REGISTROCIVIL.ORG.BR E EVITE INTERMEDIÁRIOS

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

# CERTIDÃO DE NASCIMENTO

Nome
**AMANDA DA SILVA MARTINS**

Número do CPF
**454.582.708-00**

Matrícula
**111419 01 55 2000 1 00535 004 0332133 12**

| Data de nascimento | Dia | Mês | Ano |
|---|---|---|---|
| dezoito de agosto de dois mil | 18 | 08 | 2000 |

| Horário de nascimento | Município da naturalidade | UF |
|---|---|---|
| 08:40 horas | São Bernardo do Campo | SP |

| Local de nascimento | Município de nascimento | UF | Sexo |
|---|---|---|---|
| Hospital e Maternidade Rudge Ramos, em Rudge Ramos, 2º Subd. | São Bernardo do Campo | SP | feminino |

| Nome do(a) genitor(a) | Município de nascimento | UF |
|---|---|---|
| ANDREIA DA SILVA MARTINS | São Bernardo do Campo | SP |

Avô(ó)(s) respectivo(s)
**MARLENE DA SILVA; MANOEL MARCELINO DA SILVA;**

| Nome do(a) genitor(a) | Município de nascimento | UF |
|---|---|---|
| SILVIO MARTINS VAZ | São Bernardo do Campo | SP |

Avô(ó)(s) respectivo(s)
**MARIA BEATRIZ VAZ; ORIVAL MARTINS VAZ;**

| Data de registro | DNV |
|---|---|
| vinte e dois de agosto de dois mil | NÃO CONSTA |

Anotações/Averbações
**Lavrado no livro A nº 535, à folha nº 4V, sob o nº 332133. 1) A registrada é portadora do CPF nº. 454.582.708-00, conforme consulta realizada nesta data junto à base de dados da Receita Federal do Brasil disponibilizada pela Central de Informações do Registro Civil - CRC. SBCampo, 08/07/2025. Nada mais me cumpria certificar.**

Anotações voluntárias de cadastro
**NÃO CONSTA**

CNS Nº 111419
Oficial de Registro Civil das Pessoas Naturais
São Bernardo do Campo - 1º Subdistrito - SP

Eugênio Tonin - Oficial

Rua Rio Branco, nº 270 - Centro CEP: 09710090 - Fone: (11)43302366
e-mail: contato@1cartoriosbc.com.br

O Conteúdo da certidão é verdadeiro. Dou fé.

São Bernardo do Campo - SP, 11/07/2025.

**Selo digital:** 1114192CE100000005930625M
Valor cobrado por esta certidão: R$ 67,52

registro CIVIL

Assinado eletronicamente por: Thyfani Evaristo Fernandes - 11/07/2025 09:34:55 , nos termos do artigo 19 da Lei nº 6.015/73, e do artigo 228-F do Código Nacional de Normas da Corregedoria Nacional de Justiça do Conselho Nacional de Justiça - Foro Extrajudicial (CNN/CN/CNJ-Extra)
CNS: 111419 - Escrevente - SP - São Bernardo do Campo - 1º Subdistrito
Validação: https://certidao.registrocivil.org.br/validar Código Validador: kpmx-973f
Clique aqui para validar a certidão



O QR Code do selo de fiscalização dos Tribunais de Justiça Estaduais estará disponível na tabela de validação desta certidão no endereço mencionado abaixo quando não estiver presente na própria certidão. Esta certidão poderá ser materializada em até 30 dias da data de sua emissão em qualquer Ofício de Registro Civil de Pessoas Naturais do Brasil.

For: **AMANDA DA SILVA MARTINS**

U.S. Customs and Border Protection
*Securing America's Borders*

## Most Recent I-94

**Note to employers, local, state or federal agency granting benefits:**
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

**Admission I-94 Record Number:** 186140278A4

**Arrival/Issued Date:** 2024 September 25

**Class of Admission:** B2

**Admit Until Date:** 2025 March 24

**Details provided on the I-94 Information form:**

**Last/Surname:** DA SILVA MARTINS

**First (Given) Name:** AMANDA

**Birth Date:** 2000 August 18

**Document Number:** GH108541

**Country of Citizenship:** Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

**OMB No. 1651-0111**
**Expiration Date: 06/30/2026**

# View Travel History

*Travel history includes up to 100 arrivals and departures spanning the last ten years*

## Travel History Results

Document Number: **GH108541**

Document Country of Issuance: **Brazil**

| Row | DATE | TYPE | LOCATION |
|---|---|---|---|
| 1 | 2024-09-25 | Arrival | NYC |
| 2 | 2024-05-20 | Departure | HOU |
| 3 | 2024-03-02 | Arrival | LOS |

**OMB No. 1651-0111 Expiration Date: 06/30/2026**

# Exhibit 3 - Anahi Valdivia and Amanda da Silva Valdivia's' Marriage Certificate

# STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES
## REGISTRAR–RECORDER/COUNTY CLERK

4 2025 19 021477

### LICENSE AND CERTIFICATE OF MARRIAGE
MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

**FIRST PERSON DATA** (☐ Groom ☒ Bride)

| | | | |
|---|---|---|---|
| 1A. FIRST NAME: AMANDA | 1B. MIDDLE: DA SILVA | 1C. CURRENT LAST: MARTINS | 1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): - |
| 2. DATE OF BIRTH (MM/DD/CCYY): 08/18/2000 | 3. STATE/COUNTRY OF BIRTH: BRA | 4. #PREV. MARRIAGES/SRDP: 0 | 5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ NA | 5B. DATE ENDED (MM/DD/CCYY): --/--/---- |
| 6. ADDRESS: 3400 AVENUE OF THE ARTS C310 | 7. CITY: COSTA MESA | 8. STATE/COUNTRY: CA | 9. ZIP CODE: 92626 | |
| 10A. FULL BIRTH NAME OF FATHER/PARENT: SILVIO MARTINS VAZ | | | 10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRA | |
| 11A. FULL BIRTH NAME OF MOTHER/PARENT: ANDREIA DA SILVA MARTINS | | | 11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRA | |

**SECOND PERSON DATA** (☒ Groom ☐ Bride)

| | | | |
|---|---|---|---|
| 12A. FIRST NAME: ANAHI | 12B. MIDDLE: - | 12C. CURRENT LAST: VALDIVIA | 12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): - |
| 13. DATE OF BIRTH (MM/DD/CCYY): 07/04/1998 | 14. STATE/COUNTRY OF BIRTH: CA | 15. #PREV. MARRIAGES/SRDP: 0 | 16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ NA | 16B. DATE ENDED (MM/DD/CCYY): --/--/---- |
| 17. ADDRESS: 3400 AVENUE OF THE ARTS C310 | 18. CITY: COSTA MESA | 19. STATE/COUNTRY: CA | 20. ZIP CODE: 92626 | |
| 21A. FULL BIRTH NAME OF FATHER/PARENT: FRANCISCO JAVIER VALDIVIA | | | 21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEX | |
| 22A. FULL BIRTH NAME OF MOTHER/PARENT: JUANA PEREZ BECCERA | | | 22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEX | |

**AFFIDAVIT**

WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND/THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 359 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D: ▶ Alm

24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D: ▶ Anahi Valdivia

**LICENSE TO MARRY**

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426, THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS ARE ATTACHED OR, IN THE ABSENCE OF THE LICENSE HOLDER, ▶

| | | | |
|---|---|---|---|
| 25A. ISSUE DATE (MM/DD/CCYY): 07/29/2025 | 25B. EXPIRES AFTER (MM/DD/CCYY): 10/27/2025 | 25C. NAME OF COUNTY CLERK: DEAN C. LOGAN | 25D. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶ |
| 25E. MARRIAGE LICENSE NUMBER: P2975273 | 25F. COUNTY OF ISSUE: LOS ANGELES | 25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 12400 Imperial Highway, Norwalk, CA 90650 | |

**WITNESS(ES)** (ONE REQUIRED, MORE THAN TWO ALLOWED)

| | | | |
|---|---|---|---|
| 26A. SIGNATURE OF WITNESS | | 26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): Yesenia Rubiy Godinez | |
| 26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 1214 W. Santa Ana Blvd Santa Ana CA 92703 | | | |
| 27A. SIGNATURE OF WITNESS | | 27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): | |
| 27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE | | | |

**CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE**

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

| | | | |
|---|---|---|---|
| 28A. DATE OF MARRIAGE (MM/DD/CCYY): 09/09/2025 | 28B. CITY/TOWN OF MARRIAGE: Santa Ana | 28C. COUNTY OF MARRIAGE: Orange | |
| 29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE: ▶ Emily J. | | 29B. RELIGIOUS DENOMINATION (IF CLERGY): -- -- | |
| 29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): Emily Jones | | 29D. OFFICIAL TITLE: Deputy Commissioner of Civil Marriages | |
| 29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: PO Box 238, Santa Ana, CA 92701 | | | |

**NEW NAMES** (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

| | | |
|---|---|---|
| 30A. FIRST – MUST BE SAME AS 1A: AMANDA | 30B. MIDDLE: DA SILVA | 30C. LAST: VALDIVIA |
| NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION) | | |
| 31A. FIRST – MUST BE SAME AS 12A: - | 31B. MIDDLE: - | 31C. LAST: - |

**LOCAL REGISTRAR**

| | | |
|---|---|---|
| 32A. NAME OF LOCAL REGISTRAR: DEAN C. LOGAN | 32B. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶ | 32C. DATE ACCEPTED FOR REGISTRATION: NOV 13 2025 |

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

NOV 21 2025

20000021866 49

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

0011296068 - 03 - E

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Exhibit 4 - Evidence of Bona Fide Marriage: Personal Statements

Anahi Valdivia
1875 Sherington Place, Apt SS203
Newport Beach, CA 92663
+1 (310) 916-8475
anahivaldivia50@gmail.com
July 23rd, 2026

Personal Statement Regarding My Relationship

My name is Anahi Valdivia. I am writing this letter to support and express my beautiful relationship with my amazing beautiful wife Amanda Da Silva Valdivia. I would like to share the story of our beautiful relationship and also some accomplishments that we have completed as a married couple. Yes, It's been a roller coaster ride for the simple fact that I actually found the love of my life and I'm very grateful for it.

Where do I begin ..... from the beginning of how this magical relationship happened. I first met Amanda Da Silva Valdivia in March 2025 at Galpao Gaucho in Irvine where we work. It all started by me making this funny joke of her ethnicity and her giving me this look like I'm crazy. After that it went uphill from there. I actually never thought that I would find this beautiful Brazilian girl and make her mine. But everyday since the day we met we started to talk 24/7 when we got out of work and fell asleep together then started hanging out more and more with each other during our breaks and outside of work. Now we can't stay away from each other for a second. Me and Amanda met at Galpao Gaucho. She was a server and I was also a server and it was my first day on the job when I saw her but I didn't start talking to her till like the 3rd day on the job. I thought Amanda was a mean girl but I was actually wrong in that she was the sweetest person that I have ever met and very beautiful of course. I can say that one of my dreams actually came true by saying that I found my dream girl. I'm very proud of how far she has gotten because now she's a customer service and is always so dedicated to her job and making sure the job is done right and the customers leave happy and actually come back again to visit.

After meeting her at work a few months later she was in a situation where she came to work all stressed and angry and i asked her what had happened that she was like that and at the beginning she didn't want to say nothing until she said that her roommate was kicking her out of her apartment and she had a week to move and find a place and i hugged her and told her everything was going to be okay. A few days later passed and after looking for a place for both of us we found a beautiful place in Newport Beach where we both knew that we would be able to spend time together and enjoy life. We currently live together at 1875 Sherington Place, Newport Beach CA, 92663. We share household expenses, daily responsibilities and future plans like later on buying a house.

Amanda is an amazing person that always puts her peers before her. She is very caring and always makes sure that I'm okay and that I'm safe. That's one of many things that my wife has that is very special. She's also a hardworking young lady that likes to work hard for what

she has. She has a really big heart. I can tell you that my wife is number one, always and forever! Amanda is a very outgoing person that is down to do whatever adventure. She's also a very responsible person that is always on top payments and always on time to appointments. She is very Brazilian and loves her culture so much. Amanda has taught me a lot about Brazilian culture like the food that they eat and all the events they have in Brazil. I forgot to add my wife likes to eat a lot but also loves to go to the gym and work out. She has also taught me so much Portuguese that now I'm able to understand everything she tells me.

But our routine at night is that most of the time she is always the first one that hits the bed and falls asleep while for me i like to stay up a little later. She is always the first one up at 8am. She loves to fall asleep with me cuddling her or me being right next to her. But everyday I wake up with breakfast on the table with some coffee on the side. After breakfast and cleaning up she enjoys going to the gym and working out for an hour then getting her day started after that. We always like to help each other to clean the house so after we can spend time together and watch a movie or show or just hang out with our cat Mia.

The love we have for each other is unbelievable and just by typing all of this it makes me realize how lucky and in love I am with my wife. She does things that I would never would've thought that someone would do for me. My family loves her and are very happy to have her in our family. We enjoy doing things together, going to the beach and the gym. We also love spending time with our loved ones and doing things with them like going out to eat or doing something with family. We also enjoy going to Disneyland and Universal Studios and Top golf with friends. Amanda loves to go to the pool and do some BBQs. At the same time Amanda loves to cook and I love to do all the heavy things like washing our cars and changing oil and making sure they are good to use and safe. Our marriage is based on love, commitment, trust, and a genuine desire to remain together for the rest of life.

In a few years we plan to get our own house and visit the world together. One of the many goals is to visit Brazil and Mexico so we can meet our family members that live over there and spend some valuable time with them.

Thank you for your consideration

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Sincerely,

Anahi Valdivia

Anahi Valdivia

Amanda da Silva Martins/Valdivia
1875 Sherington Place, Apt SS203
Newport Beach, CA 92663
(714) 710-2301
amandacaliusa@outlook.com
July 23, 2026

Personal Statement Regarding My Relationship with Anahi Valdivia

To Whom It May Concern,

My name is Amanda da Silva Martins, and I am writing this statement to sincerely share the story of my relationship with my wife, Anahi Valdivia

I met Anahi at work. I was already working there when she was hired. At first, I thought she was a more reserved person because she didn't usually talk to anyone. Even so, I always made sure to greet her with a 'good morning' or 'good afternoon' and ask how she was doing. She would always reply, but in a very direct way.

Until one day, she made a joke about my ethnicity. The two of us started laughing, and that moment ended up breaking the ice between us. Who would have thought that a simple joke would be the beginning of our love story?

After that day, we started talking every day. During one of our work breaks, she invited me to go to the McDonald's located in the mall right next to our workplace. It was there that we exchanged phone numbers, and we never stopped talking after that.

From that moment on, whenever our schedules aligned, we would spend our breaks together. We would go to McDonald's, walk around the mall, or look for a place to grab a sweet treat and talk. When we weren't together, we spent hours on the phone talking about every possible topic. She also loved sharing romantic songs with me.

Anahi always showed her affection through small gestures. She would often surprise me by bringing me a coffee, a brownie, or some juice before work. When her shift ended before mine, she made sure to wait for me so we could go home together. She would also gift me flowers whenever she could.

I will never forget the first time she gave me flowers. They were white orchids. It was so unexpected that it deeply moved me.

I remember the night of our first kiss. Before I left in my car, she kissed me for the first time. It was a very special moment for us, and that is how we started our relationship, around the month of April.

I realized I was in love when I noticed that my days just weren't the same without her. We have always been very honest with each other and have maintained open and respectful communication. She always made sure to show how much she cared about me and sought to make me happy in every possible way.

The two of us are intense people, and we threw ourselves into the relationship naturally. I have never regretted it. On the contrary, I am very happy with everything we have built together.

A few months later, Anahi started talking about marriage. She would ask if I could imagine a life by her side and would say that she wanted to build a future with me. I confess that I thought everything was moving very fast at first, but I could also realize how sincere her feelings were, just as mine were.

During one of those moments, she told me that she was afraid of losing me and that she wanted us to build a life together. That is when we decided to take this very important step.

On September 9, 2025, we got married. We decided to tell our family and friends only after the ceremony. Everyone received the news with great affection, and Anahi's family has always welcomed me as part of the family.

Since we got married, we have built a simple but very happy routine.

We always sleep holding each other. Usually, I fall asleep first and also wake up first. Anahi likes to sleep in, and she rarely goes to bed before midnight.

I really enjoy cooking, and I usually prepare our breakfast, whether it is pancakes, toast with scrambled eggs, or whatever else we have at home. She always eats everything I make with great appreciation, even when I think it didn't turn out that well.

She loves Brazilian food, especially my chicken stroganoff, cornmeal cake, and carrot cake with chocolate frosting. Another funny thing is that she fell in love with açaí, and if you let her, she wants to eat it every single day.

Our ways of showing love are very similar. I demonstrate my affection by taking care of her and doing small things in our daily life. Anahi's love language is also taking care of me, but mainly through physical touch. She likes to hold hands, cuddle, or simply always be close to me.

Currently, I am encouraging Anahi to go to the gym with me. She has anemia, so I always try to motivate her and take care of her health.

She continues to gift me flowers, especially orchids and roses. Because of this, our home almost always has flowers scattered throughout the rooms.

We love going out together. We really enjoy Disney and Universal Studios, and we even bought matching Scooby-Doo hoodies to wear together.

She also loves baseball, especially the Dodgers, and she is very fond of cars. She usually handles the heavier chores, such as washing our cars and resolving vehicle-related matters, while I focus more on managing and organizing our home.

We have a kitty named Mia, our “daughter”, whom we adopted with the help of our friend Patrícia, who also has kitties.

One of the things I admire most about her is her intelligence and the effort she makes to understand Portuguese. Many times, our conversations mix Portuguese, English, and Spanish all at once, and yet we manage to understand each other perfectly.

What I love most about Anahi is her generous heart. She is an extremely kind person, always ready to help those she loves. I also adore her brown eyes, her sense of humor, and the peace I feel whenever I am by her side.

We have a simple life. We enjoy resting together, watching movies, talking, and enjoying each other's company. More than just wives, we are great friends and partners. She knows me deeply and almost always notices whether I am happy or worried even before I say a word.

In July 2026, we managed to take a week off together and went on a trip to Las Vegas with our friends, Patrícia and Stefan. It was a lot of fun, as we work in the restaurant industry and are usually busy on holidays and weekends. This trip was very special to us.

I am deeply grateful to have found Anahi and for everything we have built together. Our marriage was founded on love, friendship, respect, and a sincere desire to share our lives.

I declare under penalty of perjury that all of the foregoing information is true and correct to the best of my knowledge and belief.

Sincerely,



Amanda da Silva Martins Valdivia

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 28, 2026.

Amanda da Silva Martins/Valdivia
1875 Sherington Place, Apt SS203
Newport Beach, CA 92663
(714) 710-2301
amandacaliusa@outlook.com
23 de julho de 2026

Declaração Pessoal sobre Meu Relacionamento com Anahi Valdivia

A quem possa interessar,

Meu nome é Amanda da Silva Martins, e escrevo esta declaração para contar, com sinceridade, a história do meu relacionamento com minha esposa, Anahi Valdivia.

Conheci a Anahi no trabalho. Eu já trabalhava lá quando ela foi contratada. No começo, achei que ela era uma pessoa mais fechada, porque não costumava conversar com ninguém. Mesmo assim, eu sempre fazia questão de cumprimentá-la com um "bom dia" ou "boa tarde" e perguntar como ela estava. Ela sempre respondia, mas de forma bem direta.

Até que um dia ela fez uma brincadeira sobre minha etnia. Nós duas começamos a rir, e aquele momento acabou quebrando o gelo entre nós. Quem diria que uma simples piada seria o começo da nossa história de amor?

Depois daquele dia, passamos a conversar todos os dias. Em um dos nossos intervalos de trabalho, ela me convidou para ir ao McDonald's que ficava no shopping ao lado do trabalho. Foi ali que trocamos nossos números de telefone e nunca mais paramos de conversar.

A partir desse momento, sempre que nossos horários coincidiam, passávamos o intervalo juntas. Íamos ao McDonald's, caminhávamos pelo shopping ou procurávamos algum lugar para comer um doce e conversar. Quando não estávamos juntas, passávamos horas falando ao telefone sobre todos os assuntos possíveis. Ela também gostava de compartilhar músicas românticas comigo.

A Anahi sempre demonstrou carinho através de pequenos gestos. Muitas vezes me surpreendia trazendo um café, um brownie ou um suco antes do trabalho. Quando ela saía antes do meu turno terminar, fazia questão de me esperar para irmos embora juntas. Também me presenteava com flores sempre que podia.

Nunca vou esquecer da primeira vez que ela me deu flores. Eram orquídeas brancas. Foi tão inesperado que me emocionou.

Eu me lembro da noite do nosso primeiro beijo. Antes de eu ir embora no meu carro, ela me beijou pela primeira vez. Foi um momento muito especial para nós, e foi assim que começamos nosso relacionamento, por volta do mês de abril.

Percebi que estava apaixonada quando notei que meus dias já não tinham a mesma graça sem ela. Sempre fomos muito sinceras uma com a outra e tivemos uma comunicação aberta e respeitosa. Ela sempre fazia questão de demonstrar que se importava comigo e procurava me fazer feliz de todas as formas possíveis.

Nós duas somos pessoas intensas e nos entregamos ao relacionamento de forma natural. Nunca me arrependi disso. Pelo contrário, sou muito feliz por tudo o que construímos juntas.

Alguns meses depois, Anahi começou a falar sobre casamento. Ela perguntava se eu conseguia imaginar uma vida ao lado dela e dizia que queria construir um futuro comigo. Confesso que achei tudo muito rápido no início, mas também percebia o quanto seus sentimentos eram sinceros, assim como os meus.

Em um desses momentos, ela me disse que tinha medo de me perder e que queria que construíssemos uma vida juntas. Foi quando decidimos dar esse passo tão importante.

No dia 9 de setembro de 2025 nos casamos. Decidimos contar para nossos familiares e amigos somente depois da cerimônia. Todos receberam a notícia com muito carinho, e a família da Anahi sempre me acolheu como parte da família.

Desde que nos casamos, construímos uma rotina simples, mas muito feliz.

Dormimos sempre abraçadas. Normalmente eu durmo primeiro e também acordo primeiro. A Anahi gosta de dormir até mais tarde e dificilmente vai para a cama antes da meia-noite.

Eu gosto muito de cozinhar e normalmente preparo nosso café da manhã, seja panquecas, pão com ovos mexidos ou qualquer outra coisa que tenhamos em casa. Ela sempre come tudo o que faço com muito carinho, mesmo quando eu mesma acho que não ficou tão bom.

Ela ama comida brasileira, principalmente o meu strogonoff de frango, bolo de fubá e bolo de cenoura com cobertura de chocolate. Outra coisa engraçada é que ela se apaixonou por açaí e, se deixar, quer comer todos os dias.

Nossa forma de demonstrar amor é muito parecida. Eu demonstro meu carinho cuidando dela e fazendo pequenas coisas no dia a dia. A linguagem de amor da Anahi também é cuidar de mim, mas principalmente através do toque físico. Ela gosta de andar de mãos dadas, ficar abraçada ou simplesmente estar sempre perto de mim.

Atualmente estou incentivando a Anahi a ir comigo para a academia. Ela tem anemia, então sempre procuro motivá-la e cuidar da saúde dela.

Ela continua me presenteando com flores, principalmente orquídeas e rosas. Por isso, nossa casa quase sempre tem flores espalhadas pelos ambientes.

Nós adoramos passear juntas. Gostamos muito da Disney e da Universal Studios. Inclusive compramos moletons iguais do Scooby-Doo para usar combinando.

Ela também ama beisebol, principalmente os Dodgers, além de gostar muito de carros. Normalmente ela cuida das tarefas mais pesadas, como lavar nossos carros e resolver questões relacionadas aos veículos, enquanto eu cuido mais da organização da nossa casa.

Nós temos uma gatinha que se chama Mia, nossa "filha", que adotamos com a ajuda da nossa amiga Patrícia, que também tem gatinhos.

Uma das coisas que mais admiro nela é sua inteligência e o esforço que faz para entender português. Muitas vezes nossa conversa mistura português, inglês e espanhol ao mesmo tempo, e mesmo assim conseguimos nos entender perfeitamente.

O que mais amo na Anahi é seu coração generoso. Ela é uma pessoa extremamente bondosa, sempre pronta para ajudar quem ama. Também adoro seus olhos castanhos, seu senso de humor e a paz que sinto quando estou ao lado dela.

Temos uma vida simples. Gostamos de descansar juntas, assistir filmes, conversar e aproveitar a companhia uma da outra. Além de sermos esposas, somos grandes amigas e parceiras. Ela me conhece profundamente e quase sempre percebe quando estou feliz ou preocupada antes mesmo de eu dizer qualquer coisa.

Em julho de 2026, conseguimos tirar uma semana de férias juntas e fizemos uma viagem para Las Vegas com nossos amigos, Patrícia e Stefan. Foi muito divertido, pois trabalhamos em restaurante e normalmente estamos ocupadas em feriados e finais de semana. Essa viagem foi muito especial para nós.

Sou muito grata por ter encontrado a Anahi e por tudo o que construímos juntas. Nosso casamento foi baseado no amor, na amizade, no respeito e no desejo sincero de compartilhar nossas vidas.

Declaro, sob pena de perjúrio, que todas as informações acima são verdadeiras e corretas de acordo com meu conhecimento e minha crença.

Atenciosamente,

Amanda da Silva Martins Valdivia

# Exhibit 5 - Evidence of Bona Fide Marriage: Joint Residence and Shared Household

# LEASE CONTRACT

Date of Lease Contract: September 28, 2025
(when the Lease Contract is filled out)

***This is a binding document.***
***Read carefully before signing.***

## Moving In — General Information

**1. PARTIES.** This Lease Contract (sometimes referred to as the "lease") is between *you*, the resident(s) *(list all people signing the Lease Contract)*:

Amanda Martins,
Anahi Valdivia

and *us*, the owner: UDR Eight80 II LP dba Eight 80 Newport Beach (II)

*(name of title holder or published and recorded fictitious business name)*. You've agreed to rent Unit No. SS-203, at 1875 SHERINGTON PL,#S203/SOUTH

*(street address)* in Newport Beach
*(city)*, California, 92663 *(zip code)* (the "Dwelling") for use as a private residence only. The terms "you" and "your" refer to all residents listed above. The terms "we," "us," and "our" refer to the owner listed above (or any of owner's successors' in interest or assigns). Written notice to or from our managers constitutes notice to or from us. If anyone else has guaranteed performance of this Lease Contract, a separate Lease Contract Guaranty for each guarantor is attached.

**2. OCCUPANTS.** The dwelling will be occupied only by you and *(list all other occupants not signing the Lease Contract):*

No one else may occupy the dwelling. Persons not listed above must not stay in the dwelling for more than 7 consecutive days without our prior written consent, and no more than twice that many days in any one month. If the previous space isn't filled in, two days per month is the limit.

**3. LEASE TERM.** The initial term of the Lease Contract begins on the 29th day of September, 2025, and ends at 11:59 p.m. the 31st day of October, 2026.
**This lease contract will automatically renew month-to-month unless (1) either party gives at least 60 days written notice of termination, (2) Intent to Move-Out as Required by Paragraph 48 (Move-Out Notice), or (3) if this property is subject to the Tenant Protection Act of 2019, and you have a written lease terminated on or after January 1, 2020, we require you to execute a written extension or renewal of the lease for an additional term of similar duration with similar provisions, provided that those terms do not violate this section or any other provision of law.** If the number of days isn't filled in, at least 30 days written notice is required. If the Residents have been in possession for longer than one year, Landlord shall provide Residents with at least a 60 day written notice to terminate tenancy. Residents shall comply with all notice provisions in paragraph 32 (Default by Resident).

**4. SECURITY DEPOSIT.** Unless modified by addenda, the total security deposit at the time of execution of this Lease Contract for all residents in the dwelling is $ 1906.54, due on or before the date this Lease Contract is signed. See paragraphs 52 (Security Deposit Deductions and Other Charges) and 53 (Deposit Return, Surrender, and Abandonment) for security deposit return information. The security deposit may not exceed 1 month's rent for a furnished or unfurnished dwelling.

**Santa Cruz County Residents.** You have the right to receive yearly interest on your security deposit at a rate of _____%. We may be liable for damages if we don't comply under Santa Cruz County Code §8.42 and Cal Civ. Code §1950.5.

**5. KEYS.** You will be provided 3 Dwelling key(s), _____ mailbox key(s), _____ FOB(s), and/or _____ other access device(s) for access to the building and amenities at no additional cost at move-in. If the key, FOB, or other access device is lost or becomes damaged during your tenancy or is not returned or is returned damaged when you move out, you will be responsible for the costs for the replacement and/or repair of the same. You agree not to clone or otherwise duplicate your assigned access device(s), Dwelling key(s), mailbox key(s), or FOB(s) without express written permission from us.

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**6. RENT AND CHARGES.** Unless modified by addenda, you will pay $ 2231.00 per month for rent, payable in advance and without demand:

❑ at the on-site manager's office, or
☒ at our online payment site, or
☒ at Using this method to pay Tenant bears risk of loss and payment is made upon receipt: 15090 Adams Ave PO Box 2350 Costa Mesa CA 92628.

Prorated rent of $ 161.80 is due for the remainder of *[check one]*: ☒ 1st month or ❑ 2nd month, on September 29, 2025.

Otherwise, you must pay your rent on or before the 1st day of each month (due date) with no grace period. Cash is unacceptable without our prior written permission. You must not withhold or offset rent unless authorized by statute. We may, at our option, require at any time that you pay all rent and other sums in cash, certified or cashier's check, money order, or one monthly check rather than multiple checks. At our discretion, we may convert any and all checks via the Automated Clearing House (ACH) system for the purposes of collecting payment. Rent is not considered accepted, if the payment/ACH is rejected, does not clear, or is stopped for any reason. If you don't pay all rent on or before the expiration of _____ days after the due date, you'll be delinquent. (If the previous field is blank, then your rent will be delinquent if it is not paid in full by the expiration of one business day after the due date.) You will be obligated to pay to us a fee of $ 50.00 if you fail to pay any amount when due under this Contract. You agree that this amount is the result of our reasonable endeavor to approximate actual losses (administrative wages, interest on late rent accruing) caused by the late payment of rent. The Parties agree that it is impracticable and extremely difficult to affix the actual damage caused by payment of late rent. You'll also pay a charge of $25.00 for each returned check or rejected electronic payment. For additional returned checks you'll pay a charge of $35.00. If you are delinquent, all remedies under this Lease Contract will be authorized. If you are delinquent, all remedies under this Lease Contract and California law will be authorized. A negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill your credit obligations under this Lease. All payment obligations under this Lease Contract shall constitute rent under this Lease Contract.

❑ **Rent Concession.** If this box is checked, you and we have entered into an Addendum for a Rent Concession. The Addendum is attached. Please read it thoroughly.

**7. UTILITIES.** We'll pay for the following items, if checked:

❑ water; ❑ gas; ❑ electricity;
❑ master antenna ❑ wastewater;
❑ trash; ❑ cable TV;
❑ other _____

You'll pay for all other utilities, related deposits, and any charges, fees, or services on such utilities. You must not allow utilities to be disconnected—including disconnection for not paying your bills—until the lease term or renewal period ends. Cable channels that are provided may be changed during the Lease Contract term if the change applies to all residents. Utilities may be used only for normal household purposes and must not be wasted. If your electricity is ever interrupted, you must use only battery-powered lighting. If any utilities are submetered for the dwelling unit, or prorated by an allocation formula, we will attach an addendum to this Lease Contract in compliance with state agency rules or city ordinance.

**8. INSURANCE.** Our insurance does not cover the loss of your personal possessions or personal injury and it is recommended that you consider purchasing renter's insurance and flood insurance to insure your possessions from loss due to fire, flood, or other risk of loss. We are not responsible to any resident, guest, or occupant for damage or loss of personal property or personal injury from (including but not limited to) fire, smoke, rain, flood, water and pipe leaks, hail, ice, snow, lightning, wind, explosions, earthquake, interruption of utilities, theft, hurricane, negligence of other residents, occupants, or invited/uninvited guests or vandalism unless otherwise required by law.

In addition, we urge all residents, and particularly those residing in coastal areas, areas near rivers, and areas prone to flooding, to obtain flood insurance. Renter's insurance may not cover damage to your property due to flooding. A flood insurance resource which may be available includes the National Flood Insurance Program managed by the Federal Emergency Management Agency (FEMA).

We ❑ require ☒ do not require you to get your own insurance for losses to your personal property or injuries due to theft, fire, water damage, pipe leaks and the like.

If renter's insurance is required, you shall maintain at all times during the Term of this Lease, at your sole expense, a renter's insurance policy, or its equivalent, issued by a licensed insurance company in a minimum policy coverage amount of $ 200000.00, and you shall provide us with proof of such insurance to our satisfaction. If no box is checked, renter's insurance is not required.

Additionally, you are *[check one]* ☒ required to purchase personal liability insurance ❑ not required to purchase personal liability insurance. If no box is checked, personal liability insurance is not required. If required, failure to maintain personal liability insurance is an incurable breach of this Lease Contract and may result in the termination of tenancy and eviction and/or any other remedies as provided by this Lease Contract or state law.

The dwelling ❑ is ☒ is not located in a special flood hazard area or an area of potential flooding. We have knowledge that the dwelling is in a special flood hazard area if: (1) we received written notice

from any public agency, or, (2) our mortgage holder requires us to carry flood insurance, or (3) we currently carry flood insurance. You may obtain more information about hazards, including flood hazards, that may affect your dwelling from the Internet Web site of the Office of Emergency Services (http://www.caloes.ca.gov/). The Internet Web site address for the MyHazards tool is http://myhazards.caloes.ca.gov/. Our insurance does not cover the loss of the tenant's personal possessions. We recommend that you consider purchasing renter's insurance and flood insurance to insure your possessions from loss due to fire, flood, or other risk of loss. We are not required to provide additional information concerning the flood hazards to the property. The information provided herein is deemed adequate to inform you.

9. **LOCKS AND LATCHES.** We will provide an operable deadbolt lock on each main swinging entry door of the dwelling in compliance with California Civil Code, Section 1941.3, subject to statutory exceptions. We will provide window security or locking devices as required by that statute. Keyed lock(s) will be rekeyed after the prior resident moves out. The rekeying will be done before you move in. You must notify us immediately of any inoperable door, window, latch, or lock. You may at any time ask us to change or rekey locks or latches during the Lease Term. We must comply with those requests, but you must pay for them, unless otherwise provided by law.

**Payment for Rekeying, Repairs, Etc.** Unless otherwise required by law, you must pay for all repairs or replacements arising from misuse or damage to devices by you or your household members, occupants, or guests during your occupancy. You may be required to pay in advance if we notify you within a reasonable time after your request that you are more than 30 days delinquent in reimbursing us for repairing or replacing a device which was misused or damaged by you, your guest or an occupant; or if you have requested that we repair or change or rekey the same device during the 30 days preceding your request and we have complied with your request. Otherwise, you must pay immediately after the work is completed.

## Special Provisions and "What If" Clauses

10. **SPECIAL PROVISIONS.** The following special provisions and any addenda or written rules furnished to you at or before signing will become a part of this Lease Contract and will supersede any conflicting provisions of this printed Lease Contract form.

**See Additional Special Provisions**

See any additional special provisions.

11. **EARLY MOVE-OUT.** If you move out early without our written consent or without paying us a negotiated lease termination fee, you will be liable to us for actual damages, including liability for rents during the entire remainder of your lease term (less mitigation) and for the cost of finding and processing a replacement resident, paying locator service fees, cleaning, make-ready costs, etc. In addition to any other rights and remedies allowed by law, we shall have the remedy set forth in Civil Code Section 1951.2.

12. **REIMBURSEMENT.** You must promptly reimburse us for loss, damage, government fines, or cost of repairs or service in the Community due to a violation of the Lease Contract or rules, improper use, or negligence by you or your guests or occupants. **Unless the damage or wastewater stoppage is due to our negligence, we're not liable for—and you must pay for—repairs, replacement costs, and damage to the following that result from you or your invitees, guests, or occupants' negligence or intentional acts: (1) damage to doors, windows, or screens; (2) damage from windows or doors left open; and (3) damage from wastewater stoppages caused by improper objects in lines exclusively serving your dwelling.** We may require payment at any time, including advance payment of repairs for which you're liable. Delay in demanding sums you owe is not a waiver.

13. **PROPERTY LEFT IN DWELLING.**
**Storage After Surrender, Abandonment, or Eviction.** We may remove and/or store all property remaining in the dwelling or in common areas (including any vehicles you or any occupant or guest owns or uses) if you are judicially evicted or if you surrender or abandon the dwelling (see definitions in paragraph 53 (Deposit Return, Surrender, and Abandonment)). We will use reasonable care in storing the property; but we're not liable for casualty loss, damage, or theft unless caused by deliberate or negligent act on our part. We may store the property either in the dwelling or in another safe place until (1) we release the personal property described in the notice to you or other persons we reasonably believe to be the owner of the property and we shall not require you to pay the cost of storage if its owner reclaims the property within two days of you vacating the dwelling, (2) charges (and actual advertising/sale expenses) are paid in full after 2 days, or (3) 18 days have elapsed after "Notice of Right to Reclaim Abandoned Property" has been mailed (or 15 days after it is personally served) by us, as provided below as otherwise required by law.

**Notice.** The "Notice of Right to Reclaim Abandoned Property" must be in substantial compliance with the statutory form in Section 1984 or 1985, California Civil Code. The notice must be given by personal delivery to you or via regular U.S. mail to you at your last known address or to the person believed by us to be the owner.

**Redemption.** If we've stored property as provided above, you or the person believed by us to be the owner may redeem the property by paying all storage charges (and any actual advertising/sale expenses) on or before the expiration of the Notice of Right to Reclaim Abandoned Property as required by law. The charges for storage will be the fair rental value of the rental space reasonably required for the storage. We may return redeemed property at the place of storage, the management office, or the dwelling (at our option). We may require payment by cash, money order, or certified check. We may also send a copy to your email address.

**Other disposition or Sale.** If all the property being stored is believed by us to be worth less than $700 and it has not been redeemed, we may keep, throw away, or give away the property after the 18th day following the giving of the "Notice of Right to Reclaim Abandoned Property" above. If all of the property is believed by us to be worth $700 or more, we may (1) release the personal property described in the notice to the former tenant and shall not require the former tenant to pay the cost of storage if the property remained in the dwelling and the former tenant or other person reasonably believed by the landlord to be its owner reclaims the property within two days of vacating the dwelling, (2) we release the property to the person believed by us to be the owner, if all storage charges (and actual advertising/sale expenses) are paid in full after 2 days of storage, or (3) sell the property at public sale in compliance with the procedures of Section 1988 of the California Civil Code. Sale may be subject to any third-party ownership or lien claims, must be to the highest cash bidder, and may be in bulk, in batches, or item-by-item. You and the landlord may bid at the sale. Excess sums will be paid over to the county in accordance with statute.

State law permits former tenants to reclaim abandoned personal property left at the former address of the tenant, subject to certain conditions. You may or may not be able to reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact your former landlord after being notified that property belonging to you was left behind after you moved out.

14. **FAILING TO PAY FIRST MONTH'S RENT.** If you don't pay the first month's rent when or before the Lease Contract begins, we may end your right of occupancy and recover damages, including future rents (less any mitigation), reletting charges, attorney's fees (consistent with paragraph 32 (Default by Resident)), court costs, and other lawful charges. Our rights and remedies under paragraphs 11 (Early Move-Out) and 32 (Default by Resident) apply to the failure to pay first month's rent upon execution of the Lease Contract.

15. **RENT INCREASES AND LEASE CONTRACT CHANGES.** No rent increases or Lease Contract changes are allowed before the initial Lease Contract term ends, except for changes allowed by any special provisions in paragraph 10 (Special Provisions), by a written addendum or amendment signed by you and us, or by reasonable changes of dwelling rules allowed under paragraph 19 (Community Policies or Rules), or as otherwise allowed by law. We will give you a minimum of 30 days notice if you are on a month to month tenancy before we increase the rent (a maximum of 10% increase over the previous 12 months). We will give you at least 90 days notice during a month to month tenancy before we raise the rent more than 10% (over the previous 12 months), unless the increase is caused by a change in your income or family composition as determined by a recertification required by statute or regulation.

16. **DELAY OF OCCUPANCY.** If occupancy is or will be delayed for construction, repairs, cleaning, or a previous resident's holding over, we're not responsible for the delay. The Lease Contract will remain in force subject to: (1) abatement of rent on a daily basis during delay; and (2) your right to terminate as set forth below. Any termination notice must be in writing. After termination, you are entitled only to refund of deposit(s) and any rent paid. Rent abatement or lease termination does not apply if delay is for cleaning or repairs that don't prevent you from occupying the dwelling.

    If there is a delay and we haven't given notice of delay as set forth immediately below, you may terminate up to the date when the dwelling is ready for occupancy, but not later.

    (1) If we give written notice to any of you when or after the Lease Contract begins—and the notice states that occupancy has been delayed because of construction or a previous resident's holding over, and that the dwelling will be ready on a specific date—you may terminate the Lease Contract within 3 days of your receiving the notice, but not later.

    (2) If we give written notice to any of you before the beginning of the lease term and the notice states that construction delay is expected and that the dwelling will be ready for you to occupy on a specific date, you may terminate the Lease Contract within 7 days after any of you receives written notice, but not later. The readiness date is considered the new beginning date of the lease term for all purposes. This new date may not be moved to an earlier date unless we and you agree.

17. **AD VALOREM TAXES/FEES AND CHARGES - ADDITIONAL RENT.** Unless otherwise prohibited by law, if, during the term of this Agreement, any locality, city, state, or Federal Government imposes upon Us, any fee, charge, or tax, which is related to or charged by the number of occupants, or by the

apartment unit itself, such that we are charged a fee, charge, or tax, based upon your use or occupancy of the apartment, we may add this charge as Additional Rent, during the term of the Lease Contract, with thirty (30) days advance written notice to you. After this written notice (the amount or approximate amount of the charge, will be included), you agree to pay, as Additional Rent, the amount of the charge, tax or fee imposed upon us, as a result of your occupancy. As examples, these charges can include, but are not limited to: any charges we receive for any zoning violation, sound, noise or litter charge; any charge under any nuisance or chronic nuisance type statute, 911 or other life safety, per person, or per unit charge or tax and any utility bill unpaid by you, which is then assessed to us for payment.

18. **DISCLOSURE RIGHTS.** During your initial lease application and throughout your tenancy, we may obtain information on you, your rental history, or other personal information that may be provided to law-enforcement, government agencies, or other business entities for other business purposes, at a third party's request. Upon verifiable request from you, we will provide you with any personal information collected, or disclosed for business purposes relating to you, including but not limited to: categories and specific pieces of personal information collected, the categories of sources from which the personal information is collected, the business or commercial purpose for collecting or selling personal information, and the categories of third parties with which we share personal information.

    **(A)** Should we choose to collect your personal information, we will, at or before the point of collection, inform you as to the categories of personal information to be collected and the purposes for which the categories of personal information will be used. Upon verifiable request from you, we will disclose and deliver the personal information the we collected about you, free of charge, within 45 days of the verified request.

    **(B)** Upon verifiable request from you to delete personal information from our records, we will do so, and direct service providers to delete any personal information in their records, subject to certain exceptions.

    **(C)** We will not sell personal information to third parties.

    **(D)** We do not discriminate against any resident that exercises any of their rights under the California Consumer Privacy Act ("CCPA"). However, we may charge different prices or provide a different quality of goods or services if the difference is reasonably related to the value provided to you by your data. Further, we may offer financial incentives to you for the collection, sale, or deletion of personal information.

    **(E)** The obligations imposed on us by the CCPA cannot, and will not, restrict our ability to comply with federal, state, or local laws; comply with civil, criminal, or regulatory inquiry, investigation, subpoena, or summons by with federal, state, or local authorities; cooperate with law enforcement relating to violations of with federal, state, or local laws; exercise legal claims; collect, use, retain, sell, or disclose aggregate or deidentified consumer information; or collect or sell personal information where that information is based on commercial conduct wholly outside of California.

## While You're Living in the Dwelling Unit

19. **COMMUNITY POLICIES OR RULES.** You and all guests and occupants must comply with any written Community rules, regulations and policies, including instructions for care of the dwelling and the Community. Our rules and Community Policies are considered part of this Lease Contract and are incorporated herein as fully set out word for word. We may make reasonable changes to written rules, effective immediately, if they are distributed and applicable to all units in the Community and do not change dollar amounts on page 1 of this Lease Contract.

20. **LIMITATIONS ON CONDUCT.** The dwelling and other areas reserved for your private use must be kept clean and free of trash, garbage, and other debris. Trash must be disposed of at least weekly in appropriate receptacles in accordance with local ordinances. Doors, windows, and other passageways inside the dwelling must be clear and unobstructed for access to every room in the dwelling, and may be used only for entry or exit. You agree to keep all passageways and common areas free of obstructions such as trash, storage items, and all forms of personal property. No person shall ride or allow bikes, skateboards, or other similar objects in the passageways. You must maintain the dwelling free from clutter or any other condition which may restrict air flow, encourage mold growth, invite pests, creates a fire hazard, or otherwise degrades the habitability of the dwelling. Passageways may be used only for entry or exit. Any swimming pools, saunas, spas, tanning beds, exercise rooms, storerooms, laundry rooms, and similar areas must be used with care in accordance with dwelling rules and posted signs. Glass containers are prohibited in all common areas. You, your occupants, or guests may not anywhere in the Community: use candles or use kerosene lamps or kerosene heaters without our prior written approval; cook on balconies or outside; or solicit business or contributions. Unless otherwise provided by law, conducting any kind of business in your dwelling or in the Community is prohibited—except that any lawful business conducted "at home" by computer, mail, or telephone is permissible if customers, clients, patients, or

other business associates do not come to your dwelling for business purposes. You or your guests may not use the dwelling, or any other part of the property, to violate, or in violation of, any law, statute, or ordinance. We may regulate: (1) the use of patios, balconies, and porches; (2) the conduct of furniture movers and delivery persons; and (3) recreational activities in common areas. You'll be liable to us for damage caused by you or any guests or occupants.

We may exclude from the Community guests or others who, in our judgment, have been violating the law, violating this Lease Contract or any dwelling rules, or disturbing other residents, neighbors, visitors, or owner representatives. We may also exclude from any outside area or common area a person who refuses to show photo identification or refuses to identify himself or herself as a resident, occupant, or guest of a specific resident in the Community.

21. **PROHIBITED CONDUCT.** You, your occupants or guests, or the guests of any occupants, may not engage in the following activities: behaving in a loud or obnoxious manner; disturbing or threatening the rights, comfort, health, safety, or convenience of others (including our agents and employees) in or near the Community; disrupting our business activities; manufacturing, cultivating, delivering, selling, possessing with intent to deliver or sell, or otherwise possessing or using a controlled substance or drug paraphernalia for use with a controlled substance (Note: "Controlled substance" includes so-called "medical marijuana" under the law of California and any state having similar laws. The Resident agrees not to violate any law or ordinance. Marijuana is listed as a Class 1 scheduled drug under federal law, and is a prohibited controlled substance. (21 United States Code sections 801-904: 21 United States Code section 841(a)(1); 21 United States Code section 812(b)(1)); engaging in or threatening violence; possessing a weapon prohibited by state law; discharging a firearm in the Community; displaying or possessing a gun, knife, or other weapon in the common area in a way that may alarm others; storing anything in closets having gas appliances; tampering with utilities or telecommunications; bringing hazardous materials into the Community; or injuring our reputation by making bad faith allegations against us to others.

22. **PARKING.** We may regulate the time, manner, and place of parking cars, trucks, motorcycles, bicycles, boats, trailers, and recreational vehicles by anyone. We may have unauthorized or illegally parked vehicles towed under an appropriate statute. A vehicle is unauthorized or illegally parked in the Community if it:
    (1) has a flat tire or other condition rendering it inoperable; or
    (2) is on jacks, blocks or has wheel(s) missing; or
    (3) has no current license plate or no current registration and/or inspection sticker; or
    (4) takes up more than one parking space; or
    (5) belongs to a resident or occupant who has surrendered or abandoned the dwelling; or
    (6) is parked in a marked handicap space without the legally required handicap insignia; or
    (7) is parked in space marked for manager, staff, or guest at the office;or
    (8) blocks another vehicle from exiting; or
    (9) is parked in a fire lane or designated "no parking" area; or
    (10) is parked in a space marked for other resident(s) or unit(s); or
    (11) is parked on the grass, sidewalk, or patio; or
    (12) blocks garbage trucks from access to a dumpster; or
    (13) belongs to a resident and is parked in a visitor or retail parking space.

23. **RELEASE OF RESIDENT.** Unless entitled to terminate this Lease Contract by law or pursuant to its terms, you won't be released from this Lease Contract for any reason—including but not limited to voluntary or involuntary school withdrawal or transfer, voluntary or involuntary job transfer, marriage, separation, divorce, reconciliation, loss of co-residents, loss of employment, or death.

24. **MILITARY PERSONNEL CLAUSE.** All parties to this Lease Contract agree to comply with any federal law, including, but not limited to the Service Member's Civil Relief Act, or any applicable state law(s), if you are seeking to terminate this Lease Contract and/or subsequent renewals and/or Lease Contract extensions under the rights granted by such laws.

25. **RESIDENT SAFETY AND PROPERTY LOSS.** You and all occupants and guests must exercise due care for your own and others' safety and security, especially in the use of smoke and carbon monoxide detectors, keyed deadbolt locks, keyless bolting devices, window latches, and other access control devices.

**Smoke and Carbon Monoxide Detectors.** We'll furnish smoke and carbon monoxide detectors only if required by statute, and we'll test them and provide working batteries when you first take possession. After that, you must test the smoke detectors and the carbon monoxide detectors on a regular basis, and pay for and replace batteries as needed, unless the law provides otherwise. You must immediately report smoke and carbon monoxide detector malfunctions to us. Neither you nor others may disable neither the smoke nor the carbon monoxide detectors. If you disable or damage the smoke detector or carbon monoxide detector, or fail to replace a dead battery or report known smoke and carbon monoxide detector malfunctions to us, and if your action or inaction causes loss, damage, or fines from fire, smoke, or water to us or others, you will be liable for such loss, damage, or fines.

**Casualty Loss.** We're not liable to any resident, guest, or occupant for personal injury or damage or loss of personal property from any cause, including but not limited to: fire, smoke, rain, flood,

water and pipe leaks, hail, ice, snow, lightning, wind, explosions, earthquake, interruption of utilities, theft, or vandalism unless otherwise required by law. We are not responsible for the acceptance or receipt of any mail, messages, or packages left at the entrances to the dwelling or elsewhere on the property, or for any loss or damage to those items or any other material that is delivered to the property. We have no duty to remove any ice, sleet, or snow but may remove any amount with or without notice. During freezing weather, you must ensure that the temperature in the Dwelling is sufficient to make sure that the pipes do not freeze (the appropriate temperature will depend upon weather conditions and the size and layout of your unit). If the pipes freeze or any other damage is caused by your failure to properly maintain the heat in your dwelling, you'll be liable for damage to our and other's property. You agree to indemnify and hold us harmless from any claims, loses, or expenses (including attorney's fees) that we may incur as result of your negligence, or the negligence of your guests, invitees, or occupants in the dwelling, such as damage is caused by broken water pipes due to your violating these requirements. If you ask our representatives to perform services not contemplated in this Lease Contract, you will indemnify us and hold us harmless from all liability for those services.

**Crime or Emergency.** Dial 911 or immediately call local medical emergency, fire, or police personnel in case of accident, fire, smoke, or suspected criminal activity or other emergency involving imminent harm. You should then contact our representative. Unless otherwise provided by law, we're not liable to you or any guests or occupants for injury, damage, or loss to person or property caused by criminal conduct of other persons, including theft, burglary, assault, vandalism, or other crimes. If we provide any access control devices or security measures upon the property, they are not a guarantee to prevent crime or to reduce the risk of crime on the property. You agree that no access control or security measures can eliminate all crime and that you will not rely upon any provided access control or security measures as a warranty or guarantee of any kind. We're not responsible for obtaining criminal-history checks on any residents, occupants, guests, or contractors in the Community. If you or any occupant or guest is affected by a crime, you must make a written report to our representative and to the appropriate local law-enforcement agency. You must also furnish us with the law-enforcement agency's incident report number upon request.

**Compliance with Statutory Obligations.** You hereby understand and acknowledge that you have an affirmative duty to comply with the obligations set forth in California Civil Code Section 1941.2:

(1) To keep the dwelling clean and sanitary as the condition of the dwelling permits.
(2) To dispose all rubbish, garbage and other waste, in a clean and sanitary manner.
(3) To properly use and operate all electrical, gas and plumbing fixtures and keep them as clean and sanitary as their condition permits.
(4) Not to permit any person, with his permission, to willfully or wantonly destroy, deface, damage, impair or remove any part of the Community or dwelling unit or the facilities, equipment, or appurtenances thereto, nor himself do any such thing.
(5) To occupy the dwelling as his abode, utilizing portions thereof for living, sleeping, cooking or dining purposes only which were respectively designed or intended to be used for such occupancies.

**26. CONDITION OF THE PREMISES AND ALTERATIONS.** You accept the dwelling, fixtures, and furniture as is, except for conditions causing the premises to be untenantable under California Civil Code 1941. You'll be given an Inventory and Condition form on or before move-in. You must note on the form all defects or damage and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition.

You must use customary diligence in maintaining the dwelling and not damaging or littering the Community. Unless authorized by statute or by us in writing, you must not perform any repairs, painting, wallpapering, carpeting, electrical changes, or otherwise alter the dwelling or Community. No holes or stickers are allowed inside or outside the dwelling. But we'll permit a reasonable number of small nail holes for hanging pictures on sheetrock walls and in grooves of wood-paneled walls, unless our rules state otherwise. No water furniture, washing machines, additional phone or TV-cable outlets, alarm systems, or lock changes, additions, or rekeying is permitted unless permission is statutorily required or we've consented in writing. You may install a satellite dish or antenna provided you sign our satellite dish or antenna lease addendum which complies with reasonable restrictions allowed by federal law. You agree not to alter, damage, or remove our property, including alarm systems, smoke and carbon monoxide detectors, furniture, telephone and cable TV wiring, screens, locks, and access control devices. When you move in, we'll supply light bulbs for fixtures we furnish, including exterior fixtures operated from inside the dwelling; after that, you'll replace them at your expense with bulbs of the same type and wattage. Your improvements to the dwelling (whether or not we consent) become ours unless we agree otherwise in writing.

**27. REQUESTS, REPAIRS, AND MALFUNCTIONS.** IF YOU OR ANY OCCUPANT NEEDS TO SEND A NOTICE OR REQUEST—FOR EXAMPLE, FOR REPAIRS, INSTALLATIONS, SERVICES, OR SECURITY-RELATED MATTERS—IT MUST BE SUBMITTED THROUGH EITHER THE ONLINE TENANT/MAINTENANCE PORTAL, OR SIGNED AND IN WRITING AND DELIVERED TO OUR DESIGNATED REPRESENTATIVE. (except in case of fire, smoke,

gas, explosion, overflowing sewage, uncontrollable running water, electrical shorts, or crime in progress). Our written notes on your oral request do not constitute a written request from you.

Our complying with or responding to any oral request regarding security or non-security matters doesn't waive the strict requirement for written notices under this Lease Contract. You must promptly notify us in writing of: water leaks; electrical problems; malfunctioning lights; broken or missing locks or latches; and other conditions that pose a hazard to property, health, or safety. We may change or install utility lines or equipment serving the dwelling if the work is done reasonably without substantially increasing your utility costs. We may turn off equipment and interrupt utilities as needed to avoid property damage or to perform work. If utilities malfunction or are damaged by fire, water, or similar cause, you must notify our representative immediately. Air conditioning problems are not emergencies. If air conditioning or other equipment malfunctions, you must notify our representative as soon as possible on a business day. We'll act with customary diligence to make repairs and reconnections. Rent will not abate in whole or in part.

If we believe that fire or catastrophic damage is substantial, or that performance of needed repairs poses a danger to you, we may terminate your tenancy within a reasonable time by giving you written notice. If your tenancy is so terminated, we'll refund prorated rent and all deposits, less lawful deductions.

**28. ANIMALS.** Unless otherwise provided under federal, state, or local law, no animals (including mammals, reptiles, birds, fish, rodents, and insects) are allowed, even temporarily, anywhere in the Dwelling Unit or Community unless we've so authorized in writing. You must remove an illegal or unauthorized animal within 24 hours of notice from us, or you will be considered in default of this Lease Contact. If we allow an animal as a pet, you must execute a separate animal addendum which may require additional deposits, rents, fees or other charges. An animal deposit is considered a general security deposit. We will authorize an assistance animal for a disabled person. When allowed by applicable laws, before we authorize an assistance animal, if the disability is not readily apparent, we may require a written statement from a qualified professional verifying the disability-related need for the assistance animal. If we authorize an assistance animal we may require you to execute a separate animal and/or assistance animal addendum. Animal deposits, additional rents, fees or other charges will not be required for an assistance animal needed due to disability, including an emotional support or service animal, as authorized under federal, state, or local law. If you or any guest or occupant violates the animal restrictions (with or without your knowledge), you'll be subject to charges, damages, eviction, and other remedies provided in this Lease Contract. If an animal has been in the dwelling unit at any time during your term of occupancy (with or without our consent), we'll charge you for any necessary defleaing, deodorizing, and shampooing. You must not feed stray or wild animals.

**29. WHEN WE MAY ENTER.** Landlord will have the right to enter the premises as allowed by law. Law permits entry in case of emergency to make necessary or agreed repairs, decorations, alterations or improvements, supply necessary or agreed services, to test smoke and carbon monoxide detectors, or exhibit the dwelling unit to prospective or actual purchasers, mortgagees, tenants, workmen or contractors or to make an inspection pursuant to subdivision (f) of Civil Code §1950.5, when the Resident has abandoned or surrendered the premises and pursuant to court order. Landlord will serve Resident with written notice before entry unless:

- Entry is due to an emergency, surrender or abandonment of the unit, or
- Resident and Landlord agree orally to an entry to make agreed repairs or supply agreed services at an approximate day and time within one week of the oral agreement, or
- Resident is present and consents to entry at the time of entry, or
- To exhibit the unit to prospective or actual purchasers of the property, provided that Landlord has notified Resident in writing within 120 days of the oral notice that the property is for sale and that Resident may be contacted to allow for an inspection.
- Entry to inspect a tenant's dwelling unit shall comply with Section 1954. Entry to inspect any unit selected by the pest control operator and to conduct followup inspections of surrounding units until bed bugs are eliminated is a necessary service for the purpose of Section 1954. Tenants shall cooperate with the inspection to facilitate the detection and treatment of bed bugs, including providing requested information that is necessary to facilitate the detection and treatment of bed bugs to the pest control operator.

The landlord shall notify the tenants of those units inspected by the pest control operator pursuant to Section 1954.604 of the pest control operator's findings. The notification shall be in writing and made within two business days of receipt of the pest control operator's findings. For confirmed infestations in common areas, all tenants shall be provided notice of the pest control operator's findings.

**30. JOINT AND SEVERAL RESPONSIBILITY.** Each resident is jointly and severally liable for all Lease Contract obligations. If you or any guest or occupant violates the Lease Contract or rules, all residents are considered to have violated the Lease Contract. Our requests and notices (including sale notices) to any resident constitute notice to all residents and occupants. Notices and requests from any resident or occupant (including notices of lease

termination, repair requests, and entry permissions) constitute notice from all residents. Security-deposit refunds and deduction itemizations of multiple residents will comply with paragraph 53 (Deposit Return, Surrender, and Abandonment).

31. **ASSIGNMENT AND SUBLETTING.** You may not assign or sublet any portion or the entire dwelling, except to the extent required by law. We intend this to be a strict and absolute prohibition against subletting and assignment. We will not acknowledge, communicate, or accept rent from any person other than you. All guests, residents, occupants, subtenants, or assignees in the dwelling must comply with every term of this Lease. If you no longer permanently reside in the dwelling, we reserve the right to raise the rent and collect rent from any subsequent occupants. You must notify us in writing if you no longer permanently reside in the dwelling, or if it is no longer your principal place of occupancy. You may still be liable for the entire Lease Contract term if you move out early (see paragraph 48 Move-Out Notice).

## Responsibilities of Owner and Resident

32. **DEFAULT BY RESIDENT.** You'll be in default if you or any guest or occupant violates any terms of this Lease Contract including but not limited to the following violations: (1) you don't pay rent or other amounts that you owe when due; (2) you or any guest or occupant violates the Community rules, or fire, safety, health, or criminal laws, regardless of whether arrest or conviction occurs; (3) you abandon the dwelling; (4) you give incorrect or false answers in a rental application; (5) you or any occupant is arrested, convicted, or given deferred adjudication for a felony offense involving actual or potential physical harm to a person, or involving possession, manufacture, or delivery of a controlled substance, marijuana, or drug paraphernalia under state statute; (6) any illegal drugs or paraphernalia are found in your dwelling; (7) you or any guest or occupant engages in any of the prohibited conduct described in paragraphs 20 (Limitations on Conduct) or 21 (Prohibited Conduct); or (8) you or any occupant, in bad faith, makes an invalid complaint to an official or employee of a utility company or the government. Any of the above defaults shall be a material breach of the Lease and shall be a just cause to evict you from the dwelling.

**Eviction.** If you default and if we wish to terminate your right of occupancy, we must give you a 3 Court day written notice to cure the default. If the default is incurable (i.e. assigning or subletting or committing waste upon the demised premises, contrary to the conditions or covenants of this Lease, or maintaining, committing, or permitting the maintenance or commission of a nuisance upon the demised premises, or using the premises for an unlawful purpose, or any other incurable default), we may end your right of occupancy by giving you a 3-day notice to vacate. Notice to cure and notice of occupancy termination must be delivered by either: (1) personal delivery to any resident; or (2) personal delivery at the dwelling to any occupant of suitable age and discretion and sending a copy through the regular U.S. mail addressed to the tenant at his or her place of residence; or (3) posting on the outside of the dwelling's front door, accompanied by mailing the notice by regular U.S. mail. Termination of your possession rights or subsequent reletting doesn't release you from liability for future rent or other lease obligations.

**Holdover.** You or any occupant, invitee, or guest must not hold over beyond the date contained in your move-out notice or our notice to vacate (or beyond a different move-out date agreed to by the parties in writing). If a holdover occurs, then: (1) holdover rent is due in advance on a daily basis and may become delinquent without notice or demand; (2) you'll be liable to us for all rent for the full term of the previously signed Lease Contract of a new resident who can't occupy because of holdover (less any mitigation); and (3) at our option, we may extend the lease term—for up to one month from the date of notice of lease extension—by delivering written notice to you or your dwelling while you continue to hold over.

**Other Remedies.** If your rent is delinquent and we give you 3 days' prior written notice, we may report unpaid amounts to consumer reporting agencies. If you default and move out early, you will pay us any amounts stated to be rental discounts in paragraph 10 (Special Provisions), in addition to other sums due. Upon your default, we have all other legal remedies including lease termination, lockout under statute, and the remedy set forth in Civil Code § 1951.2. The prevailing party may recover from a non-prevailing party attorney's fees and any costs of litigation in an amount of no more than $1800. Late charges are liquidated damages for our time, inconvenience, and overhead in collecting late rent (but are not for attorney's fees and litigation costs). All unpaid amounts bear 10% interest per year from due date. To the greatest extent allowed by law, you must pay all collection-agency fees if you fail to pay all sums due within 10 days after we mail you a letter demanding payment and stating that collection agency fees will be added if you don't pay all sums by that deadline. If you fail to fulfill your obligations under this Lease, we intend to submit a negative report to a consumer reporting agency. The report will summarize your violations and be a possible reflection on your credit record.

**Remedies Cumulative.** Any remedies set forth herein shall be cumulative, in addition to, and not in limitation of, any other remedies available to Landlord under any applicable law.

33. **ENTIRE AGREEMENT.** Neither we nor any of our representatives have made any oral promises, representations, or agreements. This Lease Contract is the entire agreement between you and us.

34. **NO AUTHORITY TO AMEND UNLESS IN WRITING.** Our representatives (including management personnel, employees, and agents) have no authority to waive, amend, or terminate this Lease Contract or any part of it, unless in writing, and no authority to make promises, representations, or agreements that impose security duties or other obligations on us or our representatives unless in writing.

35. **NO WAIVER.** No action or omission of our representative will be considered a waiver of any subsequent violation, default, or time or place of performance. Our not enforcing or belatedly enforcing written-notice requirements, rental due dates, liens, or other rights isn't a waiver under any circumstances.

36. **NOTICE.** Except when notice or demand is required by statute, you waive any notice and demand for performance from us if you default. Written notice to or from our managers constitutes notice to or from us. Any person giving a notice under this Lease Contract should retain a copy of the memo or letter that was given. Fax signatures are binding. All notices must be signed.

37. **MISCELLANEOUS.**
    A. Exercising one remedy won't constitute an election or waiver of other remedies.
    B. Unless prohibited by law or the respective insurance policies, insurance subrogation is waived by all parties.
    C. All remedies are cumulative.
    D. No employee, agent, or management company is personally liable for any of our contractual, statutory, or other obligations merely by virtue of acting on our behalf.
    E. This Lease Contract binds subsequent owners. Neither an invalid clause nor the omission of initials on any page invalidates this Lease Contract.
    F. All provisions regarding our non-liability and non-duty apply to our employees, agents, and management companies.
    G. This Lease Contract is subordinate or superior to existing and future recorded mortgages or deeds of trust, at our lender's option.
    H. All lease obligations must be performed in the county where the Dwelling is located.
    I. Upon our request, resident shall provide us with a Tenant Estoppel Certificate.
    J. All discretionary rights reserved for us within this Lease Contract or any accompanying addenda are at our sole and absolute discretion.

38. **REGISTERED SEX OFFENDER NOTICE.** Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the Community of residence and ZIP Code in which he or she resides.

39. **PROPOSITION 65 WARNING.** Proposition 65 protects California's drinking water sources from being contaminated with chemicals known to cause cancer, birth defects or other reproductive harm, and requires businesses to inform Californians about exposures to such chemicals. Please see the California Proposition 65 Addendum for warnings and additional information.

40. **NOTICE OF NEGATIVE CREDIT REPORT.** Pursuant to California Civil Code § 1785.26, you are hereby notified that a negative report reflecting on your credit record may be submitted to credit-reporting agencies if you fail to fulfill the terms of your obligation under this Lease Contract.

41. **INDEMNIFICATION.** Subject to applicable law, you shall indemnify and hold the owner, its agents and employees, harmless against all claims, expenses, damages, actions, and liabilities of whatever nature, including reasonable attorney's fees, arising from or relating to injury, loss or damage relating to your, your guest's or occupant's negligence, tenancy and/or your failure to comply with this Lease Contract.

42. **CONTACTING YOU.** By signing this lease, you are agreeing that we, our representative(s) or agent(s) may contact you. You agree that we may contact you using any contact information relating to your lease including any number (i) you have provided to us (ii) from which you called us, or (iii) which we obtained and through which we reasonably believe we can reach you. You agree we may use any means to contact you. This may include calls made to your cellular telephone using an automatic telephone dialing system, artificial or prerecorded voice messages, text messages, mail, e-mail, and calls to your phone or Voice over Internet Protocol (VoIP) service, or any other data or voice transmission technology. You agree to promptly notify us if you change any contact information you provide to us. You are responsible for any service provider charges as a result of us contacting you.

43. **OBLIGATION TO VACATE.** If we provide you with a notice to vacate, or if you provide us with a written notice to vacate or intent to move-out in accordance with paragraph 3 (Lease Term), and we accept such written notice, then you are required to vacate the dwelling and remove all of your personal property therefrom at the expiration of the Lease term, or by the date set forth in the notice to vacate, whichever date is earlier, without further notice or demand from us.

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44. **FORCE MAJEURE.** If we are prevented from completing performances of any obligations hereunder by an act of God, strikes, epidemics, war, acts of terrorism, riots, flood, fire, hurricane, tornado, sabotage, or other occurrence which is beyond the control of the parties, then we shall be excused from any further performance of obligations and undertakings hereunder, to the full extent allowed under applicable law.

    Furthermore, if such an event damages the property to materially affect its habitability by some or all residents, we reserve the right to vacate any and all leases and you agree to excuse us from any further performance ofobligations andundertakings hereunder, to the full extent allowed under applicable law.

45. **POLITICAL SIGNS.** You may post or display political signs relating to an election, legislative vote, initiative, referendum, recall process or issues that are before a public commission, public board or elected local body for a vote as allowed by law. Political signs may be posted in the window or on the door of the dwelling. All political signs must be six square feet or less in size and cannot be posted or displayed in a manner that would violate a local, state or federal law. You must post and remove political signs in compliance with the time limits set by local ordinance. If no local ordinance exists, political signs may be posted no earlier than 90 days prior to the date of the election or vote and must be removed within 15 days of the date of the election or vote.

46. **PAYMENTS.** At our option and without notice, we may apply money received (other than sale proceeds under paragraph 13 (Property Left in Dwelling) or utility payments subject to governmental regulations) first to any of your unpaid obligations, then to current rent—regardless of notations on checks or money orders and regardless of when the obligations arose. All sums other than rent are due upon our demand. After the due date, we do not have to accept the rent or any other payments. We will accept rent payments from a third party, if the third-party signs an acknowledgment stating 1) the third party is not a current tenant of the property and 2) that acceptance does not establish a tenancy.

47. **ASSOCIATION MEMBERSHIP.** We represent that either: (1) we or; (2) the management company that represents us, is at the time of signing this Lease Contract or a renewal of this Lease Contract, a member of both the National Apartment Association and any affiliated state and local dwelling (multi-housing) associations for the area where the dwelling is located.

## When Moving Out

48. **MOVE-OUT NOTICE.** Before moving out, either at the end of the lease term, any extension of the lease term, or prior to the end of the lease term, you must give our representative advance written notice of your intention to vacate as required by the paragraph 3 (Lease Term). The advance notice must be at least the number of days of notice required in paragraph 3 (Lease Terms). The move-out date in your notice *[check one]*: ❑ must be the last day of the month, or ❑ may be the exact day designated in your notice. If neither box is checked, the second checkbox applies. If you move out prior to the end of the lease term, your notice does not act as a release of liability for the full term of the Lease Contract. You will still be liable for the entire Lease Contract term if you move out early under paragraph 23 (Release of Resident), except if you are able to terminate your tenancy under the statutory rights explained under paragraphs 11 (Early Move-Out), 23 (Release of Resident), or under other laws providing a right to terminate this Lease Contract. All notices to vacate must be in writing and must provide the date by which you intend to vacate. If the notice does not comply with the time requirements of the Lease Terms paragraph, even if you move by the last date in the lease term, you will be responsible for an additional month's rent. If you fail to vacate by the date set forth in your notice, you will automatically and immediately become a holdover tenant pursuant to state law, and we will have all remedies available under this Lease Contract and state law.

49. **MOVE-OUT PROCEDURES.** The move-out date can't be changed unless we and you both agree in writing. You won't move out before the lease term or renewal period ends unless all rent for the entire lease term or renewal period is paid in full. Early move-out may result in reletting charges and liability for future rent under paragraphs 11 (Early Move-Out) and 32 (Default by Resident). You're prohibited by law from applying any security deposit to rent. You won't stay beyond the date you are supposed to move out. You must give us and the U.S. Postal Service, in writing, each resident's forwarding address.

50. **CLEANING.** You must thoroughly clean the dwelling, including doors, windows, furniture, bathrooms, kitchen appliances, patios, balconies, garages, carports, and storage rooms. You must follow move-out cleaning instructions if they have been provided. If you don't clean adequately, you'll be liable for reasonable cleaning charges.

51. **MOVE-OUT INSPECTION.** California law provides that you have a right to a pre-move-out inspection and we will give notice of such right. Our representative has no authority to bind or limit us regarding deductions for repairs, damages, or charges. Any statements or estimates by us or our representative are subject to our correction, modification, or disapproval before final refunding or accounting.

52. **SECURITY DEPOSIT DEDUCTIONS AND OTHER CHARGES.** You may not use the security deposit to pay any month's rent. We may withhold from the securitydepositonly suchamountsasarereasonably necessary to remedy your defaults including, but not limited to, the following:
    a) Defaults in the payment of rent;
    b) To repair damage to the premises caused by you, exclusive of ordinary wear and tear, and/or:
    c) To clean the premises, if necessary, upon termination of the tenancy in order to return the unit to the same level of cleanliness it was in at the inception of the tenancy, and /or;
    d) To restore, replace, or return personal property or appurtenances, exclusive of ordinary wear and tear.

53. **DEPOSIT RETURN, SURRENDER, AND ABANDONMENT.** You are required to provide us written notice of your forwarding address, on or before termination of this Lease Contract. We'll mail you, to the forwarding address you provide, your security deposit refund (less lawful deductions) and an itemized accounting of any deductions within 21 days after surrender or abandonment, unless statutes provide otherwise. If you fail to provide us with your forwarding address in writing, as required above, we will process the unclaimed security deposit in accordance with state law.

    **Surrender.** You have surrendered the dwelling when: (1) the move-out date has passed and no one is living in the dwelling in our reasonable judgment; (2) all dwelling keys and access devices listed in paragraph 5 (Keys) have been turned in where rent is paid—whichever date occurs first, or (3) we reasonably believe that you have surrendered the dwelling to us.

    **Abandonment.** You have abandoned the dwelling when we reasonably believe you have abandoned it. California law provides that abandonment will be found when all of the following have occurred: (1) your rent has been due and unpaid for at least 14 days; (2) we give you written notice of such belief and our intent to terminate the lease because of your delinquency; (3) our notice of abandonment follows substantially the form in California Code Section 1951.3(d); (4) such notice is given by (i) personal delivery to you, or (ii) first class mail, postage prepaid to your last known address; (5) the lease termination date in that notice is at least 15 days after personal delivery or 18 days after mailing; and (6) such 15 or 18 day notice period has expired without response from you as per California Code Section 1951.3. If we have reason to believe you won't receive the notice at your last known address, we will, at the same time we mail the above notice to your last known address, mail a copy to any other addresses that are known to us where you could reasonably be expected to receive the notice.

    Surrender, abandonment, and judicial eviction end your right of possession for all purposes and gives us the immediate right to: clean up, make repairs in, and relet the dwelling; determine any security deposit deductions; and remove property left in the dwelling. Surrender, abandonment, and judicial eviction affect your rights to property left in the dwelling (paragraph 13 (Property Left In Dwelling)), but do not affect our mitigation obligations (paragraph 32 (Default by Resident)).

## Severability, Originals and Attachments, and Signatures

54. **SEVERABILITY.** If any provision of this Lease Contract is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this Lease Contract. The court shall interpret the lease and provisions herein in a manner such as to uphold the valid portions of this Lease Contract while preserving the intent of the parties.

55. **ORIGINALS AND ATTACHMENTS.** This Lease Contract has been executed in multiple originals, with original signatures. We will provide you with a copy of the Lease Contract. Your copy of the Lease Contract may be in paper format, in an electronic format at your request, or sent via e-mail if we have communicated by e-mail about this Lease. Our rules and community policies, if any, will be attached to the Lease Contract and provided to you at signing. When an Inventory and Condition form is completed, you should retain a copy, and we should retain a copy. Any addenda or amendments you sign as a part of executing this Lease Contract are binding and hereby incorporated into and made part of the Lease Contract between you and us. This lease is the entire agreement between you and us. You acknowledge that you are NOT relying on any oral representations. A copy or scan of this Lease Contract and related addenda, amendments, and agreements may be used for any purpose and shall be treated as an original.

You are legally bound by this document.
Read it carefully before signing.

**Name and address of locator service** *(if applicable)*

_____

_____

_____

_____

**Date form is filled out** *(same as on top of page 1)*

09/28/2025

**(Required by Cal. Civil Code Section 1962)**
**Name, address and telephone number of Owner or Owner's Agent:**

Eight 80 Newport Beach
880 Irvine Avenue
Newport Beach, CA 92663
(949)722-3898

**Name, address and telephone number of person or entity to whom payments must be made:**

Eight 80 Newport Beach
1590 Adams Avenue PO Box #2350
Costa Mesa, CA 92628
(949)722-3898

Acceptable forms of payment:

no cash accepted

Rent Payments may be made personally ❑ Yes ☒ No
If yes, the person authorized to accept payments will be available

(usual days and hours authorized person will be available to accept payment).

**THIS LEASE CONTRACT WILL AUTOMATICALLY CONTINUE AS A TENANCY FROM MONTH TO MONTH AT THE EXPIRATION OF THE INITIAL LEASE TERM UNLESS (1) PROPER MOVE-OUT OR VACATE NOTICE IS GIVEN UNDER PARAGRAPH 48 (MOVE-OUT NOTICE), OR (2) YOU AND WE AGREE OTHERWISE IN WRITING.**

**Resident or Residents** *(all sign below)*

**Owner or Owner's Representative**
*(signing as agent for and on behalf of Owner)*

**Address and phone number of owner's representative for notice purposes**

2710 Gateway Oaks Dr Ste 150N
Sacramento, CA 95833-3505

**SPECIAL PROVISIONS** *(CONTINUED FROM PARAGRAPH 10)* Notwithstanding the language in Section 32, the parties DO NOT waive any of their rights of subrogation. Items should never be hung or placed on sprinkler pipes or sprinkler heads to avoid accidental water discharge. Sprinkler heads should not be covered or tampered with nor should items be placed within such a distance as to deflect normal spraying patterns. Section 5 continued: Keys - Residents will access their apartment homes through the Smart Rent Door Lock system. Section 28 of the lease continued: Should you bring an animal into your dwelling unit without our prior authorization, you will be charged the standard monthly pet rent and pet deposit for each animal from the time we discovered the animal(s) living in your dwelling until the animals are removed. If you wish to keep the animal(s) in your dwelling unit and we approve of your request, you will be required to execute a separate animal addendum documenting the animal(s) and any applicable deposits, rents, fees or other charges you may owe throughout your tenancy. You acknowledge that the dwelling includes a refrigerator and stove provided by owner for your use while residing in the dwelling. The rent amount in Section 6 is intentionally left blank, and the prorated rent amount in Section 6 intentionally reflects $0.00; and both are hereby replaced by the amount listed on the Lease Contract Cover Sheet.

LEASE SIGNER UDR
Nicholas Jfill
SIGNED 9/29/2025 AT 10:56AM PDT

HEAD OF HOUSEHOLD
Anahi Valdivia
SIGNED 9/29/2025 AT 10:43AM PDT

ROOMMATE
Amanda Martins
SIGNED 9/29/2025 AT 10:41AM PDT

ASSURANT® | GEICO FOR YOUR HOME

# Welcome to Assurant

Your Renters Insurance Policy

ANAHI VALDIVIA
S203
1875 SHERINGTON PL
NEWPORT BEACH CA 92663

**RENTERS INSURANCE POLICY**
**Policy number:** REN 5934971 00
**Coverage dates:** 09/30/25 - 09/30/26
*Your policy will automatically renew.*

**POLICYHOLDER INFORMATION**
ANAHI VALDIVIA
AMANDA VALDIVIA
S203
1875 SHERINGTON PL
NEWPORT BEACH CA 92663

**Your billing information will be sent to you separately.**

Hi ANAHI,

Good news! You've made an excellent choice in protecting yourself in case the unexpected happens. And, since we like making your to-do list even shorter, you don't need to do anything else - you're automatically enrolled in autorenewal.

Need to change something like your address or coverage? Quickly find everything you need to manage your policy at GEICO.com if you're an existing GEICO auto customer, or at MyAssurantPolicy.com if you only have a renter's policy.

Attached to this letter, you'll find your Renters Insurance policy and a policy snapshot, which is a simple explanation of your coverage. Please read everything carefully and make sure to keep your documents somewhere safe to reference later.

Thanks,

The Assurant Team



## Have questions?

Visit us online to manage your policy
or give us a call at **1-877-843-0202**.
Monday – Friday from 8 a.m. to 8 p.m. ET.

GEICOLTR_C-1020

# Your Policy Snapshot

A simple explanation of your coverage

ASSURANT® | GEICO. | FOR YOUR HOME



## What's protected?

Your belongings — from your furniture to your clothes to the junk in your kitchen drawer — are covered at home, in your car and around the world. We protect your belongings ("personal property" in insurance terms) for more than a dozen other reasons, like:

- Theft
- Fire
- Smoke
- Hail
- Lightning
- Windstorm
- Vandalism
- Explosion

One thing that will help you before you need to file a claim is to take photos of your home and your belongings to document what you own. You may need to use these photos if you file a claim.

Your policy also covers your "liability," which means accidental damages that you're responsible for. We'll take care of you or roommates* listed on your lease if something happens because of:

- Fire
- Smoke
- Water**
- Explosion

## Who's covered by my policy?

Your policy takes care of everyone on your lease* if they accidentally damage your home or a neighbor's. It also protects your belongings, as well as those of roommates listed on your policy and of family living with you.

## What benefits do I have?

If a guest gets hurt or bitten by your dog, we'll help cover medical payments to others and legal expenses for accidents.

*Refer to Section II - Liability Coverage for complete coverage details.*

And if something happens because of a covered event and you need to stay somewhere else, you'll have coverage for "additional living expenses." So, for example, if your home burns down and you need to stay in a hotel, we'll help cover the extra costs for food and lodging.

*Refer to Coverage D - Loss of Use for complete coverage details.*

**SEE WHAT UPGRADES WE HAVE TO OFFER ONLINE**

Visit **GEICO.com** if you're an existing GEICO auto insurance customer, or visit **MyAssurantPolicy.com** if you only have a renters insurance policy.

*This is a brief description of our program. Please view the policy or website for complete details, including coverages, limitations and exclusions.*

*Roommate's liability does not apply in the state of North Carolina for Renters Insurance.
**In North Carolina, water damage liability may be offered as optional coverage.

SNAPSHOT_GEICO_C-0620

## What are the limits of my policy?

There are some things in your policy that may not be covered for their full cost, like items you have in storage or things like money, firearms and jewelry. And there are some specific things we don't cover, like vehicles (with wheels and wings) and animals.

Some of the most common items with limited coverage are things you use for your work/business, even if you use those items personally. So, if you use a camera for both your vacation selfies and your photography studio, your equipment may not be fully covered.

*Refer to Coverage C – Personal Property for complete details.*

Get protection beyond the limitations by upgrading your policy (or "schedule coverage" in insurance terms). You can get more coverage for your most-loved items like jewelry, musical instruments, furs, fine art, stamps and collector coins.

## How do I file a claim?

File a claim using this guide based on whether there's damage to your home or your belongings.

### Something happen to your home or a neighbor's?

If there's damage from fire, smoke, water** or an explosion that you caused:

- Call us at 1-800-358-0600 to start your claim
- Get a fire or incident report from the appropriate authorities if needed
- Share receipts or documentation of any additional living expenses if your home isn't safe to stay at (think: hotel and food expenses)

If we need to do an inspection, we'll work with you to find the best time and method, which may be a video walk-through on your phone. From there, your adjuster will keep you updated and help with any next steps.

### Something happen to your belongings?

You'll need to:

- Go online to file a claim
- Create a list of belongings that were damaged
- Show proof that you own the belongings that were damaged (like receipts, pictures or credit card statements)
- Attach a fire, incident or theft report from the appropriate authorities (fire department, police or contact technicians in cases of power surges, etc.)

From there, if you have the replacement cost endorsement in your policy, we'll help cover the cost of your damaged belongings by giving you money for what your things are currently worth. As you replace your belongings, send us the receipts so we can cover the difference.

*This is a brief description of our program. Please view the policy or website for complete details, including coverages, limitations and exclusions.*

**Have questions or want extra coverage or upgrades?**

Quickly find everything you need to manage your policy at **GEICO.com** if you're an existing GEICO auto insurance customer, or visit **MyAssurantPolicy.com** if you only have a renters insurance policy.

AREA ID: ML

**AMERICAN BANKERS INSURANCE COMPANY**
OF FLORIDA
P.O. Box 202120, Florence, SC 29502 • 1-800-432-8612

NEW DECLARATION * * * * * * EFFECTIVE 09/30/25
12.01 AM, STANDARD TIME

| POLICY NUMBER | POLICY PERIOD FROM | TO | POLICY TYPE | AGENCY | P |
|---|---|---|---|---|---|
| REN 5934971 | 09/30/25 | 09/30/26 | RENTERS INSURANCE | 0DW2001 | 00 |

| YOU AS NAMED INSURED AND ADDRESS | AGENT/ACCOUNT |
|---|---|
| ANAHI VALDIVIA<br>AMANDA VALDIVIA<br>S203<br>1875 SHERINGTON PL<br>NEWPORT BEACH CA 92663 | GEICO INSURANCE AGENCY, LLC.<br>1-877-900-0344<br>1 GEICO BLVD<br>FREDERICKSBURG VA 22412 |

IMPORTANT: THIS POLICY DOES NOT INCLUDE COVERAGE FOR FLOOD LOSSES TO YOUR BUILDING, CONTENTS, OR POSSESSIONS.

RATING INFORMATION - APARTMENT/CONDOMINIUM, TERRITORY 3

INSURED RESIDENCE PREMISES IS LOCATED AT:
SAME AS MAILING ADDRESS ABOVE

| COVERAGE | AMOUNT OF COVERAGE | PREMIUM |
|---|---|---|
| PERSONAL PROPERTY | $5,000 LESS DEDUCTIBLE OF $100 | $179.00 |
| PERSONAL LIABILITY | $300,000 PER OCCURRENCE | $16.00 |
| MEDICAL PAYMENTS | $1,000 PER PERSON | INCL |
| LOSS OF USE | $1,000 PER OCCURRENCE | INCL |

| | |
|---|---|
| POLICY FEE | $15.00 |
| TOTAL PREMIUM | $210.00 |

ADDITIONAL COVERAGES AND CREDITS/SURCHARGES INCLUDED IN THE TOTAL PREMIUM

| | |
|---|---|
| REPLACEMENT COST | INCL |
| WORKERS COMPENSATION COVERAGE | INCL |

FORMS AND ENDORSEMENTS
ECAF2520-0203 *, DF00965A-0423 *, M4783-1209 *, NT0081-0915 *, RFN0004E-1115 *, RFN0016E-0419 *, N1875-0715 *, N2252-1119 *, N3431-0321 *, N3475-0823 *, N3495-1223 *, NOTI1143-1022 *, AB4771EC-1021 *, AB5073EC-0605 *, AB5075EC-0605 *, AJ8485EC-0605 *, AJ8850PC-0307 *, AJ9551EPC-0419*, AJ9818EPC-0811*.

THIS POLICY INCLUDES BUILDING CODE UPGRADE COVERAGE.
REFER TO ATTACHED NOTICE FOR TERMS, CONDITIONS, OR RESTRICTIONS.

IMPORTANT NOTICE

The coverages provided by a Renter's Policy can vary greatly according to the forms attached to the basic policy. Please read your policy carefully to be sure it provides the coverage you want.

# Renters Insurance Program

**American Bankers Insurance Company**

**of Florida**

A Stock Insurance Company

11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

AJ8850PC-0307

# Renters Insurance Program

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## AGREEMENT

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

## DEFINITIONS

In this policy, "you" and "your" refer to the "named insured" shown in the Declarations and the spouse if a resident of the same household. "We," "us" and "our" refer to the Company providing this insurance. In addition, certain words and phrases are defined as follows:

**1.** "Bodily injury" means bodily harm, sickness or disease, including required care, loss of services and death that results.

**2.** "Business" means:

**a.** A trade, profession or occupation engaged in on a full-time, part-time or occasional basis; or

**b.** Any other activity engaged in for money or other compensation, except the following:

**(1)** One or more activities, not described in items **(2)** through **(4)** below, for which no "insured" receives more than $2,000 in total compensation for the 12 months before the beginning of the policy period;

**(2)** Volunteer activities for which no money is received other than payment for expenses incurred to perform the activity;

**(3)** Providing home day care services for which no compensation is received, other than the mutual exchange of such services; or

**(4)** The rendering of home day care services to a relative of an "insured".

**3.** "Insured" means you and residents of your household who are:

**a.** Your relatives; or

**b.** Other persons under the age of 21 and in the care of any person named above.

If the entity named on the Declarations Page is a "business" entity, "insured" means any person while residing at the "residence premises" with the permission of the named insured.

Under Section II, "insured" also means:

**c.** With respect to animals or watercraft to which this policy applies, any person or organization legally responsible for these animals or watercraft which are owned by you or any person included in **3.a.** or **3.b.** above. A person or organization using or having custody of these animals or watercraft in the course of any "business" or without consent of the owner is not an "insured";

**d.** With respect to any vehicle to which this policy applies:

**(1)** Persons while engaged in your employ or that of any person included in **3.a.** or **3.b.** above; or

**(2)** Other persons using the vehicle on an "insured location" with your consent.

**4.** "Insured location" means:

**a.** The "residence premises";

**b.** The part of other premises, other structures and grounds used by you as a residence and:

**(1)** Which is shown in the Declarations; or

**(2)** Which is acquired by you during the policy period for your use as a residence;

**c.** Any premises used by you in connection with a premises in **4.a.** and **4.b.** above;

**d.** Any part of a premises:

**(1)** Not owned by an "insured"; and

**(2)** Where an "insured" is temporarily residing;

**e.** Vacant land, other than farm land, owned by or rented to an "insured";

**f.** Land owned by or rented to an "insured" on which a one or two family dwelling is being built as a residence for an "insured";

**g.** Individual or family cemetery plots or burial vaults of an "insured"; or

**h.** Any part of a premise occasionally rented to an "insured" for other than "business" use.

If the named insured is a "business" entity, the "insured location" is limited to the "residence premises".

**5.** "Landlord" means:

The owner or property manager of the "residence premises".

**6.** "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, during the policy period, in:

**a.** "Bodily injury"; or

**b.** "Property damage".

**7.** "Property damage" means physical injury to, destruction of, or loss of use of tangible property.

**8.** "Residence employee" means:

**a.** An employee of an "insured" whose duties are related to the maintenance or use of the "residence premises", including household or domestic services; or

**b.** One who performs similar duties elsewhere not related to the "business" of an "insured".

**9.** "Residence premises" means:

**a.** The one family dwelling, other structures, and grounds; or

**b.** That part of any other building;

where the "insured" resides and which is shown as the "residence premises" in the Declarations.

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## SECTION I - PROPERTY COVERAGES

### COVERAGE C – Personal Property

We cover personal property owned or used by an "insured" while it is anywhere in the world. At your request, we will cover personal property owned by:

1. Others while the property is on the part of the "residence premises" occupied by an "insured";
2. A guest or a "residence employee", while the property is in any residence occupied by an "insured".

Our limit of liability for personal property usually located at an "insured's" residence, other than the "residence premises", is 10% of the limit of liability for Coverage C, or $1000, whichever is greater. Personal property in a newly acquired principal residence is not subject to this limitation for the 30 days from the time you begin to move the property there.

**Special Limits of Liability.** These limits do not increase the Coverage C limit of liability. The special limit for each numbered category below is the total limit for each loss for all property in that category.

1. $200 on money, bank notes, bullion, gold other than goldware, silver other than silverware, platinum, coins and medals.
2. $1000 on securities, accounts, deeds, evidences of debt, letters of credit, notes other than bank notes, manuscripts, personal records, passports, tickets and stamps. This dollar limit applies to these categories regardless of the medium (such as paper or computer software) on which the material exists.

   This limit includes the cost to research, replace or restore the information from the lost or damaged material.
3. $1000 on watercraft, including their trailers, furnishings, equipment and outboard engines or motors.
4. $1000 on trailers not used with watercraft.
5. $1000 for loss by theft of jewelry, watches, furs, precious and semi-precious stones.
6. $2000 for loss by theft of firearms and related equipment.
7. $2500 for loss by theft of silverware, silver-plated ware, goldware, gold-plated ware and pewterware. This includes flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter.
8. $2500 on property, on the "residence premises", used at any time or in any manner for any "business" purpose.
9. $250 on property, away from the "residence premises", used at any time or in any manner for any "business" purpose. However, this limit does not apply to loss to adaptable electronic apparatus as described in Special Limits **10.** and **11.** below.
10. $1000 for loss to electronic apparatus, while in or upon a motor vehicle or other motorized land conveyance, if the electronic apparatus is equipped to be operated by power from the electrical system of the vehicle or conveyance while retaining its capability of being operated by other sources of power. Electronic apparatus includes:
    **a.** Accessories or antennas; or
    **b.** Tapes, wires, records, discs or other media;

    for use with any electronic apparatus described in this item **10.**
11. $1000 for loss to electronic apparatus, while not in or upon a motor vehicle or other motorized land conveyance, if the electronic apparatus:
    **a.** Is equipped to be operated by power from the electrical system of the vehicle or conveyance while retaining its capability of being operated by other sources of power;
    **b.** Is away from the "residence premises"; and
    **c.** Is used at any time or in any manner for any "business" purpose.

    Electronic apparatus includes:
    **a.** Accessories or antennas; or
    **b.** Tapes, wires, records, discs or other media;

    for use with any electronic apparatus described in this item **11.**

**Property Not Covered.** We do not cover:

1. Articles separately described and specifically insured in this or other insurance;
2. Animals, birds or fish;
3. Motor vehicles or all other motorized land conveyances. This includes:
   **a.** Their equipment and accessories; or
   **b.** Electronic apparatus that is designed to be operated solely by use of the power from the electrical system of motor vehicles or all other motorized land conveyances. Electronic apparatus includes:
      **(1)** Accessories or antennas; or
      **(2)** Tapes, wires, records, discs or other media;

      for use with any electronic apparatus described in this item **3.b**.

      The exclusion of property described in **3.a**. and **3.b.** above applies only while the property is in or upon the vehicle or conveyance.

   We do cover vehicles or conveyances not subject to motor vehicle registration which are:
   **a.** Used to service an "insured's" residence; or
   **b.** Designed for assisting the handicapped;
4. Aircraft and parts. Aircraft means any contrivance used or designed for flight, except model or hobby aircraft not used or designed to carry people or cargo;

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

5. Property of roomers, boarders and other tenants, except property of roomers and boarders related to an "insured";
6. Property in an apartment regularly rented or held for rental to others by an "insured";
7. Property rented or held for rental to others off the "residence premises";
8. "Business" data, including such data stored in:
   a. Books of account, drawings or other paper records; or
   b. Electronic data processing tapes, wires, records, discs or other software media.

   However, we do cover the cost of blank recording or storage media, and of pre-recorded computer programs available on the retail market; or
9. Credit cards or fund transfer cards except as provided in Additional Coverages 6.

**COVERAGE D – Loss Of Use**

The limit of liability for Coverage D is the total limit for all the coverages that follow.

1. If a loss by a Peril Insured Against under this policy to covered property or the building containing the property makes the "residence premises" not fit to live in, we cover the Additional Living Expense, meaning any necessary increase in living expenses incurred by you so that your household can maintain its normal standard of living.

   Payment will be for the shortest time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere.
2. If a loss covered under this Section makes that part of the "residence premises" rented to others or held for rental by you not fit to live in, we cover the:

   **Fair Rental Value**, meaning the fair rental value of that part of the "residence premises" rented to others or held for rental by you less any expenses that do not continue while the premises is not fit to live in.

   Payment will be for the shortest time required to repair or replace that part of the premises rented or held for rental.
3. If a civil authority prohibits you from use of the "residence premises" as a result of direct damage to neighboring premises by a Peril Insured Against in this policy, we cover the Additional Living Expense and Fair Rental Value loss as provided under **1.** and **2.** above for no more than two weeks.

The periods of time under **1.**, **2.** and **3.** above are not limited by expiration of this policy.

We do not cover loss or expense due to cancellation of a lease or agreement.

**ADDITIONAL COVERAGES**

1. **Debris Removal.** We will pay your reasonable expense for the removal of:
   a. Debris of covered property if a Peril Insured Against that applies to the damaged property causes the loss; or
   b. Ash, dust or particles from a volcanic eruption that has caused direct loss to a building or property contained in a building.

   This expense is included in the limit of liability that applies to the damaged property. If the amount to be paid for the actual damage to the property plus the debris removal expense is more than the limit of liability for the damaged property, an additional 5% of that limit of liability is available for debris removal expense.

   We will also pay your reasonable expense, up to $500, for the removal from the "residence premises" of:
   a. Your tree(s) felled by the peril of Windstorm or Hail;
   b. Your tree(s) felled by the peril of Weight of Ice, Snow or Sleet; or
   c. A neighbor's tree(s) felled by a Peril Insured Against under Coverage C;

   provided the tree(s) damages a covered structure. The $500 limit is the most we will pay in any one loss regardless of the number of fallen trees.
2. **Reasonable Repairs.** In the event that covered property is damaged by an applicable Peril Insured Against, we will pay the reasonable cost incurred by you for necessary measures taken solely to protect against further damage. If the measures taken involve repair to other damaged property, we will pay for those measures only if that property is covered under this policy and the damage to that property is caused by an applicable Peril Insured Against.

   This coverage:
   a. Does not increase the limit of liability that applies to the covered property;
   b. Does not relieve you of your duties, in case of a loss to covered property, as set forth in **SECTION I – CONDITION 2.d.**
3. **Trees, Shrubs and Other Plants.** We cover trees, shrubs, plants or lawns, on the "residence premises", for loss caused by the following Perils Insured Against: Fire or lightning, Explosion, Riot or civil commotion, Aircraft, Vehicles not owned or operated by a resident of the "residence premises", Vandalism or malicious mischief or Theft.

   We will pay up to 10% of the limit of liability that applies to Coverage C for all trees, shrubs, plants or lawns. No more than $500 of this limit will be available for any one tree, shrub or plant. We do not cover property grown for "business" purposes.

   This coverage is additional insurance.
4. **Fire Department Service Charge.** We will pay up to $500 for your liability assumed by contract or agreement for fire department charges incurred when the fire department is called to save or protect covered property from a Peril Insured Against. We do not cover fire department service charges if the property is located within the limits of the city, municipality or protection district furnishing the fire department response.

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This coverage is additional insurance. No deductible applies to this coverage.

5. **Property Removed.** We insure covered property against direct loss from any cause while being removed from a premises endangered by a Peril Insured Against and for no more than 30 days while removed. This coverage does not change the limit of liability that applies to the property being removed.

6. **Credit Card, Fund Transfer Card, Forgery and Counterfeit Money.**

   We will pay up to $500 for:

   **a.** The legal obligation of an "insured" to pay because of the theft or unauthorized use of credit cards issued to or registered in an "insured's" name;

   **b.** Loss resulting from theft or unauthorized use of a fund transfer card used for deposit, withdrawal or transfer of funds, issued to or registered in an "insured's" name;

   **c.** Loss to an "insured" caused by forgery or alteration of any check or negotiable instrument; and

   **d.** Loss to an "insured" through acceptance in good faith of counterfeit United States or Canadian paper currency.

   We do not cover use of a credit card or fund transfer card:

   **a.** By a resident of your household;

   **b.** By a person who has been entrusted with either type of card; or

   **c.** If an "insured" has not complied with all terms and conditions under which the cards are issued.

   All loss resulting from a series of acts committed by any one person or in which any one person is concerned or implicated is considered to be one loss.

   We do not cover loss arising out of "business" use or dishonesty of an "insured".

   This coverage is additional insurance. No deductible applies to this coverage.

   Defense:

   **a.** We may investigate and settle any claim or suit that we decide is appropriate. Our duty to defend a claim or suit ends when the amount we pay for the loss equals our limit of liability.

   **b.** If a suit is brought against an "insured" for liability under the Credit Card or Fund Transfer Card coverage, we will provide a defense at our expense by counsel of our choice.

   **c.** We have the option to defend at our expense an "insured" or an "insured's" bank against any suit for the enforcement of payment under the Forgery coverage.

7. **Loss Assessment.** We will pay up to $1000 for your share of loss assessment charged during the policy period against you by a corporation or association of property owners, when the assessment is made as a result of direct loss to the property, owned by all members collectively, caused by a Peril Insured Against under **COVERAGE C – PERSONAL PROPERTY**, other than earthquake or land shock waves or tremors before, during or after a volcanic eruption.

   This coverage applies only to loss assessments charged against you as owner or tenant of the "residence premises".

   We do not cover loss assessments charged against you or a corporation or association of property owners by any governmental body.

   The limit of $1000 is the most we will pay with respect to any one loss, regardless of the number of assessments.

   Condition **1.** Policy Period, under **SECTIONS I AND II – CONDITIONS**, does not apply to this coverage.

8. **Collapse**

   **a. With respect to this Additional Coverage:**

   **(1)** Collapse means an abrupt falling down or caving in of a building or any part of a building with the result that the building or part of the building cannot be occupied for its intended purpose.

   **(2)** A building or any part of a building that is in danger of falling down or caving in is not considered to be in a state of collapse.

   **(3)** A part of a building that is standing is not considered to be in a state of collapse even if it has separated from another part of the building.

   **(4)** A building that is standing or any part of a building that is standing is not considered to be in a state of collapse even if it shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.

   **b.** We insure for direct physical loss to covered property involving collapse of a building or any part of a building if the collapse was caused by one or more of the following:

   **(1)** Perils Insured Against in Coverage C - Personal Property. These perils apply to covered buildings and personal property for loss insured by this additional coverage;

   **(2)** Decay that is hidden from view, unless the presence of such decay is known to an "insured" prior to collapse;

   **(3)** Insect or vermin damage that is hidden from view, unless the presence of such damage is known to an "insured" prior to collapse;

   **(4)** Weight of contents, equipment, animals or people;

   **(5)** Weight of rain which collects on a roof; or

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**(6)** Use of defective material or methods in construction, remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation.

Loss to an awning, fence, patio, pavement, swimming pool, underground pipe, flue, drain, cesspool, septic tank, foundation, retaining wall, bulkhead, pier, wharf or dock is not included under items **(2)**, **(3)**, **(4)**, **(5)** and **(6)** unless the loss is a direct result of the collapse of a building or any part of a building.

This coverage does not increase the limit of liability applying to the damaged covered property.

**9. Glass or Safety Glazing Material.**

**a.** We cover:

**(1)** The breakage of glass or safety glazing material which is part of a building, storm door or storm window, and covered as Building Additions and Alterations; and

**(2)** The breakage, caused directly by Earth Movement, of glass or safety glazing material which is part of a building, storm door or storm window, and covered as Building Additions and Alterations; and

**(3)** The direct physical loss to covered property caused solely by the pieces, fragments, or splinters of broken glass or safety glazing material which is part of a building, storm door or storm window.

**b.** This coverage does not include loss:

**(1)** To covered property which results because the glass or safety glazing material has been broken, except as provided in **a.(3)** above; or

**(2)** On the "residence premises" if the dwelling has been vacant for more than 30 consecutive days immediately before the loss, except when the breakage results directly from Earth Movement as provided for in **a.(2)** above. A dwelling being constructed is not considered vacant.

Loss to glass covered under this **ADDITIONAL COVERAGE 9.** will be settled on the basis of replacement with safety glazing materials when required by ordinance or law.

This coverage does not increase the limit of liability that applies to the damaged property.

**10. Building Additions and Alterations.** We cover under Coverage C the building improvements or installations, made or acquired at your expense, to that part of the "residence premises" used exclusively by you. The limit of liability for this coverage will not be more than 10% of the limit of liability that applies to Coverage C.

This coverage is additional insurance.

**11. Ordinance or Law.**

**a.** You may use up to 10% of the limit of liability that applies to Building Additions and Alterations for the increased costs you incur due to the enforcement of any ordinance or law which requires or regulates:

**(1)** The construction, demolition, remodeling, renovation, or repair of that part of a covered building or other structure damaged by a Peril Insured Against;

**(2)** The demolition and reconstruction of the undamaged part of a covered building or other structure, when that building or other structure must be totally demolished because of damage by a Peril Insured Against to another part of that covered building or other structure; or

**(3)** The remodeling, removal, or replacement of the portion of the undamaged part of a covered building or other structure necessary to complete the remodeling, repair, or replacement of that part of the covered building or other structure damaged by a Peril Insured Against.

**b.** You may use all or part of this ordinance or law coverage to pay for the increased costs you incur to remove debris resulting from the construction, demolition, remodeling, renovation, repair, or replacement of property as stated in **a.** above.

**c.** We do not cover:

**(1)** The loss in value to any covered building or other structure due to the requirements of any ordinance or law; or

**(2)** The costs to comply with any ordinance or law which requires any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of, pollutants on any covered building or other structure.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned, or reclaimed.

This coverage is additional insurance.

## SECTION I – PERILS INSURED AGAINST

We insure for direct physical loss to the property described in Coverage C caused by a peril listed below unless the loss is excluded in **SECTION I – EXCLUSIONS**.

**1. Fire or lightning.**

**2. Windstorm or hail.**

This peril does not include loss to the property contained in a building caused by rain, snow, sleet,

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sand or dust unless the direct force of wind or hail damages the building causing an opening in a roof or wall and the rain, snow, sleet, sand or dust enters through this opening.

This peril includes loss to watercraft and their trailers, furnishings, equipment, and outboard engines or motors, only while inside a fully enclosed building.

3. **Explosion.**
4. **Riot or civil commotion.**
5. **Aircraft,** including self-propelled missiles and spacecraft.
6. **Vehicles.**
7. **Smoke,** meaning sudden and accidental damage from smoke.

   This peril does not include loss caused by smoke from agricultural smudging or industrial operations.
8. **Vandalism or malicious mischief.**

   This peril does not include loss to property on the "residence premises" if the dwelling has been vacant for more than 30 consecutive days immediately before the loss. A dwelling being constructed is not considered vacant.
9. **Theft,** including attempted theft and loss of property from a known place when it is likely that the property has been stolen.

   This peril does not include loss caused by theft:

   a. Committed by an "insured";

   b. In or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is finished and occupied; or

   c. From that part of a "residence premises" rented by an "insured" to other than an "insured".

   This peril does not include loss caused by theft that occurs off the "residence premises" of:

   a. Property while at any other residence owned by, rented to, or occupied by an "insured", except while an "insured" is temporarily living there. Property of a student who is an "insured" is covered while at a residence away from home if the student has been there at any time during the 45 days immediately before the loss;

   b. Watercraft, and their furnishings, equipment and outboard engines or motors; or

   c. Trailers and campers.

   This peril does not include loss caused by mysterious disappearance, meaning the vanishing of covered property that cannot be explained or that has been lost or misplaced.
10. **Falling objects.**

    This peril does not include loss to the property contained in the building unless the roof or an outside wall of the building is first damaged by a falling object. Damage to the falling object itself is not included.
11. **Weight of ice, snow or sleet,** which causes damage to the property contained in the building.

    This peril does not include loss caused by ice damming, meaning the formation of a ridge of ice on a roof which prevents melting snow or water from draining off the roof.
12. **Accidental discharge or overflow of water or steam** from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

    This peril does not include loss:

    a. To the system or appliance from which the water or steam escaped;

    b. Caused by or resulting from freezing except as provided in the peril of freezing below; or

    c. On the "residence premises" caused by accidental discharge or overflow which occurs away from the building where the "residence premises" is located.

    In this peril, a plumbing system does not include a sump, sump pump or related equipment.
13. **Sudden and accidental tearing apart, cracking, burning or bulging** of a steam or hot water heating system, an air conditioning or automatic fire protective sprinkler system, or an appliance for heating water.

    This peril does not include loss caused by or resulting from freezing except as provided in the peril of freezing below.
14. **Freezing** of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance.

    This peril does not include loss on the "residence premises" while unoccupied, unless you have used reasonable care to:

    a. Maintain heat in the building; or

    b. Shut off the water supply and drain the system and appliances of water.
15. **Sudden and accidental damage from artificially generated electrical current.**

    This peril does not include loss to tubes, transistors, electronic components or circuitry that are a part of appliances, fixtures, computers, home entertainment units or any other types of electronic `apparatus.
16. **Volcanic eruption** other than loss caused by earthquake, land shock waves or tremors.

## SECTION I – EXCLUSIONS

We do not insure for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

1. **Ordinance or Law,** meaning any ordinance or law:

   a. Requiring or regulating the construction, demolition, remodeling, renovation, or repair of property, including removal of any resulting

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debris. This exclusion **1.a.** does not apply to the amount of coverage that may be provided for under **ADDITIONAL COVERAGES, Glass or Safety Glazing Material or Ordinance or Law**;

**b.** The requirements of which results in a loss in value to property; or

**c.** Requiring any "insured" or others to test for, monitor, clean-up, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of, pollutants.

This exclusion applies whether or not the property has been physically damaged.

2. **Earth Movement,** meaning earthquake including land shock waves or tremors before, during or after a volcanic eruption; landslide; mine subsidence; mudflow; earth sinking, rising or shifting; unless direct loss by:

   **a.** Fire; or

   **b.** Explosion;

   ensues and then we will pay only for the ensuing loss.

   This exclusion does not apply to loss by theft.

3. **Water Damage,** meaning:

   **a.** Flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;

   **b.** Water or water borne material which backs up through sewers or drains or which overflows from a sump; or

   **c.** Water below the surface of the ground, including water which exerts pressure on or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure.

   Direct loss by fire, explosion or theft resulting from water damage is covered.

4. **Power Failure,** meaning the failure of power or other utility service if the failure takes place off the "residence premises". But, if the failure of power or other utility service results in a loss from a Peril Insured Against on the "residence premises", we will pay only for the loss or damage caused by that Peril Insured Against.

5. **Neglect,** meaning neglect of the "insured" to use all reasonable means to save and preserve property at and after the time of a loss.

6. **War,** including the following and any consequence of any of the following:

   **a.** Undeclared war, civil war, insurrection, rebellion or revolution;

   **b.** Warlike act by a military force or military personnel; or

   **c.** Destruction, seizure or use for a military purpose.

   Discharge of a nuclear weapon will be deemed a warlike act even if accidental.

7. **Nuclear Hazard,** to the extent set forth in the Nuclear Hazard Clause of **SECTION I – CONDITIONS.**

8. **Intentional Loss,** meaning any loss arising out of any act committed:

   **a.** By or at the direction of an "insured"; and

   **b.** With the intent to cause a loss.

## SECTION I – CONDITIONS

1. **Insurable Interest and Limit of Liability.** Even if more than one person has an insurable interest in the property covered, we will not be liable in any one loss:

   **a.** To the "insured" for more than the amount of the "insured's" interest at the time of loss; or

   **b.** For more than the applicable limit of liability.

2. **Your Duties After Loss.** In case of a loss to covered property, you must see that the following are done:

   **a.** Give prompt notice to us or our agent;

   **b.** Notify the police in case of loss by theft;

   **c.** Notify the credit card or fund transfer card company in case of loss under Credit Card or Fund Transfer Card coverage;

   **d.** Protect the property from further damage. If repairs to the property are required, you must:

      **(1)** Make reasonable and necessary repairs to protect the property; and

      **(2)** Keep an accurate record of repair expenses;

   **e.** Prepare an inventory of damaged personal property showing the quantity, description, actual cash value and amount of loss. Attach all bills, receipts and related documents that justify the figures in the inventory;

   **f.** As often as we reasonably require:

      **(1)** Show the damaged property;

      **(2)** Provide us with records and documents we request and permit us to make copies; and

      **(3)** Submit to examination under oath, while not in the presence of any other "insured", and sign the same;

   **g.** Send to us, within 60 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:

      **(1)** The time and cause of loss;

      **(2)** The interest of the "insured" and all others in the property involved and all liens on the property;

      **(3)** Other insurance which may cover the loss;

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**(4)** Changes in title or occupancy of the property during the term of the policy;

**(5)** Specifications of damaged buildings and detailed repair estimates;

**(6)** The inventory of damaged personal property described in **2.e.** above;

**(7)** Receipts for additional living expenses incurred and records that support the fair rental value loss; and

**(8)** Evidence or affidavit that supports a claim under the Credit Card, Fund Transfer Card, Forgery and Counterfeit Money coverage, stating the amount and cause of loss.

3. **Loss Settlement.** Covered property losses are settled at actual cash value at the time of loss but not more than the amount required to repair or replace.

4. **Loss to a Pair or Set.** In case of loss to a pair or set we may elect to:

   **a.** Repair or replace any part to restore the pair or set to its value before the loss; or

   **b.** Pay the difference between actual cash value of the property before and after the loss.

5. **Glass Replacement.** Loss for damage to glass caused by a Peril Insured Against will be settled on the basis of replacement with safety glazing materials when required by ordinance or law.

6. **Appraisal.** If you and we fail to agree on the amount of loss, either may demand an appraisal of the loss. In this event, each party will choose a competent appraiser within 20 days after receiving a written request from the other. The two appraisers will choose an umpire. If they cannot agree upon an umpire within 15 days, you or we may request that the choice be made by a judge of a court of record in the state where the "residence premises" is located. The appraisers will separately set the amount of loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss.

   Each party will:

   **a.** Pay its own appraiser; and

   **b.** Bear the other expenses of the appraisal and umpire equally.

7. **Other Insurance.** If a loss covered by this policy is also covered by other insurance, we will pay only the proportion of the loss that the limit of liability that applies under this policy bears to the total amount of insurance covering the loss.

8. **Action Against Us.** No action shall apply against us unless:

   **a.** There has been full compliance with all the terms of this policy; and

   **b.** The action is brought within one year from the date when you discover the loss.

9. **Our Option.** If we give you written notice within 30 days after we receive your signed, sworn proof of loss, we may repair or replace any part of the damaged property with like property.

10. **Loss Payment.** We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable 60 days after we receive your proof of loss and:

    **a.** Reach an agreement with you;

    **b.** There is an entry of a final judgment; or

    **c.** There is a filing of an appraisal award with us.

11. **Abandonment of Property.** We need not accept any property abandoned by an "insured".

12. **No Benefit to Bailee.** We will not recognize any assignment or grant any coverage that benefits a person or organization holding, storing or moving property for a fee regardless of any other provision of this policy.

13. **Nuclear Hazard Clause.**

    **a.** "Nuclear Hazard" means any nuclear reaction, radiation, or radioactive contamination, all whether controlled or uncontrolled or however caused, or any consequence of any of these.

    **b.** Loss caused by the nuclear hazard will not be considered loss caused by fire, explosion, or smoke, whether these perils are specifically named in or otherwise included within the Perils Insured Against in Section I.

    **c.** This policy does not apply under Section I to loss caused directly or indirectly by nuclear hazard, except that direct loss by fire resulting from the nuclear hazard is covered.

14. **Recovered Property.** If you or we recover any property for which we have made payment under this policy, you or we will notify the other of the recovery. At your option, the property will be returned to or retained by you or it will become our property. If the recovered property is returned to or retained by you, the loss payment will be adjusted based on the amount you received for the recovered property.

15. **Volcanic Eruption Period.** One or more volcanic eruptions that occur within a 72-hour period will be considered as one volcanic eruption.

16. **Loss Payee.** If a loss payee is listed in the Declarations, any loss or damage to personal effects insured by the policy will be payable as interests may appear to the loss payee shown.

## SECTION II – LIABILITY COVERAGES

### COVERAGE E – Personal Liability

If a claim is made or a suit is brought against an "insured" for damages because of "bodily injury" or "property damage" caused by an "occurrence" to which this coverage applies, we will:

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1. Pay up to our limit of liability for the damages for which the "insured" is legally liable. Damages include prejudgment interest awarded against the "insured"; and
2. Provide a defense at our expense by counsel of our choice, even if the suit is groundless, false or fraudulent. We may investigate and settle any claim or suit that we decide is appropriate. Our duty to settle or defend ends when the amount we pay for damages resulting from the "occurrence" equals our limit of liability.

**COVERAGE F – Medical Payments To Others**

We will pay the necessary medical expenses that are incurred or medically ascertained within three years from the date of an accident causing "bodily injury". Medical expenses means reasonable charges for medical, surgical, x-ray, dental, ambulance, hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to you or regular residents of your household except "residence employees". As to others, this coverage applies only:

1. To a person on the "insured location" with the permission of an "insured"; or
2. To a person off the "insured location", if the "bodily injury":
   - **a.** Arises out of a condition on the "insured location" or the ways immediately adjoining;
   - **b.** Is caused by the activities of an "insured";
   - **c.** Is caused by a "residence employee" in the course of the "residence employee's" employment by an "insured"; or
   - **d.** Is caused by an animal owned by or in the care of an "insured".

**SECTION II – EXCLUSIONS**

1. **Coverage E – Personal Liability** and **Coverage F – Medical Payments to Others** do not apply to "bodily injury" or "property damage":
   - **a.** Which is expected or intended by an "insured"; even if the resulting "bodily injury" or "property damage" is of a different kind, degree or quality than initially expected or intended; or is sustained by a different person, entity, real or personal property;
   - **b.** Arising out of or in connection with a "business" engaged in by an "insured". This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the "business";
   - **c.** Arising out of the rental or holding for rental of any part of any premises by an "insured". This exclusion does not apply to the rental or holding for rental of an "insured location":
     - **(1)** On an occasional basis if used only as a residence;
     - **(2)** In part for use only as a residence, unless a single family unit is intended for use by the occupying family to lodge more than two roomers or boarders; or
     - **(3)** In part, as an office, school, studio or private garage;
   - **d.** Arising out of the rendering of or failure to render professional services;
   - **e.** Arising out of a premises:
     - **(1)** Owned by an "insured";
     - **(2)** Rented to an "insured"; or
     - **(3)** Rented to others by an "insured";

     that is not an "insured location";
   - **f.** Arising out of:
     - **(1)** The ownership, maintenance, use, loading or unloading of motor vehicles or all other motorized land conveyances, including trailers, owned or operated by or rented or loaned to an "insured";
     - **(2)** The entrustment by an "insured" of a motor vehicle or any other motorized land conveyance to any person; or
     - **(3)** Vicarious liability, whether or not statutorily imposed, for the actions of a child or minor using a conveyance excluded in paragraph **(1)** or **(2)** above.

     This exclusion does not apply to:
     - **(1)** A trailer not towed by or carried on a motorized land conveyance.
     - **(2)** A motorized land conveyance designed for recreational use off public roads, not subject to motor vehicle registration and:
       - **(a)** Not owned by an "insured"; or
       - **(b)** Owned by an "insured" and on an "insured location";
     - **(3)** A motorized golf cart when used to play golf on a golf course;
     - **(4)** A vehicle or conveyance not subject to motor vehicle registration which is:
       - **(a)** Used to service an "insured's" residence;
       - **(b)** Designed for assisting the handicapped; or
       - **(c)** In dead storage on an "insured location";
   - **g.** Arising out of:
     - **(1)** The ownership, maintenance, use, loading or unloading of an excluded watercraft described below;
     - **(2)** The entrustment by an "insured" of an excluded watercraft described below to any person; or

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**(3)** Vicarious liability, whether or not statutorily imposed, for the actions of a child or minor using an excluded watercraft described below.

Excluded watercraft are those that are principally designed to be propelled by engine power or electric motor, or are sailing vessels, whether owned by or rented to an "insured". This exclusion does not apply to watercraft:

**(1)** That are not sailing vessels and are powered by:

**(a)** Inboard or inboard-outdrive engine or motor power of 50 horsepower or less not owned by an "insured";

**(b)** Inboard or inboard-outdrive engine or motor power of more than 50 horsepower not owned by or rented to an "insured";

**(c)** One or more outboard engines or motors with 25 total horsepower or less;

**(d)** One or more outboard engines or motors with more than 25 total horsepower if the outboard engine or motor is not owned by an "insured";

**(e)** Outboard engines or motors of more than 25 total horsepower owned by an "insured" if:

**(i)** You acquire them prior to the policy period; and:

**(a)** You declare them at policy inception; or

**(b)** Your intention to insure is reported to us in writing within 45 days after you acquire the outboard engines or motors.

**(ii)** You acquire them during the policy period.

This coverage applies for the policy period.

**(2)** That are sailing vessels, with or without auxiliary power:

**(a)** Less than 26 feet in overall length;

**(b)** 26 feet or more in overall length, not owned by or rented to an "insured".

**(3)** That are stored;

**h.** Arising out of:

**(1)** The ownership, maintenance, use, loading or unloading of an aircraft;

**(2)** The entrustment by an "insured" of an aircraft to any person; or

**(3)** Vicarious liability, whether or not statutorily imposed, for the actions of a child or minor using an aircraft.

An aircraft means any contrivance used or designed for flight, except model or hobby aircraft not used or designed to carry people or cargo;

**i.** Caused directly or indirectly by war, including the following and any consequence of any of the following:

**(1)** Undeclared war, civil war, insurrection, rebellion or revolution;

**(2)** Warlike act by a military force or military personnel; or

**(3)** Destruction, seizure or use for a military purpose.

Discharge of a nuclear weapon will be deemed a warlike act even if accidental;

**j.** Which arises out of the transmission of a communicable disease by an "insured";

**k.** Arising out of sexual molestation, corporal punishment or physical or mental abuse; or

**l.** Arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance(s) as defined by the Federal Food and Drug Law at 21 U.S.C.A. Sections 811 and 812. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the orders of a licensed physician.

**m.** Arising out of **pollution,** meaning loss caused by:

**(1)** The actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of pollutants at or from the "insured location"; or

**(2)** Any governmental direction or request that any of you test for, monitor, clean up, remove, contain, treat, detoxify or neutralize pollutants.

Exclusions **e., f., g.,** and **h.** do not apply to "bodily injury" to a "residence employee" arising out of and in the course of the "residence employee's" employment by an "insured".

**2. Coverage E – Personal Liability,** does not apply to:

**a.** Liability:

**(1)** For any loss assessment charged against you as a member of an association, corporation or community of property owners;

**(2)** Under any contract or agreement. However, this exclusion does not apply to written contracts:

**(a)** That directly relate to the ownership, maintenance or use of an "insured location"; or

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**(b)** Where the liability of others is assumed by the "insured" prior to an "occurrence";

unless excluded in **(1)** above or elsewhere in this policy;

**b.** "Property damage" to property owned by the "insured";

**c.** "Property damage" to property rented to, occupied or used by or in the care of the "insured". This exclusion does not apply to "property damage" caused by fire, smoke, explosion or water damage;

**d.** "Bodily injury" to any person eligible to receive any benefits:

**(1)** Voluntarily provided; or

**(2)** Required to be provided;

by the "insured" under any:

**(1)** Workers' compensation law;

**(2)** Non-occupational disability law; or

**(3)** Occupational disease law;

**e.** "Bodily injury" or "property damage" for which an "insured" under this policy:

**(1)** Is also an insured under a nuclear energy liability policy; or

**(2)** Would be an insured under that policy but for the exhaustion of its limit of liability.

A nuclear energy liability policy is one issued by:

**(1)** American Nuclear Insurers;

**(2)** Mutual Atomic Energy Liability Underwriters;

**(3)** Nuclear Insurance Association of Canada;

or any of their successors; or

**f.** "Bodily injury" to you or an "insured" within the meaning of part **a.** or **b.** of "insured" as defined.

**3. Coverage F – Medical Payments to Others,** does not apply to "bodily injury":

**a.** To a "residence employee" if the "bodily injury":

**(1)** Occurs off the "insured location"; and

**(2)** Does not arise out of or in the course of the "residence employee's" employment by an "insured";

**b.** To any person eligible to receive benefits:

**(1)** Voluntarily provided; or

**(2)** Required to be provided;

under any:

**(1)** Workers' compensation law;

**(2)** Non-occupational disability law; or

**(3)** Occupational disease law;

**c.** From any:

**(1)** Nuclear reaction;

**(2)** Nuclear radiation; or

**(3)** Radioactive contamination;

all whether controlled or uncontrolled or however caused; or

**(4)** Any consequence of any of these; or

**d.** To any person, other than a "residence employee" of an "insured", regularly residing on any part of the "insured location".

## SECTION II – ADDITIONAL COVERAGES

We cover the following in addition to the limits of liability:

**1. Claim Expenses.** We pay:

**a.** Expenses we incur and costs taxed against an "insured" in any suit we defend;

**b.** Premiums on bonds required in a suit we defend, but not for bond amounts more than the limit of liability for Coverage E. We need not apply for or furnish any bond;

**c.** Reasonable expenses incurred by an "insured" at our request, including actual loss of earnings (but not loss of other income) up to $50 per day, for assisting us in the investigation or defense of a claim or suit; and

**d.** Interest on the entire judgment which accrues after entry of the judgment and before we pay or tender, or deposit in court that part of the judgment which does not exceed the limit of liability that applies.

**2. First Aid Expenses.** We will pay expenses for first aid to others incurred by an "insured" for "bodily injury" covered under this policy. We will not pay for first aid to you or any other "insured".

**3. Damage to Property of Others.** We will pay, at replacement cost, up to $500 per "occurrence" for "property damage" to property of others caused by an "insured".

We will not pay for "property damage":

**a.** To the extent of any amount recoverable under Section I of this policy;

**b.** Caused intentionally by an "insured" who is 13 years of age or older;

**c.** To property owned by an "insured";

**d.** To property owned by or rented to an "insured", a tenant of an "insured" or a resident in your household; or

**e.** Arising out of:

**(1)** A "business" engaged in by an "insured";

**(2)** Any act or omission in connection with a premises owned, rented or controlled by an "insured", other than the "insured location"; or

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**(3)** The ownership, maintenance, or use of aircraft, watercraft or motor vehicles or all other motorized land conveyances.

This exclusion does not apply to a motorized land conveyance designed for recreational use off public roads, not subject to motor vehicle registration and not owned by an "insured".

4. **Loss Assessment.** We will pay up to $1000 for your share of loss assessment charged during the policy period against you by a corporation or association of property owners, when the assessment is made as a result of:

   **a.** "Bodily injury" or "property damage" not excluded under Section II of this policy; or

   **b.** Liability for an act of a director, officer or trustee in the capacity as a director, officer or trustee, provided:

   **(1)** The director, officer or trustee is elected by the members of a corporation or association of property owners; and

   **(2)** The director, officer or trustee serves without deriving any income from the exercise of duties which are solely on behalf of a corporation or association of property owners.

   This coverage applies only to loss assessments charged against you as owner or tenant of the "residence premises".

   We do not cover loss assessments charged against you or a corporation or association of property owners by any governmental body.

   Regardless of the number of assessments, the limit of $1000 is the most we will pay for loss arising out of:

   **a.** One accident, including continuous or repeated exposure to substantially the same general harmful condition; or

   **b.** A covered act of a director, officer or trustee. An act involving more than one director, officer or trustee is considered to be a single act.

   The following do not apply to this coverage:

   **1.** Section II – Coverage E – Personal Liability Exclusion **2.a.(1);**

   **2.** Condition **1.** Policy Period, under **SECTIONS I AND II – CONDITIONS.**

## SECTION II – CONDITIONS

1. **Limit of Liability.** Our total liability under Coverage E for all damages resulting from any one "occurrence" will not be more than the limit of liability for Coverage E as shown in the Declarations. This limit is the same regardless of the number of "insureds", claims made or persons injured. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence".

   Our total liability under Coverage F for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the limit of liability for Coverage F as shown in the Declarations.

2. **Severability of Insurance.** This insurance applies separately to each "insured". This condition will not increase our limit of liability for any one "occurrence".

3. **Duties After Loss.** In case of an accident or "occurrence", the "insured" will perform the following duties that apply. You will help us by seeing that these duties are performed:

   **a.** Give written notice to us or our agent as soon as is practical, which sets forth:

   **(1)** The identity of the policy and "insured";

   **(2)** Reasonably available information on the time, place and circumstances of the accident or "occurrence"; and

   **(3)** Names and addresses of any claimants and witnesses;

   **b.** Promptly forward to us every notice, demand, summons or other process relating to the accident or "occurrence";

   **c.** At our request, help us:

   **(1)** To make settlement;

   **(2)** To enforce any right of contribution or indemnity against any person or organization who may be liable to an "insured";

   **(3)** With the conduct of suits and attend hearings and trials; and

   **(4)** To secure and give evidence and obtain the attendance of witnesses;

   **d.** Under the coverage – Damage to Property of Others – submit to us within 60 days after the loss, a sworn statement of loss and show the damaged property, if in the "insured's" control;

   **e.** The "insured" will not, except at the "insured's" own cost, voluntarily make payment, assume obligation or incur expense other than for first aid to others at the time of the "bodily injury".

4. **Duties of an Injured Person – Coverage F – Medical Payments to Others.**

   The injured person or someone acting for the injured person will:

   **a.** Give us written proof of claim, under oath if required, as soon as is practical; and

   **b.** Authorize us to obtain copies of medical reports and records.

   The injured person will submit to a physical exam by a doctor of our choice when and as often as we reasonably require.

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5. **Payment of Claim – Coverage F – Medical Payments to Others.** Payment under this coverage is not an admission of liability by an "insured" or us.

6. **Action Against Us.** No action can be brought against us unless there has been compliance with the policy provisions.

   No one will have the right to join us as a party to any action against an "insured". Also, no action with respect to Coverage E can be brought against us until the obligation of the "insured" has been determined by final judgment or agreement signed by us.

7. **Bankruptcy of an Insured.** Bankruptcy or insolvency of an "insured" will not relieve us of our obligations under this policy.

8. **Other Insurance – Coverage E – Personal Liability.** This insurance is excess over other valid and collectible insurance except insurance written specifically to cover as excess over the limits of liability that apply in this policy.

## SECTIONS I AND II – CONDITIONS

1. **Policy Period.** This policy applies only to loss in Section I or "bodily injury" or "property damage" in Section II, which occurs during the policy period.

2. **Concealment or Fraud.**

   a. Under **SECTION I – PROPERTY COVERAGES,** with respect to all "insureds" covered under this policy, we provide no coverage for loss under **SECTION I – PROPERTY COVERAGES** if, whether before or after a loss, an "insured" has:

      **(1)** Intentionally concealed or misrepresented any material fact or circumstance;

      **(2)** Engaged in fraudulent conduct; or

      **(3)** Made false statements;

      relating to this insurance.

   b. Under **SECTION II- LIABILITY COVERAGES,** we do not provide coverage to an "insured" who, whether before or after a loss, has:

      **(1)** Intentionally concealed or misrepresented any material fact or circumstance;

      **(2)** Engaged in fraudulent conduct; or

      **(3)** Made false statements;

      relating to this insurance.

3. **Liberalization Clause.** If we make a change which broadens coverage under this edition of our policy without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 60 days prior to or during the policy period stated in the Declarations.

   This Liberalization Clause does not apply to changes implemented through introduction of a subsequent edition of our policy.

4. **Waiver or Change of Policy Provisions.**

   A waiver or change of a provision of this policy must be in writing by us to be valid. Our request for an appraisal or examination will not waive any of our rights.

5. **Cancellation.**

   a. You may cancel this policy at any time by returning it to us or by letting us know in writing of the date cancellation is to take effect.

   b. We may cancel this policy only for the reasons stated below by letting you know in writing of the date cancellation takes effect. This cancellation notice may be delivered to you, or mailed to you at your mailing address shown in the Declarations.

      Proof of mailing will be sufficient proof of notice.

      **(1)** When you have not paid the premium, we may cancel at any time by letting you know at least 10 days before the date cancellation takes effect.

      **(2)** When this policy has been in effect for less than 60 days and is not a renewal with us, we may cancel for any reason by letting you know at least 10 days before the date cancellation takes effect.

      **(3)** When this policy has been in effect for 60 days or more, or at any time if it is a renewal with us, we may cancel:

         **(a)** If there has been a material misrepresentation of fact which if known to us would have caused us not to issue the policy; or

         **(b)** If the risk has changed substantially since the policy was issued.

         This can be done by letting you know at least 30 days before the date cancellation takes effect.

      **(4)** When this policy is written for a period of more than one year, we may cancel for any reason at anniversary by letting you know at least 30 days before the date cancellation takes effect.

   c. When this policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata, less any applicable policy fee. The policy fee is fully earned and is not refundable, except in the case where the policy is flat cancelled.

   d. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.

   e. When we provide evidence of coverage under this policy to meet the requirements of a lease or rental agreement to the "landlord", we may also provide notice of cancellation or

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nonrenewal to the "landlord". Failure to mail such notice shall not impose any obligation or liability of any kind upon us.

6. **Nonrenewal.** We may elect not to renew this policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice at least 30 days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

7. **Assignment.** Assignment of this policy will not be valid unless we give our written consent.

8. **Subrogation.** An "insured" may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us.

   If an assignment is sought, an "insured" must sign and deliver all related papers and cooperate with us.

   Subrogation does not apply under Section II to Medical Payments to Others or Damage to Property of Others.

9. **Death.** If any person named in the Declarations or the spouse, if a resident of the same household, dies:

   **a.** We insure the legal representative of the deceased but only with respect to the premises and property of the deceased covered under the policy at the time of death;

   **b.** "Insured" includes:

   **(1)** Any member of your household who is an "insured" at the time of your death, but only while a resident of the "residence premises"; and

   **(2)** With respect to your property, the person having proper temporary custody of the property until appointment and qualification of a legal representative.

In Witness Whereof, we have caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by our authorized representative.

SECRETARY

PRESIDENT

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**IMPORTANT NOTICE**
**TO REPORT A CLAIM CALL**
**1-800-358-0600**

**Always Have Your Policy Number Available**
**When Reporting A Claim**

**ARSON PREVENTION PROGRAM**
**American Bankers Insurance Company of Florida will pay**
**$1,000.00**
**for information leading to the conviction of any person for arson to a dwelling or vehicle insured by the Company.**

**AMERICAN BANKERS INSURANCE COMPANY**
**OF FLORIDA**
11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

# ARBITRATION PROVISION

**READ THE FOLLOWING ARBITRATION PROVISION ("PROVISION") CAREFULLY. IT LIMITS CERTAIN OF YOUR RIGHTS, INCLUDING YOUR RIGHT TO A JURY TRIAL AND TO OBTAIN REDRESS THROUGH COURTS.**

As used in this Arbitration Provision, "You" and "Your" mean the policyholder or policyholders, insureds, or additional insureds, and all of his/her heirs, survivors, assigns and representatives. "We" and "Us" mean American Bankers Insurance Company of Florida.

Any and all claims, disputes, or controversies of any nature whatsoever (whether in contract, tort or otherwise), including statutory, common law, fraud (whether by misrepresentation or by omission) or other intentional tort, property, or equitable claims) arising out of, relating to, or in connection with (1) this Policy or Certificate or any prior Policy or Certificate issued by Us to You, (2) Any credit, loan or purchase transaction in connection with which this Policy or Certificate or any prior Policy or Certificate was issued by Us to You, or (3) the validity, scope, interpretation, or enforceability of this Provision or of the entire Policy or Certificate ("Claim"), shall be resolved by binding arbitration before a single arbitrator. Unless You and We mutually agree on an alternative, the arbitration will take place in the county and state where You live. All arbitrations shall be administered by the American Arbitration Association ("AAA") in accordance with its Expedited Procedures of the Commercial Arbitration Rules of the AAA in effect at the time the Claim is filed. The terms of this Provision shall control any inconsistency between the AAA's Rules and this Provision. You may obtain a copy of the AAA's Rules by calling (800) 778-7879. Upon written request We will advance to You either all or part of the fees of the AAA and of the arbitrator after You have been unsuccessful in obtaining a waiver of fees and costs from the AAA. The arbitrator will decide whether You or We will be responsible for these fees. The arbitrator shall apply relevant substantive federal and state law and applicable statutes of limitations and shall provide written, reasoned findings of fact and conclusions of law. This Arbitration Provision is part of a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act, 9 U.S.C. § 1 *et seq*. **If any portion of this Arbitration Provision is deemed invalid or unenforceable, it shall not invalidate the remaining portions of the Arbitration Provision, except that in no event shall this Arbitration Provision be amended or construed to permit arbitration on behalf of a group or class.** For the purpose of this Arbitration Provision, American Bankers Insurance Company of Florida shall be deemed to include all of its affiliates, successors and assigns, including but not limited to American Bankers Insurance Company of Florida, their respective principals, partners, officers and directors and all of the dealers, licensees, agents, and employees of any of the foregoing entities. This Arbitration Provision shall inure to the benefit of and be binding on You and each of the aforementioned persons and entities. This Provision shall continue in full force and effect subsequent to and notwithstanding the expiration of termination of this Policy or Certificate.

**No Class Actions/No Joinder of Parties:** You agree that any arbitration proceeding will only consider Your Claims. Claims by, or on behalf of, other individuals will not be arbitrated in any proceeding that is considering Your Claims. You also agree that You will not join with others to bring Claims in the same arbitration proceeding unless all such persons are named on Your Policy or Certificate.

**YOU AND WE UNDERSTAND AND AGREE THAT BECAUSE OF THIS ARBITRATION PROVISION NEITHER YOU NOR WE WILL HAVE THE RIGHT TO GO TO COURT EXCEPT AS PROVIDED ABOVE OR TO HAVE A JURY TRIAL OR TO PARTICIPATE AS ANY MEMBER OF A CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM.**

# AMERICAN BANKERS INSURANCE COMPANY
**OF FLORIDA**
11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**RENTERS INSURANCE PROGRAM**

# LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE

## SCHEDULE*

| These limits of liability apply to the total of all loss or costs payable under this endorsement, regardless of the number of "occurrences", the number of claims made, or the number of locations insured under this endorsement and listed in this Schedule. | |
|---|---|
| **1. Section I - Property Coverage Limit of Liability for the Additional Coverage "Fungi", Wet Or Dry Rot, Or Bacteria** | **$5,000** |
| **2. Section II - Coverage E Aggregate Sublimit of Liability for "Fungi", Wet Or Dry Rot, Or Bacteria** | **$10,000** |
| *Entries may be left blank if shown elsewhere in this policy for this coverage. | |

**DEFINITIONS**

The following definition is added:

**10. "Fungi"**

**a.** "Fungi" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

**b.** Under Section **II**, this does not include any fungi that are, are on, or are contained in, a good or product intended for consumption.

**SECTION I - PROPERTY COVERAGES**

**Additional Coverages**

The following Additional Coverage is added:

**12. "Fungi", Wet Or Dry Rot, Or Bacteria**

**a.** The amount shown in the Schedule above is the most we will pay for:

**(1)** The total of all loss payable under Section **I** - Property Coverages caused by "fungi", wet or dry rot, or bacteria;

**(2)** The cost to remove "fungi", wet or dry rot, or bacteria from property covered under Section **I** - Property Coverages;

**(3)** The cost to tear out and replace any part of the building or other covered property as needed to gain access to the "fungi", wet or dry rot, or bacteria; and

**(4)** The cost of testing of air or property to confirm the absence, presence or level of "fungi", wet or dry rot, or bacteria whether performed prior to, during or after removal, repair, restoration or replacement. The cost of such testing will be provided only to the extent that there is a reason to believe that there is the presence of "fungi", wet or dry rot, or bacteria.

**b.** The coverage described in **12.a.** only applies when such loss or costs are a result of a Peril Insured Against that occurs during the policy period and only if all reasonable means were used to save and preserve the property from further damage at and after the time the Peril Insured Against occurred.

**c.** The amount shown in the Schedule for this coverage is the most we will pay for the total of all loss or costs payable under this Additional Coverage regardless of the:

**(1)** Number of locations insured under this endorsement; or

**(2)** Number of claims made.

**d.** If there is covered loss or damage to covered property, not caused, in whole or in

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part, by "fungi", wet or dry rot, or bacteria, loss payment will not be limited by the terms of this Additional Coverage, except to the extent that "fungi", wet or dry rot, or bacteria causes an increase in the loss. Any such increase in the loss will be subject to the terms of this Additional Coverage.

This coverage does not increase the limit of liability applying to the damaged covered property.

**SECTION I - PERILS INSURED AGAINST**

**12. Accidental Discharge Or Overflow Of Water Or Steam** is amended to include the following:

**d.** To a building caused by constant or repeated seepage or leakage of water or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years unless such seepage or leakage of water or the presence or condensation of humidity, moisture or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a structure.

**SECTION I - EXCLUSIONS**

The following exclusion is added.

**9. "Fungi", Wet Or Dry Rot, Or Bacteria**

"Fungi", Wet Or Dry Rot, Or Bacteria meaning the presence, growth, proliferation, spread or any activity of "fungi", wet or dry rot, or bacteria.

This Exclusion does not apply:

**(a)** When "fungi", wet or dry rot, or bacteria results from fire or lightning; or

**(b)** To the extent coverage is provided for in the "Fungi", Wet Or Dry Rot, Or Bacteria Additional Coverage under Section **I** - Property Coverages with respect to loss caused by a Peril Insured Against other than fire or lightning.

Direct loss by a Peril Insured Against resulting from "fungi", wet or dry rot, or bacteria is covered.

**SECTION II – CONDITIONS**

Condition **1. Limit Of Liability** is deleted and replaced by the following:

**1. Limit Of Liability**

Our total liability under Coverage **E** for all damages resulting from any one “occurrence” will not be more than the Coverage **E** limit of liability shown in the Declarations. This limit is the same regardless of the number of “insureds”, claims made or persons injured. All “bodily injury” and “property damage” resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions will be considered to be the result of one “occurrence”.

Our total liability under Coverage **F** for all medical expense payable for “bodily injury” to one person as the result of one accident will not be more than the Coverage **F** limit of liability shown in the Declarations.

However, our total liability under Coverage **E** for the total of all damages arising directly or indirectly, in whole or in part, out of the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any "fungi", wet or dry rot, or bacteria will not be more than the Section **II** Coverge **E** Aggregate Sublimit of Liability for "Fungi", Wet Or Dry Rot, Or Bacteria. That sublimit is the amount shown in the Schedule. This is the most we will pay regardless of the:

**1.** Number of locations insured under the policy to which this endorsement is attached;

**2.** Number of persons injured;

**3.** Number of persons whose property is damaged;

**4.** Number of "insureds"; or

**5.** Number of “occurrences” or claims made.

This sublimit is within, but does not increase, the Coverage **E** limit of liability. It applies separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations.

With respect to damages arising out of "fungi", wet or dry rot, or bacteria described in **1**. **Limit Of Liability** of this endorsement, Condition **2. Severability Of Insurance** is deleted and replaced by the following:

**2. Severability Of Insurance**

This insurance applies separately to each "insured" except with respect to the Aggregate Sublimit of Liability described in this endorsement under Section **II** Conditions **1.** Limit Of Liability. This condition will not increase the limit of liability for this coverage.

**SECTIONS I AND II CONDITIONS**

Condition **1. Policy Period** is deleted and replaced by the following:

**1. Policy Period.** This policy applies to loss or costs which occur during the policy period.

**All other provisions of the policy apply.**

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# RACE, NATIONAL ORIGIN & GENDER FORM

## COMMUNITY SERVICE STATEMENT
## American Bankers Insurance Company of Florida

# _____ Policyholder Number (for New Business Only)

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

***No such information shall be used for purposes of underwriting or rating any policyholder.***

Policyholder's Name and Address (to be provided in order to refer back to the policy)
Note: use additional forms if needed.

_____

_____

_____

Policy Type

| | | | |
|---|---|---|---|
| Fire Personal | _____ | Fire Commercial | _____ |
| Homeowners | _____ | Commercial Multi-Peril | _____ |
| Private Passenger Auto-Liability | _____ | | |

- If policyholder does not wish to provide the Department of Insurance with this information, please check here. ___

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as an individual, spouse, domestic partner, or business partner(s) named on the policy.

| | POLICYHOLDER | | | | CO-POLICYHOLDER | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Non-Binary | Business | Male | Female | Non-Binary | Business |
| African-American | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| American Indian or Alaskan Native | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Asian/Pacific Islander | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Latino | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| White | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

# MANDATORY ENDORSEMENT
# CALIFORNIA

**THIS ENDORSEMENT CHANGES YOUR POLICY AND/OR CERTIFICATE. PLEASE READ IT CAREFULLY.**

It is understood and agreed that the following provisions are added:

**Requirements in case loss occurs**

The insured shall give written notice to this company of any loss without unnecessary delay, protect the property from further damage, forthwith separate the damaged and undamaged personal property, put it in the best possible order, furnish a complete inventory of the destroyed, damaged and undamaged property, showing in detail quantities, costs, actual cash value and amount of loss claimed; and within 60 days after the loss, unless the time is extended in writing by this company, the insured shall render to this company a proof of loss, signed and sworn to by the insured, stating the knowledge and belief of the insured as to the following: the time and origin of the loss, the interest of the insured and of all others in the property, the actual cash value of each item thereof and the amount of loss thereto, all encumbrances thereon, all other contracts of insurance, whether valid or not, covering any of said property, any changes in the title, use, occupation, location, possession or exposures of said property since the issuing of this policy, by whom and for what purpose any building herein described and the several parts thereof were occupied at the time of loss and whether or not it then stood on leased ground, and shall furnish a copy of all the descriptions and schedules in all policies and, if required and obtainable, verified plans and specifications of any building, fixtures or machinery destroyed or damaged. The insured, as often as may be reasonably required and subject to the provisions of Section 2071.1, shall exhibit to any person designated by this company all that remains of any property herein described, and submit to examinations under oath by any person named by this company, and subscribe the same; and, as often as may be reasonably required, shall produce for examination all books of account, bills, invoices and other vouchers, or certified copies thereof if originals be lost, at such reasonable time and place as may be designated by this company or its representative, and shall permit extracts and copies thereof to be made. The insurer shall inform the insured that tax returns are privileged against disclosure under applicable state law but may be necessary to process or determine the claim.

The insurer shall notify every claimant that they may obtain, upon request, copies of claim-related documents. For purposes of this section, "claim-related documents" means all documents that relate to the evaluation of damages, including, but not limited to, repair and replacement estimates and bids, appraisals, scopes of loss, drawings, plans, reports, third party findings on the amount of loss, covered damages, and cost of repairs, and all other valuation, measurement, and loss adjustment calculations of the amount of loss, covered damage, and cost of repairs. However, attorney work product and attorney-client privileged documents, and documents that indicate fraud by the insured or that contain medically privileged information, are excluded from the documents an insurer is required to provide pursuant to this section to a claimant. Within 15 calendar days after receiving a request from an insured for claim-related documents, the insurer shall provide the insured with copies of all claim-related documents, except those excluded by this section. Nothing in this section shall be construed to affect existing litigation discovery rights.

**Appraisal**

In case the insured and this company shall fail to agree as to the actual cash value or the amount of loss, then, on the written request of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within 20 days of the request. Where the request is accepted, the appraisers shall first select a competent and disinterested umpire; and failing for 15 days to agree upon the umpire, then, on request of the insured or this company, the umpire shall be selected by a judge of a court of record in the state in which the property covered is located. Appraisal proceedings are informal unless the insured and this company mutually agree otherwise. For purposes of this section, "informal" means that no formal discovery shall be conducted, including depositions, interrogatories, requests for admission, or other forms of formal civil discovery, no formal rules of evidence shall be applied, and no court reporter shall be used for the proceedings.

The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item; and, failing to agree, shall submit their differences, only, to the umpire. An award in writing, so itemized, of any two when filed with this company shall determine the amount of actual cash value and loss. Each appraiser shall be paid by the party selecting him or her and the expenses of appraisal and umpire shall be paid by the parties equally. In the event of a government-declared disaster, as defined in the Government Code, appraisal may be requested by either the insured or this company but shall not be compelled.

**Adjusters**

If, within a six-month period, the company assigns a third or subsequent adjuster to be primarily responsible for a claim, the insurer, in a timely manner, shall provide the insured with a written status report. For purposes of this section, a written status report shall include a summary of any decisions or actions that are substantially related to the disposition of a claim, including, but not limited to, the amount of losses to structures or contents, the retention or consultation of design or construction professionals, the amount of coverage for losses to structures or contents and all items of dispute.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY AND/OR CERTIFICATE REMAIN UNCHANGED.**

# AMERICAN BANKERS INSURANCE COMPANY
OF FLORIDA

11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

## RENTERS INSURANCE PROGRAM

## NO SECTION II – LIABILITY COVERAGES FOR HOME DAY CARE BUSINESS
## LIMITED SECTION I – PROPERTY COVERAGES FOR HOME DAY CARE BUSINESS

**THIS ENDORSEMENT AMENDS THE POLICY. PLEASE READ IT CAREFULLY.**

If an "insured" regularly provides home day care services to a person or persons other than "insureds" and receives monetary or other compensation for such services, that enterprise is a "business." Mutual exchange of home day care services, however, is not considered compensation. The rendering of home day care services by an "insured" to a relative of an "insured" is not considered a "business."

Therefore, with respect to a home day care enterprise which is considered to be a "business," this policy:

1. Does not provide **Section II – Liability Coverages** because a "business" of an "insured" is excluded under exclusion **1.b**. of **Section II – Exclusions**;
2. Does not provide **Section I – Coverage B** coverage where other structures are used in whole or in part for "business";
3. Limits coverage for property used on the "residence premises" for the home day care enterprise to $2,500, because **Coverage C – Special Limits of Liability** – item **8.** imposes that limit on "business" property on the "residence premises";
4. Limits coverage for property used away from the "residence premises" for the home day care enterprise to $250, because **Coverage C – Special Limits of Liability** – item **9.** imposes that limit on "business" property away from the "residence premises." Special Limit of Liability - item **9.** does not apply to adaptable electronic apparatus as described in Special Limit of Liability items **10.** and **11**.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME.**


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# American Bankers Insurance Company of Florida

A Stock Insurance Company

11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244


## RENTERS INSURANCE PROGRAM
## MANDATORY AMENDATORY ENDORSEMENT
## CALIFORNIA

**THIS ENDORSEMENT AMENDS THE POLICY. PLEASE READ IT CAREFULLY.**

### NOTICE

Throughout this policy, the term spouse includes an individual registered under California law as a domestic partner with the "named insured" shown in the Declarations.

### DEFINITIONS

Under item **3.** "Insured", the following is added to the definition of "insured":

**e.** With respect to "property damage" under SECTION II, any person residing at the "insured location" but only if that person is listed on the lease that applies to the "insured location".

The following definitions are added:

**10.** "Fungi" means:
- **a.** Any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by "fungi".
- **b.** Under Section **II**, this does not include any "fungi" that are, are on, or are contained in, a good or product intended for consumption.

**11.** "Interested Party" means the person or organization listed on the Declarations Page that has an interest in ensuring coverage exists on the "residence premises".

**12.** "Personal Injury" means injury, other than "bodily injury", arising out of one or more of the following acts:
- **a.** False arrest, detention or imprisonment;
- **b.** Malicious prosecution;
- **c.** Wrongful eviction of a person from premises that the person occupies;
- **d.** Oral or written publication of material that slanders or libels a person or organization;
- **e.** Oral or written publication of material that violates a person's right of privacy.

### SECTION I - PROPERTY COVERAGES

Under **COVERAGE C - Personal Property**, the first and second paragraphs are deleted and replaced by the following:

We cover personal property owned or used by an "insured" while it is anywhere in the world. At your request, we will cover personal property owned by:

**1.** Others while the property is on the part of the "residence premises" occupied by an "insured";

**2.** A guest while the property is in any residence occupied by an "insured";

**3.** A "Residence employee" while the property:

**a.** Is in any residence occupied by an "insured", or

**b.** Is in the physical custody of that employee and that employee is engaged in the service of an "insured."

Our limit of liability for personal property usually located at an "insured's" residence, other than the "residence premises", is 10% of the limit of liability for Coverage C, or $1000, whichever is greater. Personal property in a newly acquired principal residence is not subject to this limitation for the 30 days from the time you begin to move the property there.

Our limit of liability for personal property owned or used by an "insured" and located in a self-storage facility is 20% of the limit of liability for Personal Property or $5,000, whichever is greater. However, this limitation does not apply to personal property usually located in an "insured's" residence, other than the "residence premises".

The **Special Limits of Liability** section is deleted and replaced by the following:

**Special Limits of Liability.** These limits do not increase the Coverage C limit of liability. The special limit for each numbered category below is the total limit for each loss for all property in that category.

**1.** $200 on money, bank notes, bullion, gold other than goldware, silver other than silverware, platinum other than platinumware, coins, medals, scrip, stored value cards and smart cards.

**2.** $1500 on securities, accounts, deeds, evidences of debt, letters of credit, notes other than bank notes, manuscripts, personal records, passports, tickets and stamps. This dollar limit applies to these categories regardless of the medium (such as paper or computer software) on which the material exists.

This limit includes the cost to research, replace or restore the information from the lost or damaged material.

**3.** $1500 on watercraft of all types, including their trailers, furnishings, equipment and outboard engines or motors.

**4.** $1500 on trailers or semitrailers not used with watercraft.

**5.** $1500 for loss by theft of jewelry, watches, furs, precious and semi-precious stones.


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6. $2500 for loss by theft of firearms and related equipment.

7. $2500 for loss by theft of silverware, silver-plated ware, goldware, gold-plated ware, platinumware, platinum-plated ware and pewterware. This includes flatware, hollowware, tea sets, trays and trophies made of or including silver, gold or pewter.

8. $2500 on property, on the "residence premises", used at any time or in any manner for any "business" purpose.

9. $500 on property, away from the "residence premises", used at any time or in any manner for any "business" purpose. However, this limit does not apply to loss to adaptable electronic apparatus as described in Special Limits **10.** and **11.** below.

10. $1500 for loss to electronic apparatus and accesories, while in or upon a motor vehicle or other motorized land conveyance, if the electronic apparatus is equipped to be operated by power from the electrical system of the vehicle or conveyance while retaining its capability of being operated by other sources of power.

    Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this item **10**.

11. $1500 for loss to electronic apparatus and accessories, while not in or upon a motor vehicle or other motorized land conveyance, if the electronic apparatus:
    a. Is equipped to be operated by power from the electrical system of the vehicle or conveyance while retaining its capability of being operated by other sources of power;
    b. Is away from the "residence premises"; and
    c. Is used at any time or in any manner for any "business" purpose.

    Accessories include antennas, tapes, wires, records, discs or other media that can be used with any apparatus described in this item **11**.

**COVERAGE D - Loss of Use**

Under **Coverage D - Loss Of Use,** the following paragraph is added to item **1.**

However, if a state of emergency under California Law is declared, payment will be for a period of no less than;

a. The time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere; or

b. 24 months from the date of loss;

whichever is shorter.

If you, acting in good faith and with reasonable diligence, encounter a delay or delays in approval for, or reconstruction of, the "residence premises" that are beyond your control, we shall provide an additional extension of 12 months. Circumstances beyond your control include, but are not limited to:
a. Unavoidable construction permit delays;

b. The lack of necessary construction materials; or

c. The unavailability of contractors to perform the necessary work.

We shall provide one or more additional extensions of six months for good cause.

Item **3.** is deleted and replaced by the following:

3. If a civil authority prohibits you from use of the "residence premises" as a result of direct damage to neighboring premises by a Peril Insured Against in this policy, we cover the Additional Living Expense and Fair Rental Value loss as provided under **1.** and **2.** above for no more than two weeks.

   However, in the event of a covered loss relating to a state of emergency (as defined in *Government Code section 8558), we cover the Additional Living Expense loss as provided under **1.** and **2.** above for a period of 24 months.

If a state of emergency under California law is declared and is accompanied by an order from a civil authority that prohibits you from use of the "residence premises" related to a Peril Insured Against, we cover the loss as provided in 1. Additional Living Expense above for a period of two weeks. We shall provide one or more additional extensions of two weeks for good cause.

**SECTION I – PERILS INSURED AGAINST**

Item **6.** is amended as follows:

6. **Vehicles.** Damage or loss to property as a result of a vehicle accident.

Item **11.** is replaced with the following:

11. **Weight of ice, snow or sleet**, which causes damage to the property contained in the building.

Item **15**. is deleted and replaced by the following:

15. **Sudden and accidental damage from artificially generated electrical current.**

**SECTION I - EXCLUSIONS**

Item **2. Earth Movement** is replaced by the following:

2. **Earth Movement,** meaning:
   a. Earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
   b. Landslide, mudslide or mudflow;
   c. Subsidence or sinkhole; or
   d. Any other earth movement including earth sinking, rising or shifting.


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This exclusion **2.** applies regardless of whether any of the above in **2.a.** through **2.d.** is caused by an act of nature or is otherwise caused.

However, direct loss by fire, explosion or theft resulting from any of the above in **2.a.** through **2.d.** is covered.

Item **3. Water Damage** is deleted and replaced by the following:

**3. Water Damage**, meaning:

**a.** Flood, including but not limited to flash flood, surface water, waves, including tidal wave and tsunami, tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind, including storm surge;

**b.** Water or water borne material which backs up through sewers or drains or which overflows from a sump, sump pump or related equipment; or

**c.** Water below the surface of the ground, including water which exerts pressure on, or seeps, leaks or flows through a building, sidewalk, driveway, patio, foundation, swimming pool or other structure.

This exclusion applies to, but is not limited to, escape, overflow or discharge, for any reason, of water or waterborne material from a dam, levee, seawall or any other boundary or containment system whether natural, man-made or otherwise made.

However, direct loss by fire, explosion or theft resulting from water damage is covered.

Under item **8. Intentional Loss**, the following paragraph is added:

This exclusion does not apply, with respect to loss to covered property caused by fire, to an "insured" who does not commit or conspire to commit, any act that results in loss by fire. We cover such "insured" only to the extent of that "insured's" legal interest, but not exceeding the applicable limit of liability.

We may apply reasonable standards of proof to claims for such loss.

## SECTION I - CONDITIONS

Under item **2.b. Your Duties After Loss**, item **b.** is amended as follows:

**b.** Notify the police in case of loss by theft or vandalism or malicious mischief.

Item **6. Appraisal** is deleted and replaced by the following:

**6. Appraisal**. If you and we fail to agree on the amount of loss, then either party may make a written request for an appraisal. However, both parties must agree to the appraisal. In this event, each party will select a competent and impartial appraiser. Each party shall notify the other of the appraiser selected within 20 days of the request. Where the request is accepted, the two appraisers will select a competent and impartial umpire. If they cannot agree upon an umpire within 15 days, you or we may request that the choice be made by a judge of a court of record in the state where the "residence premises" is located. The appraisers will appraise the loss, stating separately the loss to each item. If they fail to agree, they will submit their differences to the umpire. An award in writing, agreed to by any two, will set the amount of loss.

Each party will:

**a.** Pay its own appraiser; and

**b.** Bear the other expenses of the appraisal and umpire equally.

Item **8. Action Against Us** is replaced by the following:

**8. Action Against Us.** No action shall apply against us unless:

**a.** There has been full compliance with all the terms of this policy; and

**b.** The action is brought within 1 year from the date when you discover the loss.

If the loss is related to a state of emergency, as defined in subdivision (b) of Section 8558 of the Government Code, the time limit to bring action is extended to 2 years after inception of the loss.

Item **10. Loss Payment** is deleted and replaced by the following:

**10. Loss Payment.** We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable 30 days after we receive your proof of loss and:

**a.** Reach an agreement with you;

**b.** There is an entry of a final judgment; or

**c.** There is a filing of an appraisal award with us.

## SECTION II - EXCLUSIONS

Under **2. Coverage E - Personal Liability**, the following exclusion is added:

**g.** Personal injury of any sort, including but not limited to "bodily injury", psychological or emotional injury, or defamatory injury to reputation.

## SECTION II – ADDITIONAL COVERAGES

Under **3. Damage to Property of Others,** paragraph **b.** is deleted and replaced by the following:

**b.** Caused intentionally by an "insured" who is 13 years of age or older, except with respect to loss to property caused by fire, this exclusion does not apply to any "insured" who does not commit or conspire to


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commit, any act that results in loss by fire. We may apply reasonable standards of proof to claims for such loss;

**SECTION II – CONDITIONS**

Condition **2. Severability of Insurance** is deleted and replaced by the following:

**2. Severability of Insurance.** This insurance applies separately to *any* "insured". This condition will not increase our limit of liability for any one "occurrence".

**SECTIONS I AND II - CONDITIONS**

Condition **2. Concealment or Fraud** is deleted and replaced by the following:

**2. Concealment or Fraud.**

**a.** Under **SECTION I - PROPERTY COVERAGES**, with respect to loss caused by fire, we do not provide coverage, to the "insured" who, whether before or after a loss, has:

**(1)** Intentionally concealed or misrepresented any material fact or circumstance; or

**(2)** Engaged in fraudulent conduct; or

**(3)** Made false statements;

relating to this insurance.

Under **SECTION I - PROPERTY COVERAGES,** with respect to loss caused by a peril other than fire, we provide no coverage under this policy if, whether before or after a loss, an "insured" has:

**(1)** Intentionally concealed or misrepresented any material fact or circumstance; or

**(2)** Engaged in fraudulent conduct; or

**(3)** Made false statements;

relating to this insurance.

**b.** Under **SECTION II - LIABILITY COVERAGES**, we do not provide coverage to an "insured" who, whether before or after a loss, has:

**(1)** Intentionally concealed or misrepresented any material fact or circumstance;

**(2)** Engaged in fraudulent conduct; or

**(3)** Made false statements;

relating to this insurance.

Under item **5. Cancellation.** Paragraphs **b. (2)**, **b. (3)**, **b. (4)**, **c**, **d, e** and **f.** are deleted and replaced by the following:

**b. (2)** When this policy has been effect for less than 60 days and is not a renewal with us, we may cancel for any reason, except as provided below, by letting you know at least 20 days before the date cancellation takes effect.

We may not cancel this policy solely because you:

**(a)** have accepted an offer of earthquake coverage; or

**(b)** have a license to operate a home day care at the "residence premises."

**(c)** cancelled or did not renew an earthquake policy issued by the California Earthquake Authority (CEA) that included an earthquake policy premium surcharge.
However, we may cancel this policy if you have accepted a new or renewal policy issued by the CEA that included an earthquake policy premium surcharge, but you failed to pay the earthquake policy premium surcharge authorized by the CEA.

**b. (3)** When this policy has been in effect for 60 days or more, or at any time if it is a renewal with us, we may cancel if there has been:

**(a)** Conviction of a crime having as one of its necessary elements an act increasing the hazard insured against; or

**(b)** Discovery of fraud or material misrepresentation by:
**(i)** any "insured" or his or her representative in obtaining this insurance; or
**(ii)** you or your representative in pursuing a claim under this policy; or

**(c)** Discovery of grossly negligent acts or omissions substantially increasing any of the hazards insured against; or

**(d)** Physical changes in the property insured against which result in the property becoming uninsurable.

**(e)** Acceptance of a new or renewal policy issued by the CEA that included an earthquake policy premium surcharge, but you failed to pay the earthquake policy premium surcharge authorized by the CEA.

This can be done by notifying you at least 30 days before the date cancellation takes effect.

**b. (4)** When this policy is written for a period longer than one year, we may cancel for any reason at


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anniversary by notifying you at least 45 days before the date cancellation takes effect.

**c.** When the policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.

**d.** If, when we cancel this policy, the return premium is not refunded with the notice of cancellation, we will refund it within 25 days after we send the cancellation notice to you. If, when you cancel this policy, the return premium is not refunded when this policy is returned to us, we will refund it within 25 days of the date when we receive your notice of cancellation.

**e.** When we provide evidence of coverage under this policy to meet requirements of a lease or rental agreement to the "landlord" or "interested party", we may also provide notice of cancellation or nonrenewal to the "landlord" or "interested party". Failure to mail such notice shall not impose any obligation or liability of any kind upon us.

**f.** If you have designated an additional person or company to receive notice of lapse, termination, expiration, nonrenewal, or cancellation of your policy for nonpayment of premium, we will mail or deliver to the designated person or company advance written notice at least 10 days before the effective date of such lapse, termination, expiration, nonrenewal, or cancellation of your policy for nonpayment of premium. The designated person or company does not have any rights to benefits under this policy, other than the right to receive such notice.

Under item **5. Cancellation,** item **g.** is added:

**g.** If a state of emergency under California Law is declared and the "residence premises" is located in any ZIP Code within or adjacent to the fire perimeter, as determined by California Law, we may not cancel this policy for one year, beginning from the date the state of emergency is declared, solely because the "residence premises" is located in an area in which a wildfire has occurred. However, this requirement will not apply in the following circumstances:

**(1)** When you have not paid the premium at any time by letting you know at least 10 days before the date cancellation takes effect.

**(2)** If willful or negligent acts or omissions by you, or your representatives, are discovered that materially increase any of the risks insured against; or

**(3)** If there are physical changes in the property insured against, beyond the catastrophe-damaged condition of the structures and surface landscape,which result in the property becoming uninsurable.

Item **6. Nonrenewal** is deleted and replaced by the following:

**6. Nonrenewal.**

**a.** We may elect not to renew this policy, subject to the provisions of **b.** below. We may do so by delivering to you at your mailing address shown in the Declarations, written notice at least 75 days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

**b.** We will not refuse to renew this policy solely because you:
**(1)** have accepted an offer of earthquake coverage; or
**(2)** have a license to operate a home day care at the "residence premises"; or
**(3)** have a claim that is pending under the policy unless such claim is made under coverage for loss caused by an earthquake; or
**(4)** cancelled or did not renew an earthquake policy, issued by the CEA, that included an earthquake policy premium surcharge.

**c.** If this policy is written for a period of less than one year, we agree not to refuse to renew except at the end of an annual period commencing with the original or renewal effective date.

**d.** If a state of emergency under California Law is declared and the "residence premises" is located in any ZIP Code within or adjacent to the fire perimeter, as determined by California Law, we may not nonrenew this policy for one year, beginning from the date the state of emergency is declared, solely because the "residence premises" is located in an area in which a wildfire has occurred. However, this requirement will not apply in the following circumstances:

**(1)** If willful or negligent acts or omissions by you, or your representatives, are discovered that materially increase any of the risks insured against; or

**(2)** If there are physical changes in the property insured against, beyond the catastrophe-damaged condition of the structures and surface landscape, which result in the property becoming uninsurable; or

**(3)** If losses unrelated to the post disaster loss condition of the property have occurred that would collectively render the risk ineligible for renewal.


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***Government Code 8558 - CA**

"State of emergency" means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, complications resulting from the Year 2000 Problem, or other conditions, other than conditions resulting from a labor controversy or conditions causing a "state of war emergency," which, by reason of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission.

"Local emergency" means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, complications resulting from the Year 2000 Problem, or other conditions, other than conditions resulting from a labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME.**


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# AMERICAN BANKERS INSURANCE COMPANY
**OF FLORIDA**
**Administrative Office: 11222 Quail Roost Drive, Miami, FL 33157**

## DISCLOSURE FORM
## PROGRAM INCLUDES BUILDING CODE
## UPGRADE COVERAGE
## CALIFORNIA

**Ordinance or Law.**

**a.** You may use up to 10% of the limit of liability that applies to Building Additions and Alterations for the increased costs you incur due to the enforcement of any ordinance or law which requires or regulates:

**(1)** The construction, demolition, remodeling, renovation, or repair of that part of a covered building or other structure damaged by a Peril Insured Against;

**(2)** The demolition and reconstruction of the undamaged part of a covered building or other structure, when that building or other structure must be totally demolished because of damage by a Peril Insured Against to another part of that covered building or other structure; or

**(3)** The remodeling, removal, or replacement of the portion of the undamaged part of a covered building or other structure necessary to complete the remodeling, repair, or replacement of that part of the covered building or other structure damaged by a Peril Insured Against.

**b.** You may use all or part of this ordinance or law coverage to pay for the increased costs you incur to remove debris resulting from the construction, demolition, remodeling, renovation, repair, or replacement of property as stated in **a.** above.

**c.** We do not cover:

**(1)** The loss in value to any covered building or other structure due to the requirements of any ordinance or law; or

**(2)** The costs to comply with any ordinance or law which requires any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of, pollutants on any covered building or other structure.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned, or reclaimed.

This coverage is additional insurance.

**SECTION I – EXCLUSIONS**

We do not insure for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

**1. Ordinance or Law,** meaning any ordinance or law:

**a.** Requiring or regulating the construction, demolition, remodeling, renovation, or repair of property, including removal of any resulting debris. This exclusion **1.a.** does not apply to the amount of coverage that may be provided for under **ADDITIONAL COVERAGES, Glass or Safety Glazing Material** or **Ordinance or Law**;

**b.** The requirements of which results in a loss in value to property; or

**c.** Requiring any "insured" or others to test for, monitor, clean-up, remove, contain, treat, detoxify, or neutralize, or in any way respond to, or assess the effects of, pollutants.

This exclusion applies whether or not the property has been physically damaged.

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# RENTERS INSURANCE PROGRAM
# LIMITED BED BUG REMEDIATION ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DEFINITIONS**

With respect to the provisions of this endorsement only, the following definitions are added:

1. "Bed bugs" means insects, categorized as cimex lectularius, that feed on the blood of human beings.
2. "Verified bed bug infestation" means an infestation that has been confirmed by a licensed pest control professional to specifically involve the species of insects known as "bed bugs".

**SECTION I – PROPERTY COVERAGES**

**Coverage D – Loss of Use**

The following has been added:

If the "residence premises" is uninhabitable due to a "verified bed bug infestation", we cover any necessary increase in living expenses incurred by you so that your household can maintain its normal standard of living. The limit of liability is $500 per policy period.

Payment will be for the shortest time required to seal off and treat the "residence premises", or if you permanently relocate, the shortest time required for your household to settle elsewhere.

**SECTION I – PERILS INSURED AGAINST**

The following is added:

**Verified Bed Bug Infestation** - This coverage is limited to the "residence premises". The limit of liability is $500 per policy period.

**SECTION II - ADDITIONAL COVERAGES**

The following is added:

**Verified Bed Bug Infestation**

**a. Bed Bug Remediation Expense**

This endorsement provides coverage for "verified bed bug infestation" in the "residence premises". The limit of liability is $1,000 per policy period.

We will pay up to the limit of liability for expenses incurred by an "insured" or "landlord" to hire a licensed professional exterminator, as the direct result of a "verified bed bug infestation" first discovered or learned of during the policy period.

We will pay up to the limit of liability for a licensed professional exterminator to:

**(1)** Treat the infested "residence premises"; and
**(2)** Seal off and treat immediately adjacent properties to prevent further infestation during treatment; and
**(3)** Properly dispose of infested property, as necessary.

**SECTION I - EXCLUSIONS**

The following is added:

1. Personal property belonging to anyone other than an "insured".
2. "Property damage" that occurs off the "residence premises".
3. Routine or ongoing extermination of the "residence premises".
4. The cost of inspections to detect or verify the presence of "bed bugs" at the "residence premises", other than inspection after treatment for a "verified bed bug infestation" to confirm elimination of "bed bugs" from the "residence premises".

**SECTION II – EXCLUSIONS**

The following is added:

**Coverage E – Personal Liability** and **Coverage F – Medical Payments to Others** do not apply to "bodily injury" arising out of or contributed to by a "bed bug" or "verified bed bug infestation".

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME.**

# AMERICAN BANKERS INSURANCE COMPANY
## OF FLORIDA

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## RENTERS INSURANCE PROGRAM
## WORKERS COMPENSATION
## RESIDENCE EMPLOYEES
## CALIFORNIA

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

We agree, with respect to "residence employees":

**Under Coverage I**

To pay when due all benefits required of an "insured" by the California Workers' Compensation Law; and

**Under Coverage II**

To pay on behalf of an "insured" all damages for which the "insured" is legally liable because of "bodily injury" sustained by a "residence employee". The "bodily injury" must be caused by accident or disease and arise out of and in the course of employment by the "insured" while:

**a.** In the United States of America, its territories or possessions, or Canada, or

**b.** Temporarily elsewhere if the "residence employee" is a citizen or resident of the United States or Canada.

**Coverage II** does not apply to any suit brought in or judgment rendered by any court outside the United States of America, its territories and possessions, or Canada, or to any action on such judgment.

**Who is Covered**

A "residence employee" is covered if during the 90 calendar days immediately before the date of injury the employee has:

**a.** Actually been engaged in such employment by the "insured" for no less than 52 hours, and

**b.** Earned no less than one hundred dollars ($100) in wages.

**Application of Coverage**

This insurance applies only to "bodily injury" which occurs during the policy period. If the "bodily injury" is a disease, it must be caused or aggravated by the conditions of the "residence employee's" employment by the "insured".

**Policy Provisions**

This insurance is subject to all the provisions of this endorsement and the following provisions of this policy:

**a.** Under **Sections I and II – Conditions**:

**4.** Waiver or Change of Policy Provisions.

**5.** Cancellation.

**7.** Assignment.

**8.** Subrogation.

**b.** Under **Section II – Conditions**:

**3.** Duties After Loss.

**6.** Action Against Us.

**c.** Our agreement to defend the "insured" as provided under **Coverage E – Personal Liability**.

**d.** Under **Section II – Additional Coverages**:

**1.** Claim Expenses.

**2.** First Aid Expenses.

**e.** The definition of "bodily injury", "business", "insured" and "residence employee".

**Additional Provisions Applicable to Coverage I**

The following provisions are applicable to **Coverage I**:

**a.** We shall be directly and primarily liable to any "residence employee" of an "insured" entitled to the benefits of the California Workers' Compensation Law.

**b.** As between the "residence employee" and us, notice to or knowledge of the "occurrence" of the injury on the part of an "insured" will be deemed notice or knowledge on our part.

**c.** The jurisdiction of an "insured" will, for the purpose of the law imposing liability for compensation, be our jurisdiction.

**d.** We will be subject to the orders, findings, decisions or awards rendered against an "insured", under the provisions of the law imposing liability for compensation, subject to the provisions, conditions and limitations of this policy. This policy shall govern as between an "insured" and us as to payments by either in discharge or an "insured's" liability for compensation.

**e.** The "residence employee" has a first lien upon any amount which we owe you on account of this insurance. In case of your legal incapacity or inability to receive the money and pay it to the "residence employee", we will pay it directly to the "residence employee". Your obligation to the "residence employee" will be discharged to the extent of such payment.

**Limits of Liability Coverage II**

Our total limit of liability will not exceed $100,000 for all damages because of "bodily injury":

**a.** Sustained by one or more "residence employees" in any one accident; or

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**b.** Caused by disease and sustained by a "residence employee".

Our total limit of liability will not exceed $500,000 for all damages arising out of "bodily injury" by disease regardless of the number of "residence employees" who sustain "bodily injury" by disease.

**Other Insurance**

This insurance does not apply to any loss to which other valid and collectible Workers' Compensation or Employers' Liability Insurance applies.

**Conformity to Statute**

Terms of this insurance which are in conflict with the California Workers' Compensation Law are amended to conform to that law.

**Exclusions**

This policy does not apply:

**a.** To liability for additional compensation imposed on an "insured" under Sections 4553 and 4557, Division IV, Labor Code of the State of California, because of the serious and willful misconduct of an "insured", or because of "bodily injury" to an employee under 16 years of age and illegally employed at the time of injury;

**b.** To liability for "bodily injury" arising out of "business" pursuits of an "insured".

**c.** Under **Coverage II**:

**1.** To liability assumed by the "insured" under any contract or agreement.

**2.** To "bodily injury" by disease unless a written claim is made or suit brought against the "insured" within 36 months after the end of the policy period.

**3.** To any obligation under a workers' compensation, unemployment or disability benefits law or any similar law.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME.**

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## NOTICE OF DESIGNATED PERSON TO RECEIVE NOTICE OF CANCELLATION OR NONRENEWAL – CALIFORNIA

In compliance with CAL INS. CODE § 396, you have the right to designate an additional person and/or a company to receive notice of lapse, termination, expiration, nonrenewal, or cancellation of your policy for nonpayment of premium.

The designated person or company will not have any rights to benefits under your policy, other than the right to receive notice of lapse, termination, expiration, nonrenewal, or cancellation of your policy for nonpayment of premium.

If you would like to designate or change the designated person or company who is allowed to receive notice of cancellation or nonrenewal, complete the schedule below and mail or deliver this completed notice to us.

| Additional Person or Company to Receive Notice of Cancellation or Nonrenewal |
|---|
| **Name of Additional Person:** |
| **Address:** |
| **Company Name:** |
| **Company Address:** |

# CALIFORNIA FRAUD STATEMENT

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**American Bankers Insurance Company of Florida**
A Stock Insurance Company
11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

## DISCLOSURE NOTICES - CALIFORNIA

### California Residential Property Insurance Bill of Rights

A consumer is entitled to receive information regarding homeowner's insurance. The following is a limited overview of information that your insurance company can provide:

- The insurance company's customer service telephone number for underwriting, rating, and claims inquiries.
- A written explanation for any cancellation or nonrenewal of your policy.
- A copy of the insurance policy.
- An explanation of how your policy limits were established.
- In the event of a claim, an itemized, written scope of loss report prepared by the insurer or its adjuster within a reasonable time period.
- In the event of a claim, a copy of the Unfair Practices Act and, if requested, a copy of the Fair Claims Settlement Practices Regulations.
- In the event of a claim, notification of a consumer's rights with respect to the appraisal process for resolving claims disputes.
- An offer of coverage and premium quote for earthquake coverage, if eligible.

A consumer is also entitled to select a licensed contractor or vendor to repair, replace, or rebuild damaged property covered by the insurance policy.

The information provided herein is not all inclusive and does not negate or preempt existing California law. If you have any concerns or questions, contact your agent, broker, insurance company, or the California Department of Insurance consumer information line at (800) 927-HELP (4357) or at www.insurance.ca.gov for free insurance assistance for free insurance assistance.

This insurer reports claim information to one or more claims information databases. The claim information is used to furnish loss history reports to insurers. If you are interested in obtaining a report from a claims information database, you may do so by contacting ISO at 1-800-888-4476 or at www.info.claimssearch.iso.com.

N8121-1119

***NOTICE OF INSURANCE INFORMATION PRACTICES***
***CONSUMER RIGHTS***

**Is personal information collected from persons other than individuals proposed for coverage?**

- We get most of our information directly from you.
- In most cases, the application you complete gives us all the information we need to evaluate you or your property for insurance.
- In some insurance transactions, we may not be able to get all of the information we need directly from you. In that case, we may obtain information from outside sources at our own expense.

## Types of information we may collect and how we gather it:

- From you (or provided to us on your behalf) on applications and other forms you submit to us; for example: your name, address, social security number, telephone number, employer, and income.
- For your transactions with our companies or other nonaffiliated parties; for example: your name, address, telephone number, age, credit card use, insurance coverage, transaction history, claims history, and premiums.
- From consumer reporting agencies, public records and data collection agencies; for example: your obligations with others and your creditworthiness.
- From health care providers, such as doctors and hospitals; for example: your past or present health condition. Health data will be collected only if we need to find out if you are eligible for coverage, to process claims, or prevent fraud, as authorized by you or as the law may permit or require. NOTE: We collect health data only to manage a health-related product or service; for example: life or disability insurance for which you applied.
- From you when you enroll, request a service, or file a claim on one of our websites; for example: your name, address, contract number, credit card issuer and account number, personal identification number, email address, service contract and claim information.
- In some cases, from your visits to our Internet websites; for example: session number and user ID. By reviewing the legal notice, terms of use, site agreement or similar named link appearing on any of our websites that you visit, you may learn of any “cookies” utilized by us and of any additional information that may be collected from you on that site.

**Access to recorded personal information**

Upon your written request and submission of proper identification:

- Within 30 business days of the receipt of your request to access to your recorded personal information, Assurant will inform you of the nature and substance of the recorded personal information.
- You have the right to see and copy personal information in person or obtain a copy by mail. The information must be reasonably described by you and reasonably locatable and retrievable by us. Any information we provide you will be in plain language.
- If recorded, we will disclose the identity of those persons or institutional sources who gave us information within two (2) years prior to your request. If not recorded, we will disclose the names of those to whom such information is normally disclosed.
- You may request correction, amendment, or deletion of recorded personal information by submitting written request to Assurant, 11222 Quail Roost Drive, Miami, FL 33157.
- Assurant shall provide medical record information supplied by a medical care institution or medical professional, along with the identity of the medical professional or medical institution which provided the information, either directly to you or to a medical professional designated by you, which is licensed to provide medical care with respect to the condition to which the information relates. Assurant will notify you if it elects to disclose the information to a medical professional designated by you. For CA and MA residents mental health record information shall be supplied directly to the individual only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates.
- We may charge a reasonable fee to cover the costs incurred in providing you a copy of recorded information;

**Request to correct, amend, or delete recorded personal information**

Within 30 business days from the date of receipt of your written request to correct, amend, or delete any recorded personal information, we must:

1. Correct, amend or delete the portion of the recorded personal information in dispute; or
2. Notify you of our refusal to make the correction, amendment or deletion, and the reason(s) for the refusal, and your right to file a statement if you disagree.

If we refuse to make a correction, amendment or deletion:

1. You have the right to file a concise statement with us. Your statement: (a) must set forth what you believe to be the correct, relevant, or fair information, and (b) explain why you disagree with our refusal.
2. We will file your statement with any disputed personal information and make it accessible so that anyone reviewing the information will be cognizant of your statement.
3. Furthermore, your statement will be with any subsequent disclosure.

If the information is corrected, the correction will be in writing and provided to you, any person who may have received the incorrect information within the preceding two years, any insurance-support organization that received the information within the preceding seven years, and any insurance support organization that furnished the personal information that has been corrected, amended or deleted.

***NOTICE OF INSURANCE INFORMATION PRACTICES***
***CONSUMER RIGHTS***

**Disclosure of personal or privileged information**
We will not disclose any personal or privileged information about you in connection with this insurance transaction without your written authorization unless we provide you with a form or statement that:

1. is written in plain language;
2. is dated;
3. specifies the types of persons authorized to disclose information about you;
4. specifies the nature of the information authorized to be disclosed;
5. names the insurance company or agent to whom you are authorizing the information to be disclosed;
6. specifies the purpose(s) for which the information is collected;
7. specifies the length of time your authorization remains valid [not to exceed thirty (30) months (24 months in MT; 24 months in VA if the application or request involves property and casualty insurance) from the date of authorization]; and
8. states that you or any person authorized to act on your behalf is entitled to receive a copy of any authorization form or statement.

**We will not disclose any personal or privileged information in connection with this insurance transaction, unless the disclosure is reasonably necessary and meets one of the following descriptions:**

1. To enable an insurance company to perform a business, professional or insurance related function and such insurance company agrees not to disclose the information further without your written authorization unless the further disclosure (a) would be otherwise permitted by the Insurance Information and Privacy Protection Act; or (b) would be necessary for the insurance company to perform its function.
2. To enable the insurance company to (a) determine your eligibility for an insurance benefit or payment; or (b) detect or prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with an insurance transaction.
3. To an insurance institution, agent, insurance-support organization, or self-insurer, provided the information disclosed is reasonably necessary and limited to (a) detect or prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with insurance transactions; or (b) for either the disclosing or receiving insurance institution, agent or insurance-support organization to perform its function in connection with an insurance transaction involving you.
4. To enable a medical-care institution or medical professional for the purpose of (a) verifying insurance coverage or benefits; (b) informing an individual of a medical problem of which the individual may not be aware; or (c) conducting an operations or services audit provided that the information is disclosed as is reasonably necessary.
5. To an insurance regulatory authority.
6. To a law enforcement or other governmental authority (a) to protect the interests of the insurance institution, agent or insurance-support organization in preventing or prosecuting the perpetration of fraud; or (b) if the insurance institution, agent or insurance-support organization reasonably believes that illegal activities have been conducted by the individual.
7. To an actuarial or research study, provided that (a) no individual may be identified in any actuarial or research report; (b) materials allowing the individual to be identified are returned or destroyed as soon as they are no longer needed; and (c) the actuarial or research organization agrees not to disclose the information unless the disclosure would be permitted by the Insurance Information and Privacy Protection Act if made by an insurance institution, agent, or insurance-support organization.
8. To a person whose only use of such information will be in connection with the marketing of a product or service, provided that (a) no medical-record information, privileged information, or personal information relating to an individual's character, personal habits, mode of living, or general reputation is disclosed, and no classification derived from such information is disclosed; (b) you have been given an opportunity to indicate that you do not want personal information disclosed for marketing purposes and have given no indication that you do not want the information disclosed; and (c) the person receiving such information agrees not to use it except in connection with the marketing of a product or service.
9. To an affiliate whose only use of the information will be in connection with an audit of the insurance institution or agent or the marketing of an insurance product or service, provided the affiliate agrees not to disclose the information for any other purpose or to unaffiliated persons.
10. To a group policyholder for the purpose of reporting claims experience or conducting an audit of the insurance institution's or agent's operations or services, provided the information disclosed is reasonably necessary for the group policyholder to conduct the review or audit.
11. To a professional peer review organization for the purpose of reviewing the service or conduct of a medical-care institution or medical professional.
12. To a certificate holder or policyholder for the purpose of providing information regarding the status of an insurance transaction.

13. To a lien holder, mortgagee, assignee, lessor, or other person shown on the records of an insurance institution or agent as having legal or beneficial interest in a policy of insurance. Medical-record information will not be disclosed unless the disclosure would otherwise be permitted by the Information and Privacy Protection Act. The information disclosed will also be limited to only reasonably necessary information to permit you to protect your interest in the policy. (Not applicable to Kansas, Montana, and Oregon residents).
14. To authorized personnel of the Division of Motor Vehicle; and to the Department of Environment, Health, and Natural Resources and the information disclosed is immunization information described in G.S. 130A-154. (Applicable to North Carolina residents only).

NIP1982-R0213

## CONSUMER NOTICE

**IF YOU HAVE A QUESTION, PROBLEM OR COMPLAINT ABOUT YOUR INSURANCE, PLEASE CONTACT US AT:**

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**
**11222 QUAIL ROOST DRIVE, MIAMI, FL 33157-6596**
**TELEPHONE: 1-800-852-2244**

**IF WE DO NOT RESOLVE YOUR QUESTION, PROBLEM OR COMPLAINT TO YOUR SATISFACTION, YOU MAY THEN CONTACT THE:**

**CALIFORNIA INSURANCE DEPARTMENT**
**CONSUMER SERVICES BUREAU**
**300 SOUTH SPRING STREET**
**11TH FLOOR, SOUTH TOWER**
**LOS ANGELES, CA 90013**
**TELEPHONE: 1-800-927-4357**
**WEB: WWW.INSURANCE.CA.GOV**

NT0132-0916

**American Bankers Insurance Company of Florida**
A Stock Insurance Company
P.O. Box 202120, Florence, SC 29502 • 1-800-432-8612

## Important Notice Regarding Your Renters Insurance Policy: Manufactured and Mobile Home Dwellings

Manufactured homes and mobile homes are classified as unacceptable risks under our Renters Insurance Program. If a loss occurs during your policy period, the loss will not be covered under this policy. If you are renting this type of dwelling, you must cancel your policy immediately. Please call (800)432-8612 to cancel your policy.

N3475-0823

# AMERICAN BANKERS INSURANCE COMPANY

**OF FLORIDA**

**11222 Quail Roost Drive, Miami, Fl 33157-6596 • (305) 253-2244**

## PROOF OF MANDATORY INSURANCE REQUIREMENT CREDIT

We will provide a credit to the base premium of your Renters Insurance Policy, excluding any billing fees if your lease contract requires all residents in the property to carry renters insurance. In order to receive the credit we require a copy of the signed lease agreement that states it is a requirement.

Please include the following information with the proof of the Mandatory Insurance Requirement.

- The full address of the property being rented.
- The name of the Property Management Company or Landlord with the address and telephone number.
- The effective date of the lease.
- The name of the occupant(s) listed on the lease.

I have attached documentation to this notice confirming that proof of insurance is a requirement of my lease agreement.

| | |
|---|---|
| **Primary Named Insured (Please Print)** | **Policy Number** |
| **Address** | **Telephone Number** |
| **Primary Named Insured's Signature**<br>**X** | **Date** |

**Please mail, email or fax completed form and attachments to:**

Assurant Specialty Property
P.O. Box 202120
Florence, SC 29502
Fax: (305) 252-7037
Email: rentersmail@assurant.com

**American Bankers Insurance Company of Florida**
A Stock Insurance Company
11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

# RENTERS INSURANCE PROGRAM
# PERSONAL PROPERTY REPLACEMENT COST ENDORSEMENT
# CALIFORNIA

**SECTION I - PROPERTY COVERAGES**

For an additional premium, covered losses under **Coverage C - Personal Property** are settled at replacement cost at the time of loss.

Personal Property Replacement Cost coverage will also apply to the following articles or classes of property if they are separately described and specifically insured in this policy:

- **a.** Jewelry;
- **b.** Furs and garments trimmed with fur or consisting principally of fur;
- **c.** Cameras, projection machines, films, and related articles of equipment;
- **d.** Musical equipment and related articles of equipment;
- **e.** Silverware, silver-plated ware, goldware, gold-plated ware and pewterware, but excluding pens, pencils, flasks, smoking implements, or jewelry; and
- **f.** Golfer's equipment meaning golf clubs, golf-clothing and golf equipment.

Personal Property Replacement Cost coverage will not apply to other classes of property separately described and specifically insured.

**1. PROPERTY NOT ELIGIBLE**

Property listed below is not eligible for replacement cost settlement. Any loss will be settled at actual cash value at the time of loss but not more than the amount required to repair or replace:

- **a.** Antiques, fine arts, paintings, and similar articles of rarity or antiquity which cannot be replaced.
- **b.** Memorabilia, souvenirs, collectors items and similar articles whose age or history contribute to their value.
- **c.** Articles not maintained in good or workable condition.
- **d.** Articles that are outdated or obsolete and are stored or not being used.

**2. REPLACEMENT COST**

The following loss settlement procedure applies to all property insured under this endorsement:

- **a.** We will pay no more than the least of the following amounts:
  - **(1)** Replacement cost at the time of loss without deduction for depreciation;
  - **(2)** The full cost of repair at the time of loss;
  - **(3)** The limit of liability that applies under **Coverage C**;
  - **(4)** Any applicable special limits of liability stated in this policy; or
  - **(5)** For loss to any item separately described and specifically insured in this policy, the limit of liability that applies to the item.
- **b.** We will pay no more than the actual cash value for the loss or damage until we receive proof that the repair or replacement is complete.
- **c.** You may make a claim for loss on an actual cash value basis and then make claim within 12 months (36 months if the loss or damage relates to a state of emergency under California law) after the loss for any additional liability in accordance with this endorsement.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME.**

**American Bankers Insurance Company of Florida**
A Stock Insurance Company
11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

## RENTERS INSURANCE PROGRAM
## PROPERTY PLUS COVERAGE ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DEFINITIONS**

The following definition is added:

"Loss of power" means the complete or partial interruption of electric power due to conditions beyond an "insured's" control.

**COVERAGE**

**1.** We insure, for up to $250, covered property stored in freezers or refrigerators on the "residence premises" for direct loss caused by "loss of power" to the refrigeration unit.

**2.** Coverage will apply only if you have maintained the refrigeration unit in proper working condition immediately prior to the loss and the refrigeration unit was without power for at least 24 hours.

**3.** This endorsement does not increase the limit of liability for **COVERAGE C - PERSONAL PROPERTY**. Coverage is limited to two occurrences within the policy period.

**SPECIAL DEDUCTIBLE**

The following will replace any other deductible provision in this policy and only applies to the "loss of power" coverage above:

We will only pay the part of the loss that exceeds $50. No other deductible applies to this coverage.

**SECTION I – EXCLUSIONS**, item **3. Power Failure** is deleted in its entirety.

**SECTION I – PROPERTY COVERAGES, COVERAGE D – Loss of Use** is deleted and replaced as follows:

**COVERAGE D – Loss of Use**

**1.** If direct physical loss or damage to covered property or the building containing the property makes the "residence premises" not fit to live in, we cover the Additional Living Expense, meaning any necessary expenses incurred by you so that your household can maintain its normal standard of living.

Payment will be for the shortest time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere.

However, if a state of emergency under California Law is declared, payment will be for a period of no less than;

**a.** The time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere; or

**b.** 24 months from the date of loss;

whichever is shorter.

If you, acting in good faith and with reasonable diligence, encounter a delay or delays in approval for, or reconstruction of, the "residence premises" that are beyond your control, we shall provide an additional extension of 12 months. Circumstances beyond your control include, but are not limited to:

**a.** Unavoidable construction permit delays;

**b.** The lack of necessary construction materials; or

**c.** The unavailability of contractors to perform the necessary work.

We shall provide one or more additional extensions of six months for good cause.

**2.** If direct physical loss or damage to covered property makes that part of the "residence premises" rented to others or held for rental by you not fit to live in, we cover the:

**Fair Rental Value**, meaning the fair rental value of that part of the "residence premises" rented to others or held for rental by you less any expenses that do not continue while the premises is not fit to live in.

Payment will be for the shortest time required to repair or replace that part of the premises rented or held for rental.

**3.** If a civil authority prohibits you from use of the "residence premises" as a result of direct physical loss or damage to neighboring premises, we cover the Additional Living Expense and Fair Rental Value loss as provided under **1.** and **2.** above for no more than two weeks.

The periods of time under **1.**, **2.** and **3.** above are not limited by expiration of this policy.

We do not cover loss or expense due to cancellation of a lease or agreement.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME.**

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# American Bankers Insurance Company of Florida

A Stock Insurance Company

11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244


## IMPORTANT NOTICE
## EARTHQUAKE COVERAGE REQUEST FORM (CALIFORNIA)

**YOUR RENTER'S INSURANCE POLICY DOES NOT COVER EARTHQUAKE DAMAGE TO YOUR CONTENTS.**

**TO COVER EARTHQUAKE DAMAGE TO YOUR CONTENTS YOU NEED TO PURCHASE A SEPARATE EARTHQUAKE INSURANCE POLICY. THE COVERAGE PROVIDED BY AN EARTHQUAKE INSURANCE POLICY IS DIFFERENT FROM, AND TYPICALLY MORE LIMITED THAN, THE COVERAGE PROVIDED BY YOUR RENTER'S INSURANCE POLICY.**

**CALIFORNIA LAW REQUIRES INSURANCE COMPANIES TO OFFER EARTHQUAKE INSURANCE IN CONJUNCTION WITH YOUR RENTER'S INSURANCE POLICY. IF YOU DO NOT ACCEPT THE OFFER OF EARTHQUAKE INSURANCE BELOW WITHIN 30 DAYS OF THE MAILING OF THIS NOTICE, YOUR INSURANCE COMPANY SHALL PRESUME THAT YOU HAVE NOT ACCEPTED THIS OFFER OF EARTHQUAKE INSURANCE.**

**SUBJECT TO OUR UNDERWRITING GUIDELINES, THIS COVERAGE SHALL BE EFFECTIVE ON THE DATE YOUR ACCEPTANCE OF THIS OFFER IS RECEIVED BY US.**

**YOU MAY PURCHASE EARTHQUAKE INSURANCE COVERAGE ON THE FOLLOWING TERMS:**

| Contents Coverage | Deductible* | Additional Living Expense | Annual Premium |
|---|---|---|---|
| $5,000 | 15% of Contents Coverage | $1,500 | $12.60 |
| $10,000 | 15% of Contents Coverage | $1,500 | $25.20 |
| $15,000 | 15% of Contents Coverage | $1,500 | $37.80 |

For other Earthquake limits, please use the following formula to calculate the premium. The Earthquake Coverage limit selected may be less than but must not exceed your limit of Contents Coverage.

Divide _____ by 1,000 = _____ X 2.52 = _____ Premium Due
Limit of Earthquake Coverage

* Deductible - The deductible represents the amount of damage your covered property must incur before the earthquake insurance coverage begins. If your covered loss is less than the applicable deductible, you may not receive any payment.

**COVERAGE REQUEST FORM:**

To purchase Earthquake Coverage, complete this request form, attach your payment and return to:

American Bankers Insurance Company of Florida
Attn.: Document Control
P.O. Box 202120
Florence, SC 29502

**PLEASE PRINT**

| NAME | RENTERS INSURANCE POLICY NUMBER |
|---|---|
| ADDRESS | |
| CITY/STATE/ZIP | TELEPHONE NUMBER |

I wish to purchase Earthquake Coverage. My check, made payable to AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA, for the full annual premium is enclosed.

| SIGNATURE | DATE |
|---|---|
| X | |

**IMPORTANT: PLEASE BE SURE YOU HAVE FULLY COMPLETED THIS FORM.**

N1875-0715



**Privacy Notice**

You are a valued customer and we strive to meet your privacy concerns. We want to make sure your personal information is protected and that you understand the policies that protect you. Assurant companies and other insurers that operate under this Privacy Notice ("We") provide various insurance products, including mobile insurance, credit insurance, and membership products. Our products may be sold directly to individuals, sold through our agents or offered on behalf of other companies. These other companies may be banks, credit unions, finance companies, retailers, utilities, automobile dealers, manufactured housing or mortgage companies.

Pursuant to the United States Gramm-Leach Bliley Act, companies that qualify as financial institutions must provide their customers with a Privacy Notice on an annual basis unless such company has not changed its practices with regard to disclosing nonpublic personal information since it last provided you the Privacy Notice. If you have asked not to be solicited, that request is still in effect. You do not need to contact us again. **This is not a solicitation**. You do not need to respond.

This Privacy Notice gives you examples of the types of data we lawfully collect, use, share or disclose; and the kinds of companies with whom we may lawfully share such data. These examples serve only as illustrations; they should not be considered all of the data we may lawfully collect, use or share. Below is our privacy pledge to you:

***Our Privacy Principles:***

• We do not sell your personal information.

• We do not share your personal information with anyone outside the Assurant family of affiliated companies unless you expressly authorize the sharing, or it is permitted or required by law.

• We do not allow those with whom we do business to use our customer information for their own marketing purposes unless there is a valid joint marketing agreement.

• We will not collect, use, share or disclose any of your information if prohibited by law.

• We contractually require any person or business providing products or services on our behalf to safeguard our customer information.

***Information We May Collect***

The level of information we may collect varies depending upon the type of services and products we offer you. Here are some examples of the types of information we may collect and how we gather it:

• From you (or provided to us on your behalf), on applications and other forms you submit to us; for example: your name, address, social security number, telephone number, employer and income.

• From your transactions with our companies or other non-affiliated parties; for example: your name, address, telephone number, age, credit card use, insurance coverage, transaction history, claims history and premiums.

• From consumer reporting agencies, public records and data collection agencies; for example: your obligations with others and your creditworthiness. However, we will not use your credit score, credit report or any other credit-related information in jurisdictions where it is prohibited by law.

• From health care providers, such as doctors and hospitals; for example: your past or present health condition. Health data will be collected only if we need to find out if you are eligible for coverage, process claims or prevent fraud, as authorized by you or as the law may permit or require. NOTE: We collect health data only to manage a health-related product or service; for example: life or disability insurance, for which you applied, or as otherwise permitted by law.

• From you when you enroll, request a service, or file a claim on one of our websites; for example: your name, address, contract number, credit card issuer and account number, personal identification number, e-mail address, service contract and claim information.

• From your visits to our internet websites; for example: session number and user ID. By reviewing our Online Privacy Policy along with the Legal Notice, Terms of Use, Site Agreement or similarly named link appearing on any of our websites, you may learn of any "cookies" utilized by us and of any additional information that may be collected from you on that site.

***Information We May Disclose or Share and With Whom***

We may lawfully share customer information with other entities as needed to deliver products and services to you, provide customer service or handle your account. Disclosures Permitted by Law We share customer information as described above and as permitted by law. Disclosures for Joint Marketing and Servicing We may lawfully share customer information with persons or organizations inside or outside our family of companies that perform marketing services for us or with whom we have joint marketing agreements.

***Information Regarding Former Customers***

We treat the information of prospective and former customers in the same manner as existing customers with respect to the use of personal information.

***Our Security Procedures*** We restrict access to customer information to those employees whom we know have a valid business purpose to have access to such data. We maintain physical, electronic and procedural safeguards. We require those who provide services for us and to whom we provide your data to keep your information safeguarded and confidential.

***Changes to This Privacy Notice***

We reserve the right to change this Privacy Notice at any time. If we make material changes, we will provide current customers a new notice that describes our new practices and will post it on our internet websites. The following companies underwrite or market services under the Assurant service mark and adhere to this Privacy Notice. We value our relationship with you. Should you have any questions about our Privacy Notice, please write to us at The Assurant Privacy Office, 260 Interstate N Circle SE, Atlanta, Georgia 30339.

***Affiliates:***

American Bankers Insurance Company of Florida
American Bankers Life Assurance Company of Florida
American Security Insurance Company
Caribbean American Life Assurance Company
Caribbean American Property Insurance Company
Consumer Program Administrators, Inc. (CPI)
Dealers Performance, Inc. (DPI)
John Alden Life Insurance Company
National Product Care Company (NPCC)
Reliable Lloyds Insurance Company
Service Plan, Inc. (SPI)
Standard Guaranty Insurance Company
Union Security Insurance Company
Union Security Life Insurance Company of New York
Voyager Indemnity Insurance Company
Virginia Surety Company, Inc. (VSC)

SOUTHERN CALIFORNIA EDISON®
An EDISON INTERNATIONAL® Company

Go paperless at **www.sce.com/ebilling.** It's fast, easy and secure.

For billing and service inquiries
1-800-684-8123
www.sce.com

# Your electricity bill



**Customer account**
701007008978
Anahi Valdivia

**Service account**
8021072780
1875 SHERINGTON PL APT S203
NEWPORT BEACH, CA 92663

**Rotating outage**
Group A020

**POD-ID**
1017609400026231 70

**Date bill prepared**
02/11/26

**Amount due $67.37**
**Due by 03/03/26**

## Your account summary

| | |
|---|---|
| Previous Balance | $81.38 |
| Payment Received 01/22/26 | -$81.38 |
| Balance forward | $0.00 |
| Your new charges | $67.37 |
| **Total amount you owe by 03/03/26** | **$67.37** |

## Your past and current electricity usage

For meter 234010-029035 from 01/12/26 to 02/10/26
**Total electricity you used this month in kWh** **141**

*Your next billing cycle will end on or about 03/12/26.*

(14-574) Tear here If your contact information has changed please complete the form on the reverse side and return the stub below. Tear here

SOUTHERN CALIFORNIA EDISON®
An EDISON INTERNATIONAL® Company

Customer account 701007008978

**Amount due by 03/03/26** **$67.37**

**We will automatically debit the total amount due $67.37 from your checking account on or after 02/21/26.**
**Thank you!**

STMT 02112026 P1

VALDIVIA, ANAHI
1875 SHERINGTON PL APT S203
NEWPORT BEACH CA 92663-6012

701007008978 0000648 00000000000000673700000 6737

## Ways to contact us

## Request a large print bill 1-800-655-4555

| **Customer service numbers** | *Relay calls accepted* |
|---|---|
| General Services (U.S. & Canada) | 1-800-655-4555 |
| Payments, Extensions or Payment Options | 1-800-950-2356 |
| Emergency Services & Outages | 1-800-611-1911 |
| California Alternate Rates for Energy (CARE) | 1-800-447-6620 |
| Energy Theft Hotline | 1-800-227-3901 |
| Hearing & Speech Impaired (TTY) | 1-800-352-8580 |

| **Multicultural services** | |
|---|---|
| Cambodian / ខ្មែរ | 1-800-843-1309 |
| Chinese / 中文 | 1-800-843-8343 |
| Korean / 한국어 | 1-800-628-3061 |
| Vietnamese / Tiếng Việt | 1-800-327-3031 |
| Spanish / Español | 1-800-441-2233 |

**Correspondence:**
Southern California Edison
P.O. Box 6400
Rancho Cucamonga, CA
91729-6400

www.sce.com

# Important information

### What are my options for paying my bill?

| | | |
|---|---|---|
| **On-line** | Pay one-time or recurring on **www.sce.com/bill** | |
| **Mail-in** | Check or Money order | |
| **In Person** | Authorized payment locations | 1-800-747-8908 |
| **Phone** | QuickCheck | 1-800-950-2356 |
| | Debit & credit card | 1-833-425-1440 |
| **Other** | PayPal, Venmo, Apple Pay and Google Pay | |

### Electronic check processing

Your check payment will be processed as a one-time Electronic Fund Transfer (EFT). With EFTs, funds may be withdrawn from your account the day we receive your payment. Your check will not be returned, but will appear on your financial statement.

**Rates and applicable rules:** Available at www.sce.com or upon request.

### Past due bills

When is my bill past due? It is past due 20 days after the preparation date, which was 02/11/26.

- Unable to pay: If payment arrangements were not extended to you by SCE pursuant to SCE's filed tariffs, you may contact the California Public Utilities Commission.
- For safety reasons, if service is disconnected, please ensure any sensitive or potentially hazardous equipment is unplugged on the day of reconnection. For additional home safety tips, visit www.sce.com/safety or call SCE at 1-800-655-4555.

### What is the Late Payment Charge (LPC)?

0.8% will be applied to the total unpaid balance if payment is not received by the due date on this bill (except for CARE and state agency accounts).

### What is a rotating outage?

Rotating outages are controlled electrical outages used to avoid widespread or uncontrolled blackouts. Your Rotating Outage Group number is located on page 1, upper left, of your SCE bill. Your rotating outage group number may change at any time. For more information, visit www.sce.com/rotating outage.

### What is the Power Charge Indifference Adjustment (PCIA)?

The PCIA is a charge to ensure that both SCE customers and those who have left SCE service to purchase electricity from other providers pay for the above market costs for electric generation resources that were procured by SCE on their behalf. 'Above market' refers to the difference between what the utility pays for electric generation and current market prices for the sale of those resources.

### Disputed bills

***If you believe there is an error on your bill*** *or have a question about your service, please call* ***Southern California Edison (SCE)*** *customer support at* ***1-800-655-4555*** *If you are not satisfied with SCE's response, submit a complaint to the California Public Utilities Commission (CPUC) at www.cpuc.ca.gov/complaints/. The CPUC's Consumer Affairs Branch (CAB) handles billing and service complaints and can be reached by:*

*Telephone 1-800-649-7570 (8:30 AM - 4:30 PM, Monday - Friday)*
*Mail CPUC, Consumer Affairs Branch, 505 Van Ness Ave., Room 2003, San Francisco, CA 94102*

*If you have limitations hearing or speaking, contact the California Relay Service, which is for those needing assistance relaying telephone conversations. Dial 711 or one of the numbers below to be routed to a California Relay Service provider in your preferred mode of communication.*

| *Type of Call* | *English* | *Spanish* |
|---|---|---|
| *TTY/VCO/HCO to Voice* | *1-800-735-2929* | *1-800-855-3000* |
| *Voice to TTY/VCO/HCO* | *1-800-735-2922* | *1-800-855-3000* |
| *Speech-to-Speech Relay* | *1-800-854-7784* | *1-800-854-7784* |

*To avoid having service turned off while waiting for the outcome of a complaint to the CPUC regarding the accuracy of your bill, contact CAB for assistance. If your case meets the eligibility criteria, CAB will instruct you on how to mail a check or money order to be impounded pending resolution of your case. You must continue to pay your current charges while your complaint is reviewed to keep your service turned on.*

### Definitions

- **Baseline Credit:** The baseline credit provides reduced electricity rates on electricity used up to the baseline allocation for the region that you live in.
- **CA Climate Credit:** Credit from state effort to fight climate change. Applied monthly to eligible businesses and semi-annually to residents.
- **Wildfire Fund Charge:** Supports the California Wildfire Fund which covers costs associated with catastrophic wildfires, including payment of bonds issued by the California Department of Water Resources (DWR)
- **Public Purpose Programs Charge:** Funds state-mandated programs for low income discounts, energy efficiency, renewable energy and R&D.
- **SCE Generation:** For recovering energy procurement and generation costs for that portion of your energy provided by SCE.

To change your contact information, complete the form below and return it to SCE

Change of mailing address: 701007008978

| STREET# | STREET NAME | APARTMENT # |
|---|---|---|
| CITY | STATE | ZIP CODE |
| TELEPHONE # | E-MAIL ADDRESS | |

**Energy Assistance Fund (EAF):** I want to help people pay their energy bill through EAF. For info visit www.sce.com/eaf or call (800) 205-8596.

Add this amount for EAF $ _____

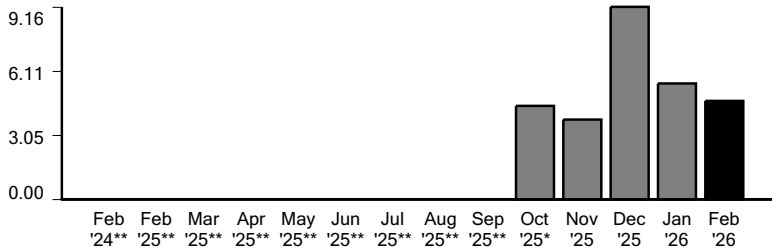
☐ Every Month ☐ One Month only

Select one box only and sign below for EAF:

_____

**Your daily average electricity usage (kWh)**

2 Years ago: N/A  Last year: N/A  This year: 4.70




* Irregular billing period
** No data available

# Details of your new charges

Your rate: DOMESTIC
Billing period: 01/12/26 to 02/10/26 (30 days)

| | | |
|---|---|---|
| **Delivery charges** - *Cost to deliver your electricity* | | |
| Base services charge | 30 days x $0.79400 | $23.82 |
| Energy-Winter | | |
| Tier 1 (within baseline) | 141 kWh x $0.17891 | $25.23 |
| Wildfire fund charge | 141 kWh x $0.00591 | $0.83 |
| **Generation charges** - *Cost to generate your electricity* | | |
| *SCE* | | |
| Energy-Winter | | |
| Tier 1 (within baseline) | 141 kWh x $0.11761 | $16.58 |
| **Other charges or credits** | | |
| Fixed recovery charge | 141 kWh x $0.00619 | $0.87 |
| Subtotal of your new charges | | $67.33 |
| State tax | 141 kWh x $0.00030 | $0.04 |
| **Your new charges** | | **$67.37** |

***Your Delivery charges include:***
- *$3.64 transmission charges*
- *$37.52 distribution charges*
- *-$5.27 conservation incentive adjustment*
- *$11.85 public purpose programs charge*
- *$1.17 new system generation charge*

***Your Generation charges include:***
- *$0.02 competition transition charge*
- *-$0.85 power charge indifference adjustment (PCIA)*

***Your overall energy charges include:***
- *$0.63 franchise fees*

***Additional information:***
- *Service voltage: 208 volts*
- *Your winter baseline allowance: 378.0 kWh*

Your Total Usage: **141 kWh**

***Understanding Your Bill...***
*Your usage for the billing period falls into **Tier 1**. For most customers, the price you pay increases as you use more energy. The average cost per kilowatt (kWh) in the chart to the right is based on averages. Actual prices may vary.*

| Tier 1 | Tier 2 |
|---|---|
| 141 kWh | 0 kWh |
| $0.30/kWh | $0.40/kWh |

**Your Total Usage**
**141 kWh**

# Things you should know

***Fixed Recovery Charge***

*SCE has been permitted to issue bonds that enable it to recover more quickly certain costs related to preventing and mitigating catastrophic wildfires. Your bill for electric service includes a Fixed Recovery Charge that has been approved by the CPUC to repay those bonds. The right to recover the Fixed Recovery Charge has been transferred to a separate entity (called the Special Purpose Entity) that issued the bonds and does not belong to SCE. SCE is collecting the Fixed Recovery Charge on behalf of the Special Purpose Entity.*

***Stay in Control***

*If you're behind on payments, enrolled in a payment plan, or facing disconnection, we offer options and energy management solutions to help you stay in control of your bill and costs. Learn more at www.sce.com/billsupport.*

# Notice of Southern California Edison Company's (SCE) Rate Increase Request

**SCE's Income Qualified Programs' (IQPs) Budgets Application A. 26-01-005 to the California Public Utilities Commission (CPUC)**

**What is Being Requested?**
SCE is requesting revenue of $781.8 million for these programs, representing a cumulative revenue requirement increase of $130.3 million, to support the 2028-2033 Income Qualified Programs funding cycle. This represents an average annual revenue increase of $26.87 million relative to current rates as of October 1, 2025.

**IQP TOTAL BUNDLED RATE INCREASE REQUESTED**

| Total Rate Increase | | | |
|---|---|---|---|
| **Customer Class** | **Cumulative Bill $** | **¢/kWh** | **%** |
| Residential (Non-CARE) | 16 | 0.05 | 0.11% |
| Residential (CARE) | 10 | 0.03 | 0.14% |
| Residential (FERA) | 13 | 0.04 | 0.12% |
| Lighting, Small, & Medium Power | 78 | 0.04 | 0.11% |
| Large Power | 8,022 | 0.02 | 0.11% |
| Agriculture & Pumping | 301 | 0.03 | 0.13% |
| Street & Area Lighting | 27 | 0.05 | 0.13% |
| Standby | 21,593 | 0.02 | 0.12% |

**How Would This Impact the Average Residential Customer?**
If the request is approved, a typical non-CARE residential customer could see a rate increase of 0.05 ¢/kWh from 40.65 ¢/kWh to 40.69 ¢/kWh. Similarly, a typical CARE residential customer could see a rate increase of 0.03 ¢/kWh from 24.92 ¢/kWh to 24.96 ¢/kWh. The actual impact will vary based on usage, baseline territory, and other factors.

**Additional Information**
An administrative law judge will hold hearings, consider evidence, testimony, and any public comments received before drafting a proposed decision on this application. CPUC Commissioners will then vote on a final decision at a public meeting.

You can read more about the SCE's request and make public comment by visiting **https://apps.cpuc.ca.gov/c/A2601005**. For questions about participating in CPUC matters, you can contact the Public Advisor's Office at **Public.Advisor@cpuc.ca.gov**, **1-866-849-8390**, or 505 Van Ness Ave., San Francisco, CA 94102. Please reference A.26-01-005 in any communication with the CPUC.

**Questions About the Request**
For questions about this application, please contact SCE at **1-800-655-4555**, or via email at **case.admin@sce.com**. The mailing address:

Case Administration
Southern California Edison Company
A.26-01-005-- IQP Application
P.O. Box 800 Rosemead, CA 91770

# Notice of Southern California Edison Company's Rate Increase Request

**Southern California Edison Company's (SCE's) Woolsey Fire Recovery Bond Application to the California Public Utilities Commission (CPUC) A.26-01-007**

**What is Being Requested?**
SCE is requesting approval to finance an increase in revenue of $1.951 billion with recovery bonds over a 35-year period (2027-2061) for approved claims costs related to the 2018 Woolsey Fire.

- The CPUC previously approved SCE to recover some of the claims' costs that it incurred related to the 2018 Woolsey Fire.
- With this application, SCE is seeking to finance those approved claims costs through the issuance of recovery bonds over 35 years.

**WOOLSEY FIRE TOTAL BUNDLED RATE INCREASE REQUESTED**

| Total Rate Increase | | | |
|---|---|---|---|
| **Customer Class** | **Cumulative Bill $** | **¢/kWh** | **%** |
| Residential (Non-CARE) | 492 | 0.25 | 0.6% |
| Residential (CARE/FERA) | - | - | -% |
| Lighting, Small, & Medium Power | 2,437 | 0.18 | 0.6% |
| Large Power | 247,438 | 0.12 | 0.6% |
| Agriculture & Pumping | 8,972 | 0.17 | 0.7% |
| Street & Area Lighting | 473 | 0.14 | 0.4% |
| Standby | 567,496 | 0.09 | 0.6% |

**This ¢/kWh increase will be included in rates over 35 years with some years being more or less than others.**

**How Would This Impact the Average Residential Customer?**

If the request is approved, a typical non-CARE residential customer could see a rate increase of 0.25 ¢/kWh from 39.84 ¢/kWh to 40.09 ¢/kWh. CARE customers would not be impacted since they are exempt from securitized wildfire costs. The actual impact will vary based on usage, baseline territory, and other factors

**Additional Information**
An administrative law judge will hold hearings, consider evidence, testimony, and public comments before drafting a proposed decision on this application. CPUC Commissioners will then vote on a final decision at a public meeting.

You can read more about the utility's request and make public comment by visiting **https://apps.cpuc.ca.gov/c/A2601007**. For questions about participating in CPUC matters, you can contact the Public Advisor's Office at **Public.Advisor@cpuc.ca.gov**, **1-866-849-8390**, or 505 Van Ness Ave., San Francisco, CA 94102. Please reference application A.26-01-007 in any communication with the CPUC.

**Questions About the Request**
For questions about this application, please contact SCE via phone at **1-800-655-4555**, or via email at **case.admin@sce.com**. The mailing address is:

Case Administrator
Southern California Edison Company
A.26-01-007 - Woolsey Bond Application
P.O. Box 800
Rosemead, CA 91770

Spectrum

ACCOUNT NUMBER
8448 40 030 1543430

STATEMENT DATE
Dec 27, 2025

SERVICE ADDRESS
1875 SHERINGTON PL
APT S203
NEWPORT BEACH, CA 92663



# Congratulations, Anahi!

## This month you saved: $30.00

| Amount Due | Due by |
|---|---|
| $51.25 | Jan 14 |

### How It Adds Up

Service from Dec 27 - Jan 26

| | | |
|---|---|---|
| Previous Balance | | $42.97 |
| EFT Payment | 12/18 | -$42.97 |
| **Remaining Balance** | | **$0.00** |

### Current Activity

**Spectrum Internet®**

| | |
|---|---|
| Spectrum Internet Premier | $80.00 |
| Promotional Discount | -$30.00 |
| Your promotional price will expire on 10/26/26 | |
| CA Cost Recovery Charge | $1.25 |
| **Spectrum Internet® Total** | **$51.25** |

**Auto Pay Amount** $51.25

YOUR AUTO PAY WILL BE PROCESSED 01/14/26

Get popular channels + streaming apps, all with Spectrum TV®

Disney+ ESPN+ ViX Premium Paramount+ max

Call 1-866-598-5131

## IMPORTANT NEWS

**Enrolled in Auto Pay**
Your Auto Pay payment will be deducted on your due date.

**Save up to $1,000 a Year and Guarantee Your Price**
Bundle Internet with two Mobile lines and guarantee your price for 2 years. You could potentially save hundreds each year while enjoying one seamless experience - Fiber-Powered Internet, Advanced WiFi, and Mobile on the nation's most reliable 5G network - all working together for you.

Call us at **1-833-282-0676** or visit your nearest Spectrum Store.

**BEWARE OF PAYMENT SCAMS!**
Spectrum is dedicated to keeping you and your family safe online. Visit **Spectrum.net/securitycenter** for tools and solutions to keep your personal information secure.

Detach the included payment stub and enclose it with a check made payable to Spectrum. If you have questions about your account, call us at **(855) 757-7328**.

Spectrum

**DO NOT SEND PAYMENTS TO THIS ADDRESS**
4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652

8448 4000 DY RP 27 12282025 NNNNNNNN 01 981224

ANAHI VALDIVIA
1875 SHERINGTON PL APT S203
NEWPORT BEACH CA 92663-6012

| | |
|---|---|
| Amount Due | $51.25 |
| Due by | Jan 14 |
| Account Number | 8448 40 030 1543430 |

**Please send payment to:**

SPECTRUM
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074

8448400301543430000051250

**Devices on Your Account**
You currently have the following Spectrum equipment on your account (1 of 1 shown):
Modem - ********18946

**Download the latest version of the My Spectrum App from your device's app store.**
The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

## Experience Streaming, Simplified.

With **Spectrum TV®** and **Xumo** you can enjoy live TV channels plus your favorite streaming apps, together, all in one place.



Easily find what you want with **Voice Search.**

Find all your **favorite content** in one place on the Xumo home screen.

Open your **favorite** streaming apps with one touch.

Navigate through live TV channels or **search** with alphanumeric keys.

**Call today!**
**1-877-470-6728**

# Support, Bill FAQs and Descriptions

## Support

Visit: **Spectrum.net/support**
Call: **(855) 75-SPECTRUM (1-855-757-7328)**

**Moving Soon?**
Visit **Spectrum.com/easy2move** or call us at **(844) 217-5589** for help transferring and setting up your services in your new home.

## Bill FAQs

**How do billing cycles work?**
The service period covered by your first bill statement starts on your first day of service and ends on the 30th day of service. Future months' bill statements cover service periods which start and end on the same days of the month as the first service period. Charges associated with Pay-Per-View or On Demand purchases will be included on the next service period's bill statement.

**What happens if I have insufficient funds or a past due balance?**
Spectrum may charge a processing fee for any returned checks and card chargebacks. If your payment method is refused or returned for any reason, we may debit your account for the payment, plus an insufficient funds processing fee as described in your terms of service or video services rate card up to the amount allowable by law and any applicable tax. Your bank account may be debited as early as the same day your payment is refused or returned. If your bank account isn't debited, the return check amount (plus fee) must be paid by cash, cashier's check or money order.

**What if I disagree with a charge?**
If you want to dispute a charge, you have 60 days from the billing due date to file a complaint. While it's being reviewed, your service will remain active as long as you pay the undisputed part of your bill.

**What if my service is interrupted?**
Unless prevented by situations beyond our control, services will be restored within 24 hours of you being notified.

You can find all of our terms and conditions at **Spectrum.com/policies**.

## Descriptions

**Tax and Fees** - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice. Visit **spectrum.net/taxesandfees** for more information.

**Terms & Conditions** - Spectrum's detailed standard terms and conditions for service are located at **spectrum.com/policies**.

**Spectrum Terms and Conditions of Service** - In accordance with the Spectrum Terms and Conditions of Service, Spectrum services are billed on a monthly basis. Spectrum does not provide credits for monthly subscription services that are cancelled prior to the end of the current billing month.

**Alternate Statement Formats** - Alternative formats of Spanish, Spanish or English Braille and Spanish or English large print are available for future billing statements and customer communications, by request, and can be provided within 30 days of Spectrum's receipt of the request. To request an alternative format option, please contact Spectrum at 1-844-762-1301.

**Spectrum Security Center:** Spectrum offers tools and solutions to keep you and your family safe when connected. Learn how to safeguard your information, detect scams and how to identify fraud alerts. Learn more at **Spectrum.net/SecurityCenter**.

**Insufficient Funds Payment Policy -** Charter may charge an insufficient funds processing fee for all returned checks and bankcard charge-backs. If your check, bankcard (debit or credit) charge, or other instrument or electronic transfer transaction used to pay us is dishonored, refused or returned for any reason, we may electronically debit your account for the payment, plus an insufficient funds processing fee as set forth in your terms of service or on your Video Services rate card (up to the amount allowable by law and any applicable sales tax). Your bank account may be debited as early as the same day payment is dishonored, refused or returned. If your bank account is not debited, the returned check amount (plus fee) must be replaced by cash, cashier's check or money order.

**Past Due Fee / Late Fee Reminder -** To avoid a late fee, the BALANCE must be paid by the DUE DATE. We appreciate your prompt payment and value you as a customer.

# Descriptions Continued

**Past Due Fee / Late Fee Reminder** - A late fee will be assessed for past due charges for service.

**Franchise Administrator** - City of Newport Beach PO Box 1768 Newport Beach CA 92658 Phone: (949) 644-3309

**Complaint Procedures** - If you disagree with your charges, you need to register a complaint no later than 60 days after the due date on your bill statement.

**App Provider Charges -** Third-party app providers billed through Spectrum may change their prices, and they are responsible for notifying customers of these changes; updated prices will appear on the statements of your current payment method.

## California Lifeline Notice

Spectrum participates in the California LifeLine and federal Lifeline programs. Customers may be eligible to receive discounted service in the form of a state credit and, in certain areas, a federal credit on Spectrum Voice® home phone service. Qualifying customers in certain areas may also be eligible to receive a federal credit on qualifying Spectrum Internet® service.

Spectrum, through Bright House Networks Information Services (California), LLC, Charter Fiberlink CA-CCO, LLC, and Time Warner Cable® Information Services (California), LLC, participates in the California LifeLine Program, a government assistance program through which Spectrum provides discounted home phone service to eligible households. Only one credit is available per eligible household, except that eligible customers who have a deaf or hearing-impaired member of the household with immediate and continuous access to a Text-Telephone Device (TTD), such as a teletypewriter (TTY), may be eligible for a credit on a second phone line if the device is issued by the Deaf and Disabled Telecommunications Program or a medical certificate indicating the household member's need for such device is submitted. Service is not transferrable. You will be required to provide proof of identity and proof of eligibility based on certain public assistance program participation or household income to apply. The current California LifeLine income limits are below. Under California law, you must remain with your LifeLine service provider for at least 24 hours before you may switch to a different provider. For more information on these requirements and details on how to qualify for and obtain California LifeLine service, visit www.californialifeline.com or www.spectrum.net/support/account-and-billing/california-lifeline-phone-credit. You may also call us at (800) 941-7809.

| Household Size | Annual Income Limits |
|---|---|
| 1 | $24,200 |
| 2 | $32,600 |
| 3 | $41,100 |
| 4 | $49,600 |
| Each Additional Member | $8,500 |
| **Effective June 1, 2025 to May 31, 2026** | |

In certain areas, Spectrum, through Time Warner Cable® Information Services (California), LLC, also participates in the federal Lifeline Program, a government assistance program through which Spectrum provides a monthly credit to eligible consumers on Spectrum Voice home phone service. In other areas, Spectrum, through Charter Fiberlink CA-CCO, LLC and Time Warner Cable® Information Services (California), LLC, and its affiliates, participates in the federal Lifeline Program, and offers a monthly credit to eligible consumers on qualifying Spectrum Internet® service on its own or bundled with Spectrum Voice home phone service. Only one federal Lifeline credit is available per household. Service is not transferrable. You will be required to provide proof of identity and proof of eligibility based on certain public assistance program participation or household income to apply.

For more information regarding the federal Lifeline Program visit www.LifelineSupport.org or call (888) 641-8722. You may also visit www.spectrum.net/support/account-and-billing/lifeline-phonecredit-landing or call us at (800) 941-7809.

Customers interested in applying for a Lifeline credit on Spectrum Voice home phone service on its own or bundled with qualifying Spectrum Internet® service can visit www.californialifeline.com to apply. Customers interested in applying for a Lifeline credit on only Spectrum Internet service can visit www.LifelineSupport.org to apply.

SABPF001

8448 4000 DY RP 27 12282025 NNNNNNNN 01 981224



COSTCO WHOLESALE

P.O. Box 34535 • Seattle, WA 98124-1535 • Costco.com

926**00032*******ECRWSH**C-017
F1R6-4594544 MBA 10561 00000 00153

**ANAHI VALDIVIA**
1875 SHERINGTON PL # SS203
NEWPORT BEACH CA 92663-6058

CLP




COSTCO WHOLESALE

P.O. Box 34535 • Seattle, WA 98124-1535 • Costco.com

926**00029*******ECRWSH**C-017
F1R6-4594541 MBA 10561 00000 00153

**AMANDA DASILVAMARTINS**
1875 SHERINGTON PL APT SS203
NEWPORT BEACH CA 92663-6058

CLP




The Costco Member Prescription Program (CMPP) is not intended as a substitute for health insurance and cannot be used or combined with insurance policy. Prices are subject to change. All trademarks are the property of Zoetis Services LLC or

# Exhibit 6 - Evidence of Bona Fide Marriage: Joint Financial and Insurance Records

GEICO

**Important Information**

Here are your Policy Identification Cards
We've provided two (2) cards for each vehicle on your policy.

**Need additional ID cards?**

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

**Evidence of Insurance**

Here are your Evidence of Liability Insurance Cards. Two cards have been provided for each vehicle insured. One card must be carried in the proper insured vehicle. Proof of insurance is required to register or renew the registration of your vehicle. A law enforcement officer can ask you to prove that you have liability insurance meeting the basic requirements of California law. A violation of these requirements can result in a fine of up to: $1,000 for the first time; $2,000 for additional times. Also, a judge can have your vehicle impounded. False proof of insurance may result in a fine up to $750 and 30 days in prison.

AMANDA DASILVAMARTINS AND
ANAHI VALDIDIA
1875 SHERINGTON PL APT SS203
NEWPORT BEACH CA 92663

Cut Along the Dotted Line

**California Evidence of Liability Insurance**

GEICO General Insurance Company
PO BOX 9506 Fredericksburg, VA 22403-9506

| NAIC Code | 2015 PORSCHE MACAN |
|---|---|
| 35882 | **Vehicle ID No.** WP1AB2A52FLB54929 |

| Policy Number | Effective Date | Expiration Date |
|---|---|---|
| 6229-46-02-06 | 10/21/25 | 04/21/26 |

| Named Insured(s) | Address |
|---|---|
| Amanda Dasilvamartins<br>Anahi Valdidia | 1875 Sherington Pl Apt Ss203<br>Newport Beach CA 92663 |

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

**2015 PORSCHE MACAN**

**Additional Drivers**

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Cut Along the Dotted Line

**California Evidence of Liability Insurance**

GEICO General Insurance Company
PO BOX 9506 Fredericksburg, VA 22403-9506

| NAIC Code | 2015 PORSCHE MACAN |
|---|---|
| 35882 | **Vehicle ID No.** WP1AB2A52FLB54929 |

| Policy Number | Effective Date | Expiration Date |
|---|---|---|
| 6229-46-02-06 | 10/21/25 | 04/21/26 |

| Named Insured(s) | Address |
|---|---|
| Amanda Dasilvamartins<br>Anahi Valdidia | 1875 Sherington Pl Apt Ss203<br>Newport Beach CA 92663 |

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

**2015 PORSCHE MACAN**

**Additional Drivers**

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

GEICO

**Need another form of proof of insurance?**

You may need the Insurance Binder for most finance companies, dealerships or vehicle registrations.

**Scan this code to get another form of proof of insurance immediately!**

If your address changes, update it using the app or log in to geico.com. By keeping your information up-to-date, you'll continue to receive important policy documents.

Cut Along the Dotted Line

**2015 PORSCHE MACAN** GEICO

- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

**If you're in an accident:**

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

**To report a claim**

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

U4CA (08-24)

Cut Along the Dotted Line

**2015 PORSCHE MACAN** GEICO

- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

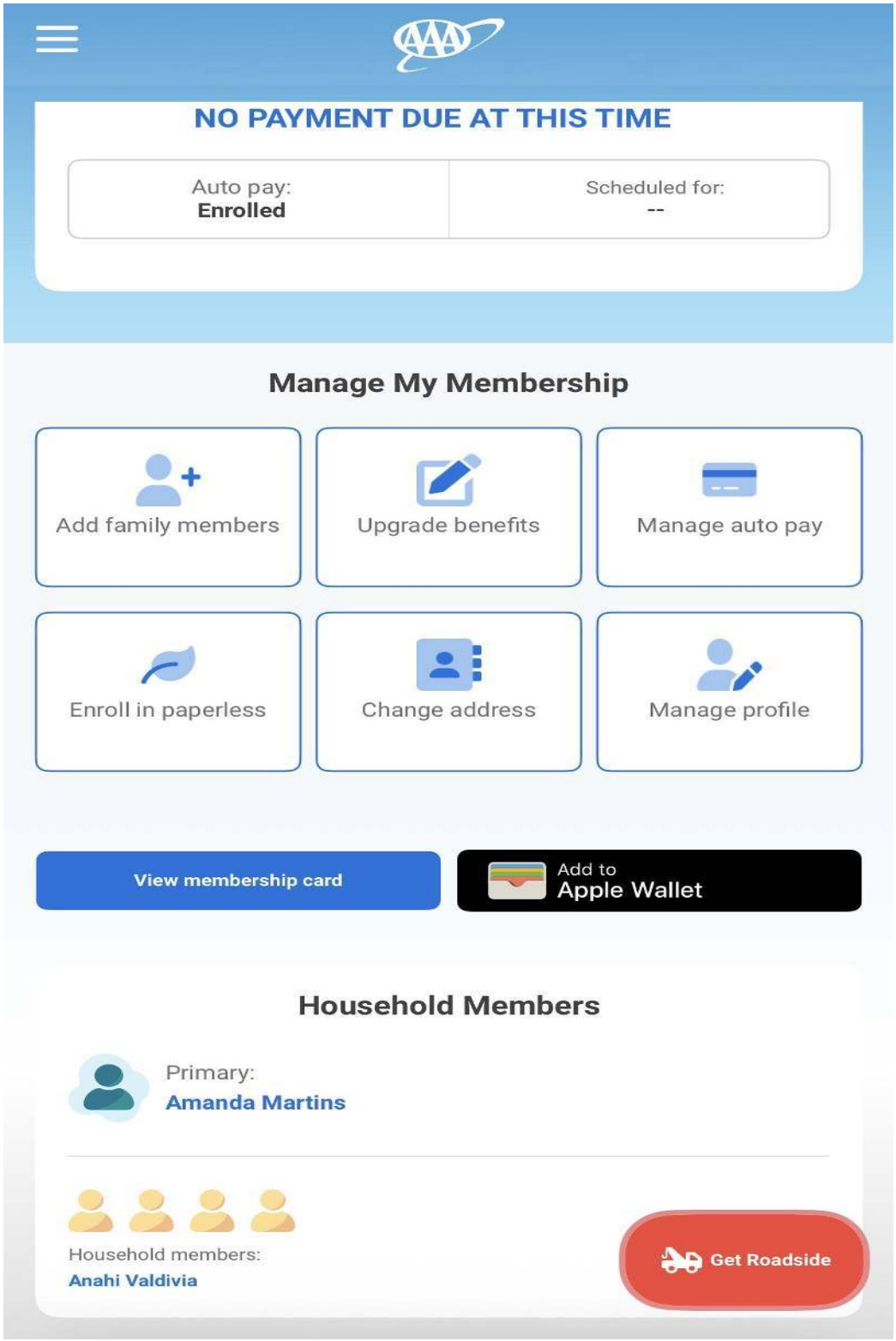
**If you're in an accident:**

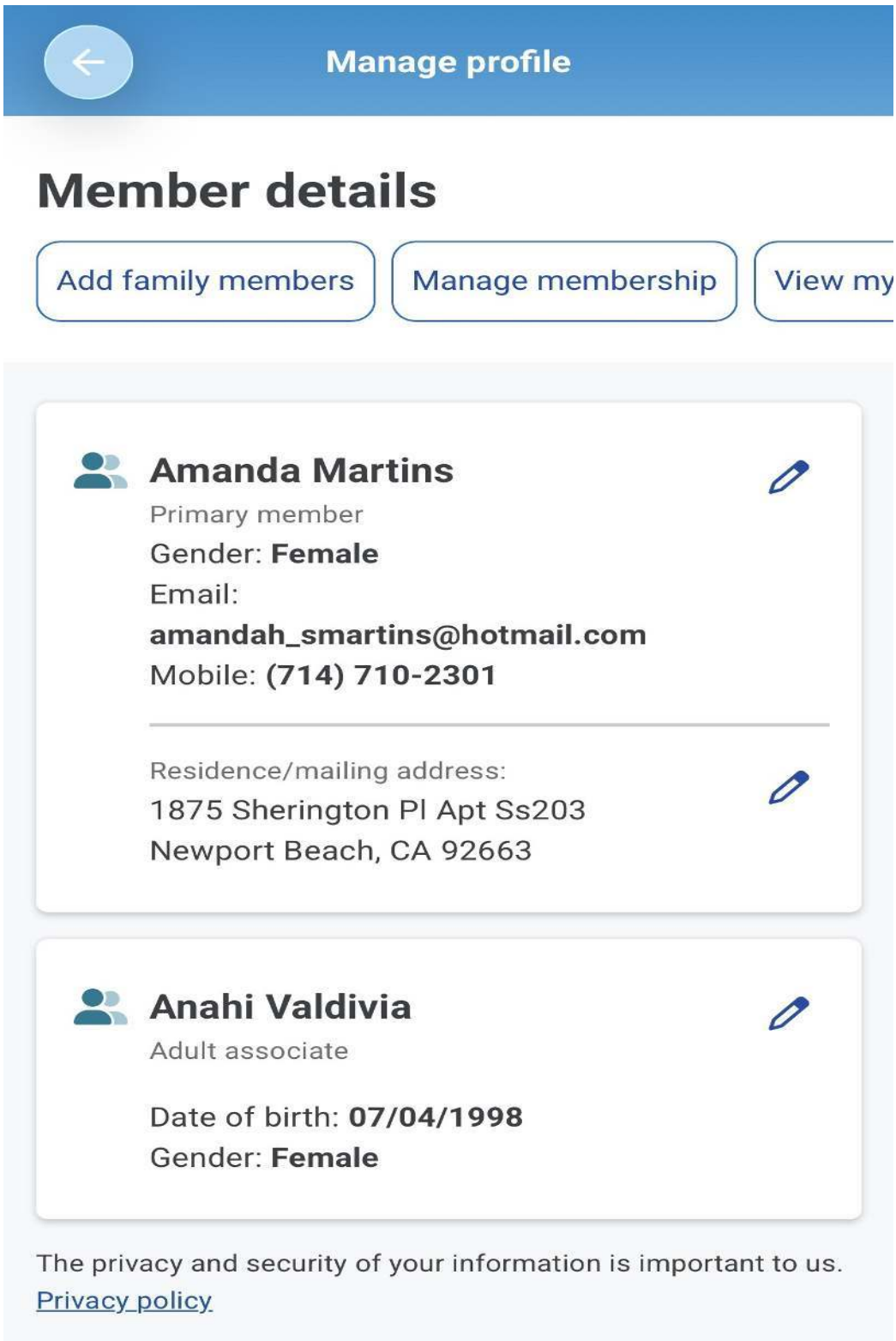
- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

**To report a claim**

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

U4CA (08-24)


NO PAYMENT DUE AT THIS TIME
Auto pay:
Enrolled
Scheduled for:
--
Manage My Membership
Add family members
Upgrade benefits
Manage auto pay
Enroll in paperless
Change address
Manage profile
View membership card
Add to
Apple Wallet
Household Members
Primary:
Amanda Martins
Household members:
Anahi Valdivia
Get Roadside


Manage profile
Member details
Add family members
Manage membership
View my
Amanda Martins
Primary member
Gender: Female
Email:
amandah_smartins@hotmail.com
Mobile: (714) 710-2301
Residence/mailing address:
1875 Sherington Pl Apt Ss203
Newport Beach, CA 92663
Anahi Valdivia
Adult associate
Date of birth: 07/04/1998
Gender: Female
The privacy and security of your information is important to us.
Privacy policy

# Account Details

## Sign In Information

Sign In Email Edit

amandah_smartins@hotmail.com

Updating your email address will change the email used for sign in on Costco.com and not where you receive exclusive offers and member benefits.

Password Edit

••••••••

Passkeys

Manage Passkeys

Membership Number Edit

112043440626 **Verified**

## Membership Information

**Membership Number**
112043440626

**Membership Type**
Gold Star Executive

**Status**
Active

**Expiration Date**
12/31/2026

**Member Since**
12/23/2025

Your Gold Star Executive Membership #112043440626 can be renewed beginning on 9/30/2026.

**Name**
Amanda Dasilvamartins

**Membership Address** Edit
1875 SHERINGTON PL
APT SS203
NEWPORT BEACH, CA 92663-6058

**Phone Number** Edit
714-710-2301

**Mobile Phone Number** Edit
714-710-2301

**Email Address** Edit
amandah_smartins@hotmail.com

## Estimated 2% Reward

$8.74

Last updated 04/16/2026

This is an estimated reward amount only. Your final 2% reward will be different from what is shown here. It will be adjusted for returns and calculated on qualified purchases up to 60 days before your renewal date.
View more details

## Account Manager

Add Account Manager

An Account Manager is a current Costco member authorized to make changes to your account.

Account Managers are able to:

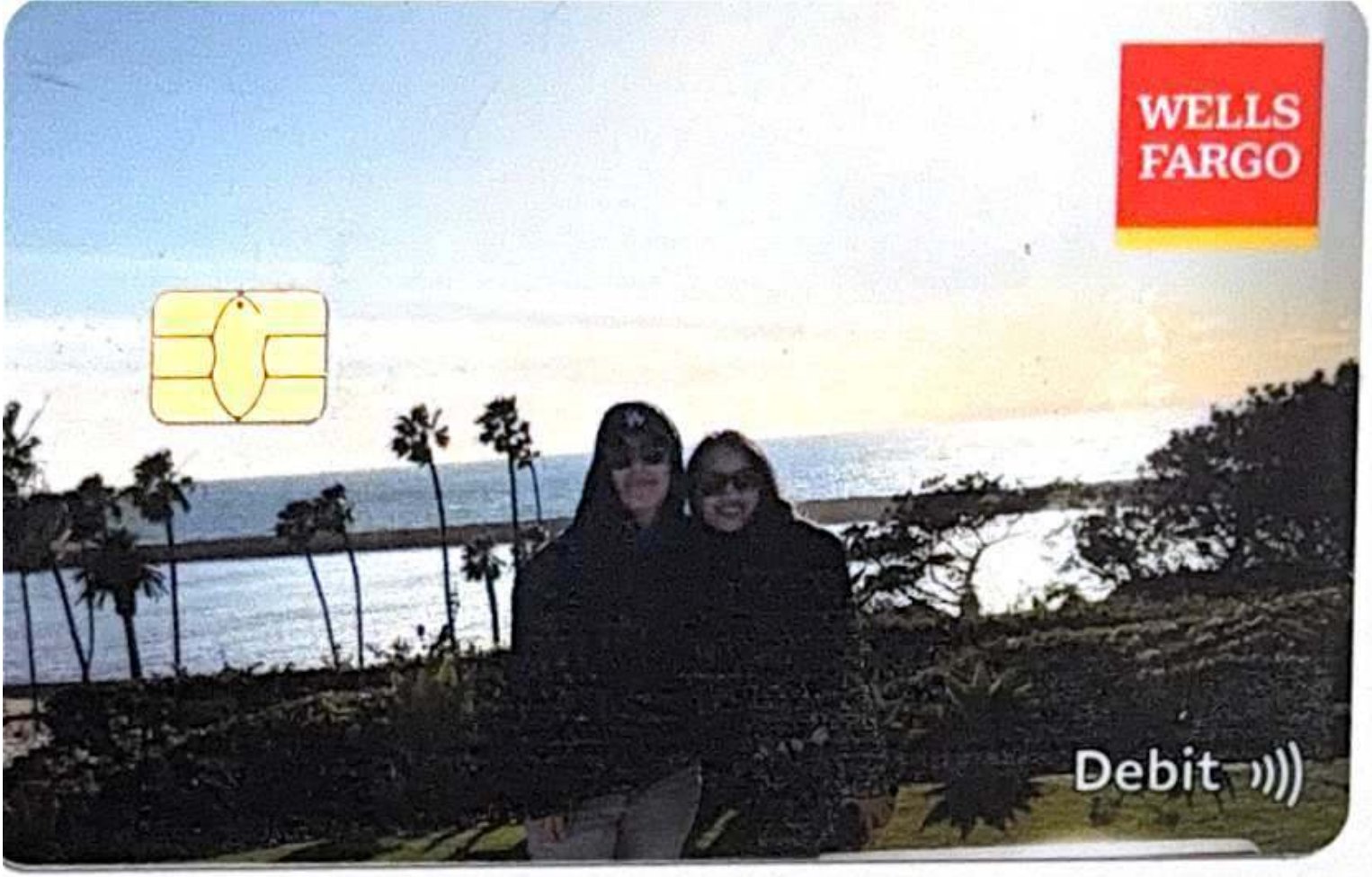
- Update membership address
- Update phone number
- Add or remove Person Within Household
- Upgrade and/or renew the membership
- Manage Auto Renew

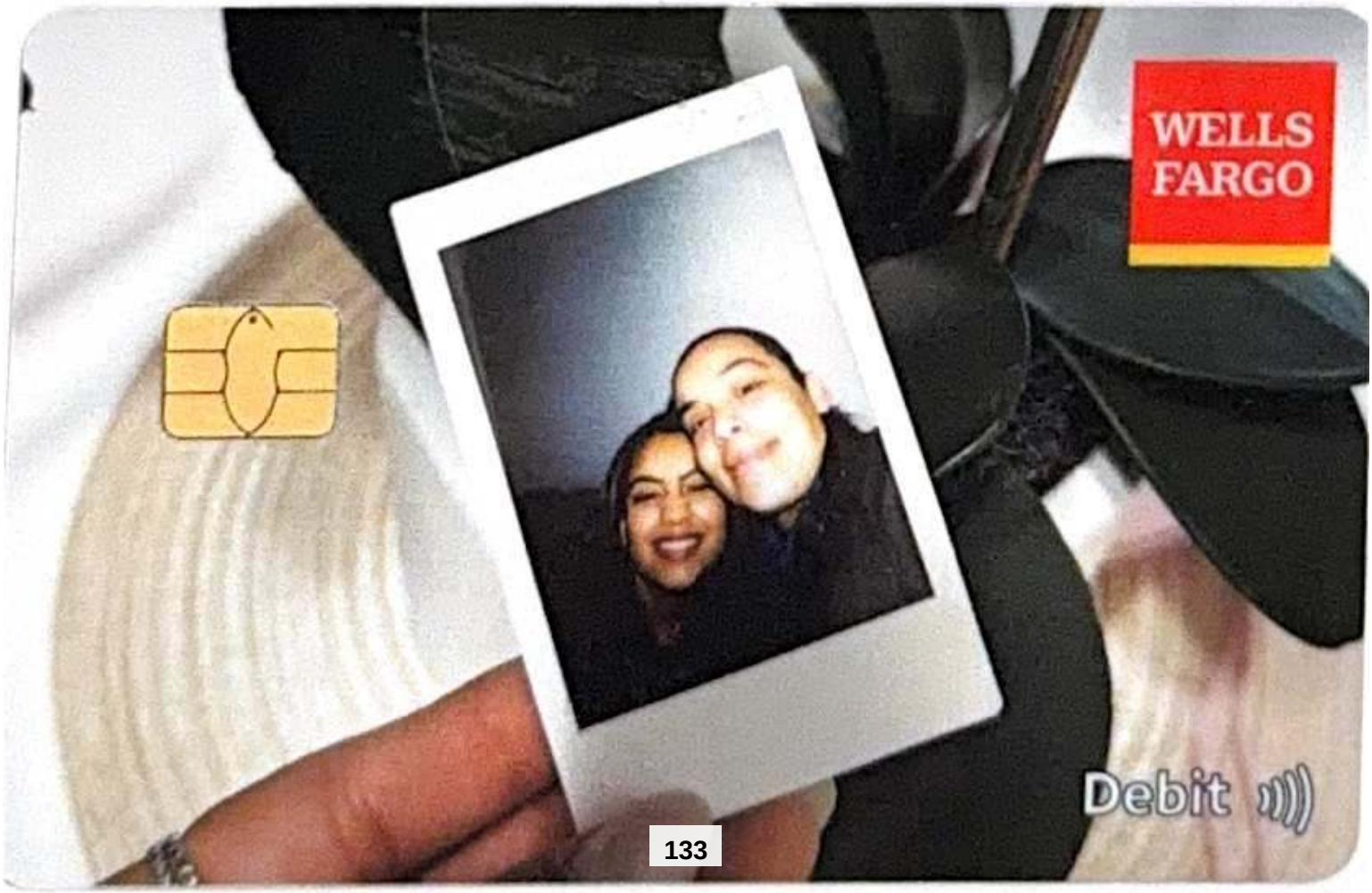
## Person Within Household

Anahi Valdivia Remove

One (1) free card is available to anyone over the age of 16 and living at the same address.

Household Cardholders will be asked to present proof that they live at the same address.


WELLS
FARGO
Debit


WELLS
FARGO
Debit

# Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

**Patricia Morato de Oliveira**
812 Parkcenter Drive
Santa Ana, CA, 92705
+1 (949) 432-2146
pathmorato@gmail.com
06/08/2026

**Affidavit of Support for Family-Based Petition**

**To Whom It May Concern,**

My name is Patricia Morato de Oliveira. I am friends with both Amanda and Anahi. I met them back in August 2025 and at first didn't fully click with Anahi, as she is a more reserved person, but with Amanda the connection was instant. Safe to say, after spending a lot of time trying to break Anahi's shell, I finally made it through, and we all became good friends.

That's around the time I found out about their relationship. I could tell they felt safe to include me in their life, and we became super close friends. Through hangouts, dinners, and parties together, I was able to see up close how caring they are for each other.

They have built a beautiful relationship in a short period of time, and it is clear how much love is involved.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,

Patricia M. Oliveira
Patricia Morato de Oliveira


Patrícia Morato de Oliveira
Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular
FU873533
Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.
This passport must be signed, except where the bearer is unable to do so.
Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSPORT
TIPO / TYPE
P
PAÍS EMISSOR / ISSUING COUNTRY
BRA
PASSAPORTE Nº / PASSPORT No.
FU873533
SOBRENOME / SURNAME
MORATO DE OLIVEIRA
NOME / GIVEN NAMES
PATRÍCIA
NACIONALIDADE / NATIONALITY
BRASILEIRO(A)
DATA DO NASCIMENTO / DATE OF BIRTH
23 JAN/JAN 1995
IDENTIDADE Nº / PERSONAL No.
SEXO / SEX
F
NATURALIDADE / PLACE OF BIRTH
SÃO PAULO/SP
FILIAÇÃO / FILIATION
REGIANE MORATO DE OLIVEIRA
PEDRO JOSÉ MARQUES DE OLIVEIRA
DATA DE EXPEDIÇÃO / DATE OF ISSUE
08 JAN/JAN 2018
AUTORIDADE / AUTHORITY
NUPAS/SR/SP
VALIDO ATÉ / DATE OF EXPIRY
07 JAN/JAN 2028
BRA
P<BRAMORATO<DE<OLIVEIRA<<PATRICIA<<<<<<<<<<<
FU873533<6BRA9501234F2801072<<<<<<<<<<<<<<00

**Lucas Dino**
1755 Sherington Pl
Newport Beach, CA - 92663
+1 (714) 804 - 6271
lucasdino08@gmail.com
06/08/2026

**Affidavit of Support for Family-Based Petition**

**To Whom It May Concern,**

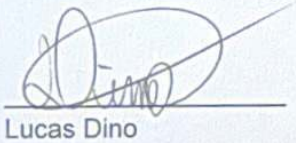
My name is Lucas Dino, I have known Amanda since November 2024 and met Anahi after they started their relationship. They are very reserved couple, I only got chance to understand their relationship when I was helping them moving into a new apartment, that's when I saw how passionate they were. I was helping throughout the day, I saw how they care about each other how complete they feel when they are together. After helping they move in September 2025 I've made some visits to em even brought some flowers to congratulate them on their new phase of life, it's always good to see the respect and love they have on each other.

We have created a good friendship even though we don't know each other for that long, I am glad that I can witness their beautiful relationship growing in a short period of time.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Respectfully,



Lucas Dino

# California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL Y1719184

CLASS C

EXP 02/08/2026

END NONE

LN DE MELO DINO

FN LUCAS

1755 SHERINGTON PL APT W101
NEWPORT BEACH, CA 92663

DOB 02/08/2001

RSTR NONE

02082001

SEX M HAIR BRN EYES BRN

HGT 5'-10" WGT 154 lb

DD 07/02/2021611A2/BBFD/26

ISS 01/09/2025

137

**Juana Perez Becerra**
427 E 119th St
Los Angeles, CA, 90061
+1 (310) 702-0007
Perezjuanis13@gmail.com
06/08/2026

**Affidavit of Support for Family-Based Petition**

**To Whom It May Concern,**

My name is Juana Perez Becerra. I am Amanda Da Silva Valdivia's Mother in Law, also Anahi Valdivia's mother. I am writing this letter in support of the marriage between my child and Amanda Da Silva Valdivia. I have had the privilege of knowing Amanda Da Silva Valdivia since March 2025 , and throughout the time I have come to know her as an honest, hardworking and caring person.I have the opportunity to see how this relationship has gone since day one . She always puts others before her and treats everyone with respect and compassion. I have seen all the effort she has put in at work and at home with her wife. Throughout their relationship and marriage, I have observed a loving partnership with lots of respect and devotion for each other. Every time she sees someone in need she doesn't hesitate and helps them out as much as she can. It's always a good time when she is hanging out with the family.

I have never seen someone care so much for my daughter the way she does and also i know that my daughter is living the best life with her wife.They spend time together with family, and with friends by going out with them like to the movie theater and beach and top golf and other places . She also always carries a positive attitude with her and she's very committed to a stable life around her wife and her family.

I fully support Amanda Da Silva Valdivia in her immigration application and I believe that she will continue to be the amazing person she is. I have seen both of them grow ever since they got married. They both share responsibilities and support each other through challenging times.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,

Juana Perez

Juana Perez Becerra


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y2504870
CLASS C
EXP 05/28/2030
END NONE
LN PEREZ BECERRA
FN JUANA
427 E 119 TH ST
LOS ANGELES, CA 90061
DOB 05/28/1976
05281976
RSTR NONE
DONOR
SEX F
HAIR BLK
EYES BRN
HGT 5'-04"
WGT 140 lb
ISS 04/29/2025
DD 06/29/2015616RB/CCFD/30


CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.
052876
Rev 08/29/2017
25120Y25048700401

Daniel De Jesus Valdivia
Dvaldivia1995@gmail.com
+1 (310) 351-0931
427 E 119th St
Los Angeles, CA 90061

To Whom it may concern,

My name is Daniel De Jesus Valdivia I am Amanda's Brother in law and I'm writing to express support for Amanda Da Silva Valdivia. I'm a US Citizen born in Los Angeles, California. I've known Amanda Da Silva Martins since last year. Throughout these last few months I could tell that Amanda is a very caring , intelligent person always putting people before her. She is very friendly and always willing to help with whatever and is also very respectful never looking for any problem. She's more like a problem solver which is one of many reasons why I believe that Amanda deserves this opportunity to be a part of this amazing country.

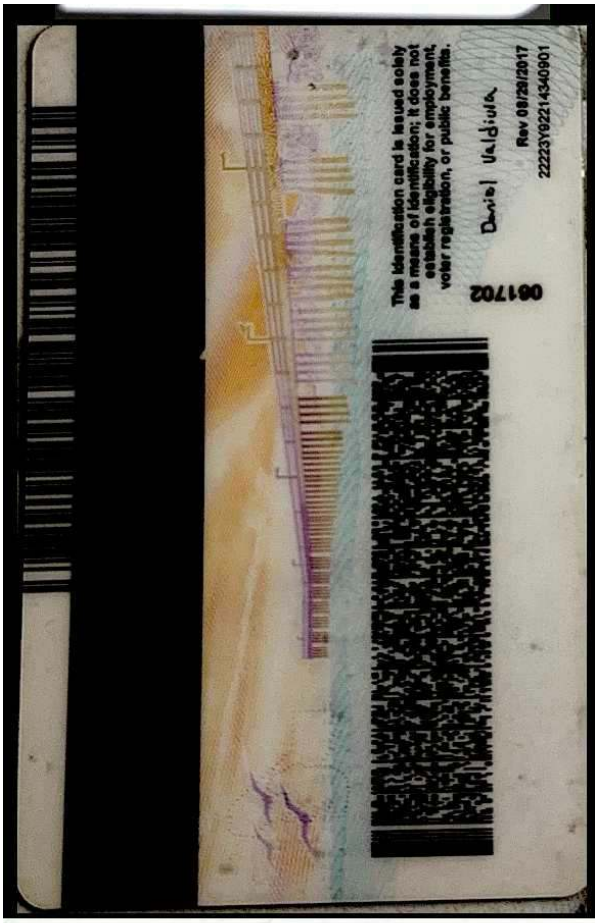
Amanda always puts her friends and family first. She is honest, compassionate and hardworking. Amanda and her wife my sister Anahi they are amazing. They are always involved with family activities and always spend time with us. They are one of the happiest couples I have ever met hands down. They take care of each other. We have been to Universal Studios together and she is always cracking jokes left and right. She also came to my moms birthday party and she was dancing with everyone and talking to my grandparents and everyone that was there. She's very friendly and respectful to everyone.I know for a fact that Amanda takes good care of my sister Anahi. They never get into problems, they both work hard and never give up on their future. They always talk about the future like buying a house together and traveling the world together. I can say I support both of them with their future. I would love to see what the future holds for her and her wife.

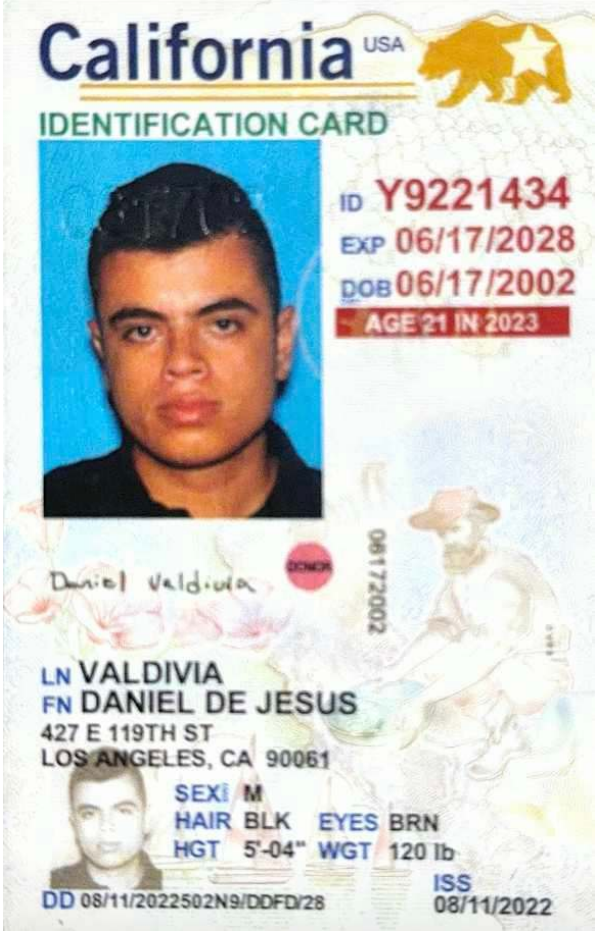
I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Respectfully,

Daniel de Jesus Valdivia

Danny Valdivia


This identification card is issued solely as a means of identification; it does not establish eligibility for employment, voter registration, or public benefits.
Daniel Valdivia
Rev 09/29/2017
22223Y9221434340901
061702


California USA
IDENTIFICATION CARD
ID Y9221434
EXP 06/17/2028
DOB 06/17/2002
AGE 21 IN 2023
Daniel Valdivia
DONOR
061720O2
LN VALDIVIA
FN DANIEL DE JESUS
427 E 119TH ST
LOS ANGELES, CA 90061
SEX M
HAIR BLK EYES BRN
HGT 5'-04" WGT 120 lb
DD 08/11/2022502N9/DDFD/28
ISS 08/11/2022

Ivonne Valdivia
427 E 119th St
Los Angeles CA 90061
Vivonne254@gmail.com
+1 (323) 794-6174

To whom it may concern,
My name is Ivonne Valdivia and I'm Amanda Da Silva Valdivia's sister in law, also Anahi Valdivia's sister. I'm a US citizen and I'm writing this letter to express how amazing Amanda is. I have had the privilege to know Amanda for a couple months already and all I can say is that Amanda is a very intelligent, polite , respectful, beautiful woman that you can tell that she never gives up on her goals and also on her family. I've also been able to witness a lot of this these last few months since we've been spending so much time together. She has become so much closer to me and my family.I love when she's around because she always laughs and we always have a good time. We've been to the mall and universal studios and the movies and family parties together and it's always Funtime never having to worry about being bored .

After spending so much time with Amanda I saw that her and my sister Anahi both are very hard workers and that they love to spend time together. Both of them are always working to make sure they have a better future since they are always talking about buying a house and buying a new car and going back to school to get better jobs. They both are very responsible. They have their own apartment together which is amazing because not a lot of people have their own place cause things like this are hard. They both help each other to pay bills. Amanda and Anahi are always staying away from trouble; they don't like any of that. They both work long hours. They both treat others and each other with kindness. They both make sure that my family is good and if they need anything they will always be there ready to help. Amanda and Anahi are always looking for ways to help the community out too by giving back.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Respectfully,

Ivonne Valdivia

Ivonne Valdivia

# California USA

## IDENTIFICATION CARD



D Y6[illegible]4507
EXP 10/20[illegible]2030
DOB 10/20/2008
AGE 21 [illegible]029
AGE [illegible] 2026

Ivonne Valdivia

10202008

LN VALDIVIA
FN IVONNE
427 E 119 TH ST
LA, CA 90061



SEX F
HAIR BLK EYES BLK
HGT 5'-01" WGT 110 lb

ISS 02/06/2025

DD 02/06/202551435/BB020625



144

This identification card is issued solely as a means of identification; it does not establish eligibility for employment, voter registration, or public benefits.

Ivonne Valdivia

102008

Rev 08/29/2017

25037Y68145070901

# Exhibit 8 - Evidence of Bona Fide Marriage: Joint Activities and Supplemental Relationship Evidence

## Head straight to turnstile with photo ID and this ticket

Buy a Day Get a 2nd Day FREE Adult

Anahi Valdivia

First Visit Valid Only: Monday, April 13, 2026

11109550050258717690 8

Purchased By:
Anahi Valdivia

Confirmation #:
UH00003WPJA

Payment:
XXXXXXXXXXXX5592

## HOW TO USE THIS TICKET:

**THIS TICKET IS NOT VALID FOR SECOND VISIT ON THE FOLLOWING BLOCKOUT DATES**
**2026: Jul 3, 4, 25; Sep 5, 6, 12, 19, 26; Oct 3, 10, 17, 24; Nov 27, 28**

1. Take this Ticket – directly to the Front Gate entrance (turnstile) at Universal Studios Hollywood and present to the attendant. This is your proof of purchase and will be your ticket for admission.
2. ID and/or biometrics will be required to enter the Park in order to validate identification. Second visit must be completed on or before December 16, 2026. Blockout dates apply. You will not be issued a new ticket for your second visit and will not be able to enter the Park without this original ticket so please retain for future use.

## TERMS OF USE:

By using this ticket, you agree to the terms and conditions associated with this ticket.

- Ticket valid for two (2) days of General Admission to Park.
- All Park visits must be completed on or before December 16, 2026 when ticket will expire in full. Unused Park visits will be forfeited.
- First visit valid on your selected date only: Monday, April 13, 2026.
- The following 2026 blockout dates apply on your return visit: Jul 3, 4, 25; Sep 5, 6, 12, 19, 26; Oct 3, 10, 17, 24; Nov 27, 28.
- Parking not included.
- Ticket is non-transferable, non-refundable and non-exchangeable.
- This ticket may not be altered, copied, transferred or resold. This ticket is only valid for the person named on it.
- Ticket cannot be combined with other offers, separately ticketed events, discounts, Halloween Horror Nights or sightseeing tours.
- Please note the CDC advises that older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Guests should evaluate their risk in determining whether to attend. People who show no symptoms can spread COVID-19 if they are infected, any interaction with the general public poses an elevated risk of being exposed to COVID-19 , and we cannot guarantee that you will not be exposed during your visit.
- By accepting admission, you assume all inherent risks and agree to release Universal and its affiliates from liability for illness (including communicable / infectious diseases), loss, injury, or damage related to your purchase or visit.
- Universal reserves the right to revoke the license granted by this ticket.
- Park, rides/shows/attractions, entertainment, experience details and/or access to event may be restricted or unavailable due to capacity/closures/other factors and benefits/restrictions are subject to change without notice.
- For Park hours, visit UniversalStudiosHollywood.com/calendar-and-hours.
- Valid at Universal Studios Hollywood located in Los Angeles, California.


Purchased from UniversalStudiosHollywood.com
© 2026 Universal Studios. All rights reserved.

## Head straight to turnstile with photo ID and this ticket

Buy a Day Get a 2nd Day FREE Adult

Amanda Martins

First Visit Valid Only: Monday, April 13, 2026

11109550050266619780 1

Purchased By:
Anahi Valdivia

Confirmation #:
UH00003WPJA

Payment:
XXXXXXXXXXXX5592

## HOW TO USE THIS TICKET:

**THIS TICKET IS NOT VALID FOR SECOND VISIT ON THE FOLLOWING BLOCKOUT DATES**
**2026: Jul 3, 4, 25; Sep 5, 6, 12, 19, 26; Oct 3, 10, 17, 24; Nov 27, 28**

1. Take this Ticket – directly to the Front Gate entrance (turnstile) at Universal Studios Hollywood and present to the attendant. This is your proof of purchase and will be your ticket for admission.
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## TERMS OF USE:

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- Ticket valid for two (2) days of General Admission to Park.
- All Park visits must be completed on or before December 16, 2026 when ticket will expire in full. Unused Park visits will be forfeited.
- First visit valid on your selected date only: Monday, April 13, 2026.
- The following 2026 blockout dates apply on your return visit: Jul 3, 4, 25; Sep 5, 6, 12, 19, 26; Oct 3, 10, 17, 24; Nov 27, 28.
- Parking not included.
- Ticket is non-transferable, non-refundable and non-exchangeable.
- This ticket may not be altered, copied, transferred or resold. This ticket is only valid for the person named on it.
- Ticket cannot be combined with other offers, separately ticketed events, discounts, Halloween Horror Nights or sightseeing tours.
- Please note the CDC advises that older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Guests should evaluate their risk in determining whether to attend. People who show no symptoms can spread COVID-19 if they are infected, any interaction with the general public poses an elevated risk of being exposed to COVID-19 , and we cannot guarantee that you will not be exposed during your visit.
- By accepting admission, you assume all inherent risks and agree to release Universal and its affiliates from liability for illness (including communicable / infectious diseases), loss, injury, or damage related to your purchase or visit.
- Universal reserves the right to revoke the license granted by this ticket.
- Park, rides/shows/attractions, entertainment, experience details and/or access to event may be restricted or unavailable due to capacity/closures/other factors and benefits/restrictions are subject to change without notice.
- For Park hours, visit UniversalStudiosHollywood.com/calendar-and-hours.
- Valid at Universal Studios Hollywood located in Los Angeles, California.


Purchased from UniversalStudiosHollywood.com
© 2026 Universal Studios. All rights reserved.

FROM:

Galpao Gaucho Nine LLC
1830 Main Street
Irvine CA 92614

[171582] [7]
[9]

Important Tax Document Enclosed

First-Class Mail

Anahi Valdivia
1875 Sherington Pl
SS2103
Newport Beach, CA 92663

3
Galpao Gaucho Nine LLC
1830 Main Street
Irvine, CA 92614

[374362] [3]
[5]

90000211 03/06/2026 11767

Amanda Martins
1875 Sherington Pl
SS203
Newport Beach, CA 92663

Personal & Confidential

# CONSENSUAL RELATIONSHIP AGREEMENT

Galpão Gaucho is committed to maintaining a work environment free from harassment, discrimination, conflicts of interest, exploitation, and favoritism.

It is against Galpão Gaucho policy to use a position of authority to induce another person to enter into a nonconsensual relationship. Even consensual relationships in the workplace may cause disruption to the company or cause other potential violations of company policy.

It is the purpose of this form to affirm the following:

Amanda Martins [Employee Name ], employed by Galpão Gaucho Irvine, CA [city, state] in the job title of Customer service [job title], and Anahi Valdivia [Employee Name], also employed by Galpão Gaucho Irvine, CA [city, state] in the job title of Server [job title], hereby notify Galpão Gaucho that we have agreed to enter into a welcome, voluntary and mutually consensual social relationship.

In entering into this relationship, we both understand, affirm, and agree to the following:

- Our personal relationship is voluntary and consensual
- We are both over the age of 18
- We will act and speak professionally in the workplace without public display of affection and we will not engage in gestures, speech or conversation that is of a suggestive or overtly amorous nature while in the workplace
- We will not engage in conduct that could be regarded by others as providing favored treatment toward the other
- We are both free to end the relationship at any time without fear of retaliation from the other employee to this Agreement or anyone else affiliated with Galpão Gaucho
- Should the social relationship end, we both agree that we shall not allow the end of this relationship to negatively impact our job performance
- If either employee to this Agreement experiences or reasonably believes he/she is being subjected to retaliation because of this social relationship, that employee will immediately notify a member of manager or the area manager
- We have received, reviewed and understand Galpão Gaucho's Sexual Harassment and Non-Retaliation policies, copies of which have been provided to us

We acknowledge that the social relationship between us does not violate Galpão Gaucho's policies and that entering into and/or continuing this social relationship has not been made a condition or term of employment by anyone affiliated with Galpão Gaucho, including the parties to this Agreement

This agreement represents a commitment by Amanda Martins [Employee Name] and Anahi Valdivia [Employee Name] to follow Galpão Gaucho's company policies and procedures and to act in a professional manner at all times. This agreement is confidential and is not intended as an invasion of privacy, rather it is intended as an affirmation that both parties have been provided with all relevant policies, have had an opportunity to discuss the policies, and agree to follow these policies.

Employee (print name): Anahi Valdivia

Employee (signature): Anahi Valdivia

Date: 5/15/26

Employee (print name): Amanda Martins

Employee (signature): [signature]

Date: 5/15/26

Galpão Gaucho Representative (print name): [illegible]

Galpão Gaucho Representative (signature): [illegible]

Date: 5/15/26

## RETAIL INSTALLMENT CONTRACT (CONSUMER NOTE)

**and Payment Authorization**

SELLER AND CREDITOR: Disney Destinations, LLC
Street Address: Attention: Magic Key Monthly Payment Plan, 700 W. Ball Rd., Anaheim, CA 92803
Mailing Address: Attention: Magic Key Monthly Payment Plan, PO BOX 3232, Anaheim, CA 92803-3232

Date: 05/27/2026

| BUYER LAST NAME | FIRST NAME | MIDDLE NAME | HOME TEL# |
|---|---|---|---|
| Valdivia | Anahi | | 3109168475 |

**MAILING ADDRESS**
1875 Sherington Pl

| CITY | STATE | ZIP | DOWN PAYMENT | CARD TYPE | LAST 4 NUMBERS ON CARD |
|---|---|---|---|---|---|
| Newport Beach | CA | 92663 | $198.00 | Visa | 3390 |

| ANNUAL PERCENTAGE RATE | FINANCE CHARGE | AMOUNT FINANCED | TOTAL OF PAYMENTS | TOTAL SALE PRICE |
|---|---|---|---|---|
| The cost of your credit as a yearly rate | The dollar amount the credit will cost you | The amount of credit provided to you or on your behalf | The amount you will have paid after you have made all payments as scheduled (does not include down payment, if any) | The total cost of your purchase on credit, including your down payment of $198.00 |
| 0% | $0 | $1,800.00 | $1,800.00 | $1,998.00 |

**Your payment schedule will be:**

| NUMBER OF PAYMENTS (excluding any down payment) | AMOUNT OF PAYMENTS (excluding any down payment) | WHEN PAYMENTS ARE DUE |
|---|---|---|
| 12 | $150.00 (except the last payment, which is $150.00) | Today and then monthly on the same date of each month thereafter or, in the case of a month which does not have such a date, the last day of such month. Note: If you are making a down payment, then you will pay two amounts today: (i) your down payment and (ii) your first monthly payment. |

**PREPAYMENT: You may pay your outstanding balance in whole or in part at any time without penalty.**

**ADDITIONAL INFORMATION: See your Contract below for additional information about nonpayment, default, the right to accelerate the maturity of the obligation, and any required repayment in full before the scheduled date.**

**Itemization of the Amount Financed of** $1,800.00:
$1,800.00 **Amount allocated to your account.**

Buyer ("you" or "your") agrees to buy the following DISNEYLAND® Resort Magic Key passes ("Passes") from Disney Destinations, LLC ("Seller", "we", "us", or "our"):

| PASS TYPE | FIRST NAME | LAST NAME | PRICE |
|---|---|---|---|
| Explore Key Pass | Anahi | Valdivia | $999.00 |
| Explore Key Pass | Amanda Da Silva | Martins | $999.00 |

Your Passes are subject to their applicable terms and conditions. You agree to pay Seller in addition to your down payment the "Total of Payments" identified above by credit/debit card in accordance with the terms of this Contract, including the payment schedule identified above. In addition to all other obligations in this Contract, you agree to the following:

**Payment:** Your down payment (if any) may be made by cash (if this Contract is entered into in person at our ticket booth), credit/debit card, Disney Gift Card or other payment method which is acceptable to us; however, all other payments must be made through automatic charges to your credit/debit card account. On your final payment due date, all other amounts owing under this Contract shall also be due. All payments shall be made to Seller. No bills or invoices will be issued for any payments, except that a bill or invoice may be issued for past due amounts. Any past due amounts shall remain due and owing even if a bill or invoice is not issued. No payments under this Contract (other than the down payment, if applicable) may be made in cash. Note: Payments may be posted to your credit or debit card on dates which are later than the payment due date.

**Default:** If you default in the payment of any installment when due, Seller may at its option declare the unpaid "Total of Payments" to be immediately due and payable without demand or notice. If any attempt is made to use a Pass during a period when you are delinquent in any payment due under this Contract, we reserve the right to deny some or all Pass holders the use of privileges under their Passes. We have the right, but not the obligation, to inform the Pass holders at the time of denial of admission that their Passes are currently invalid due to non-payment and then refer them to you for any questions. If Seller or its affiliate offers special terms for renewal of any pass and you default in the payment of any installment when due, you shall not be eligible for such special terms. You shall be responsible for paying the expenses we incur in attempting to collect any amounts due under this Contract that are not paid when due, including court costs and reasonable attorneys' fees if referred for collection to an attorney not a salaried employee of Seller. You agree that it is impossible to determine at the time you agree to this Contract, the damage and loss that we would incur from the failure or default of your obligations under this Contract. Therefore, without limiting any of our rights under this Contract, in the event that we do not receive a payment from you by the due date, and you have not

cured such nonpayment within ten (10) days of written notice of nonpayment, or in the event of Pass revocation, we may revoke any Pass and continue to collect any amounts due as described in the Revocation section. In addition, if you default under this Contract, we reserve the right to not sell any other Passes to you under another retail installment contract.

**Pass Upgrades:** You may have the right to upgrade your Passes, subject to Pass availability. If you elect to upgrade your Passes, you must pay on the day of the upgrade the full difference between the cost of the Passes you purchased today and the cost of the upgraded Passes. Your payment schedule hereunder and your Pass expiration date will remain unchanged following your upgrade. All terms of this Contract shall remain effective and shall apply to the upgraded Passes as they did to your initial Passes. Downgrades to your Passes are not permitted.

**Option Add-Ons:** You may have the right to add certain features or options to your Passes (e.g., parking, etc.), subject to availability and any applicable terms of purchase. If you elect to add any such available options to any of your Passes, you must pay on the day of the addition of such option the full amount of such option for each applicable Pass. Your payment schedule hereunder and Pass expiration date(s) will remain unchanged following the addition of the option(s). All terms of this Contract shall remain effective and shall apply to the Passes as they did to your initial Passes.

**Unactivated Pass Expiration:** Each of your Passes is valid for applicable privileges for one (1) year from the date of use of the Pass for first entry into a Disneyland® Resort theme park or use of the parking benefit on the pass for a fully-paid first entry into a pay-on-entry lot at the DisneylandÂ® Resort. Use of a Pass for a discount on parking will not activate the Pass. Pass privileges will not be available until such Pass is activated via park entry or applicable entry into a pay-on-entry lot; provided however, that park reservations, as applicable and subject to associated restrictions, may be made in anticipation of activation of a Pass so long as such Pass has not expired. A Pass will expire if it is not activated within one (1) year from the date of this Contract, and upon expiration, such expired Pass may no longer be activated or have park reservations scheduled for it, and any existing park reservations for such Pass will be cancelled. No refunds will be given. The original Pass may not be transferred, and the amount paid for the original Pass may not be redeemed for cash or be used for any other goods or services other than the purchase of another Magic Key pass. The amount paid for an unactivated, expired Pass may be applied towards the purchase of a new Magic Key pass at the then current price so long as the new pass purchase price is equal to or greater than the amount paid for the original Pass. The then current terms, conditions and privileges associated with the newly purchased pass will apply at that time. Payments for the Passes must be made per the terms of this Contract despite the date of activation or expiration of any Passes purchased hereunder.

**Pass Terms and Conditions:** By signing this Contract, you agree to be bound by our Magic Key Terms and Conditions ("T&Cs") and the Disneyland® Resort Park Rules ("Park Rules"). You also agree that each Pass holder will abide by the T&Cs and the Park Rules. Both the T&Cs and the Park Rules may be amended by us from time to time, in our sole discretion. Please check Disneyland.com/MagicKeyTerms for the current T&Cs and www.disneyland.com/parkrules for the current Park Rules.

**Revocation:** The benefits of each Pass are indivisible and are not monthly benefits. Each Pass provides the Pass holder with pre-specified revocable privileges which may be changed or cancelled by us at any time without notice. These privileges are subject to the T&Cs and the Park Rules. By means of example only, and without limiting our right to revoke any or all of your Passes for other reasons, if you default on any payment to us, or if you or anyone for whom you have purchased a Pass under this Contract uses a Pass for commercial purposes, whether within or outside the Disneyland® Resort, or engages in activity which we in our sole discretion deem to be improper, including without limitation vandalism, fighting or rowdy behavior, or violates the T&Cs or Park Rules, then the applicable Passes may be subject to immediate revocation. We reserve the right, in our sole discretion, to cancel any such Passes and either continue to collect all amounts due under this Contract as set forth herein, including all amounts due with respect to a revoked Pass, or declare the unpaid "Total of Payments" to be immediately due and payable. We shall have no duty to mitigate any damages incurred by us as a result of a failure, default, or violation by you or any Pass holder.

**Suspension:** If you or anyone for whom you have purchased a Pass under this Contract is suspected of violating any provision of this Contract, any of the T&Cs, the Park Rules, or any other rules, regulations or policies of the Disneyland® Resort, we may suspend the Pass held by such person on a month-to-month basis subject to our investigation of the alleged violation. We will continue to collect all monthly payments due under this Contract, including the monthly payment for the Pass holder whose Pass has been suspended, during any such suspension. Upon the conclusion of the investigation and depending upon the findings of such investigation, the suspended Pass will either be reinstated and extended to cover the period during which such Pass was suspended, reinstated without extension for the suspension period, or immediately revoked. In any event we may continue to collect all amounts due under this Contract as set forth herein or declare the unpaid "Total of Payments" to be immediately due and payable.

**Miscellaneous:** (1) We may delay or waive enforcement of any of the provisions of this Contract, including your promise to make timely payments, without losing our right to enforce the same or any other provision later. (2) You waive the right to receive notice of any waiver or delay or presentment, demand, protest or dishonor. (3) This Contract (which incorporates the T&Cs and the Park Rules) and any online terms and conditions applied at the time of sale of the Passes, contains all of the agreements between the parties with respect to the subject matter hereof and may not be assigned by you. All prior agreements and representations concerning this subject matter are superseded. We may assign our rights under this Contract to a third party without notice to you. (4) Should any term herein be deemed invalid or unenforceable, the remaining terms shall remain in full force and effect. (5) This Contract is made in the State of California and shall be governed by and construed under the laws of the State of California. (6) Any dispute or legal action between you and us arising out of or in connection with this Contract shall be commenced and maintained exclusively in the California Superior Court in and for Orange County (or if the Superior Court shall not have jurisdiction over the subject matter thereof, then in such other court sitting in said county and having subject matter jurisdiction) for trial and determination by the court. The parties hereby consent to the jurisdiction of such court and to the service of process outside the State of California pursuant to the requirements of such court in any matter so to be submitted to it. Notwithstanding anything to the contrary contained in this Clause (6), the parties further consent to the enforcement of the judgment of such court in all jurisdictions (both foreign and domestic). (7) Your sole and exclusive remedy for our breach under this Contract shall be an action for monetary damages, and you irrevocably waive any right to any equitable or injunctive relief hereunder. (8) You represent and warrant to us that you are a resident of California, and you acknowledge that we are only willing to enter into this Contract with a resident of California.

**Authorization of Automatic Payments:** As a condition to this extension of credit, you agree to have all scheduled payments due under this Contract automatically taken from your credit/debit card account set forth above or the credit/debit card account subsequently designated by you or the card issuing company. Your payment shall be automatically charged to that account on approximately the day set forth under "WHEN PAYMENTS ARE DUE" on the first page hereof. If there is not enough credit in your credit/debit card account to cover this payment, it shall be up to you to provide us access to another credit/debit card account or to pay the full amount due. In the event that your credit/debit card account number changes or is scheduled to expire while you still owe payments hereunder, you authorize us to obtain the new account number and/or extended expiration date and to update your account information and we may charge your payments to any new number and use any new expiration date. If the unpaid "Total of Payments" becomes immediately due and payable, we will provide written notice of the new amount due at least ten (10) days before we charge your credit/debit card account.

**Your Agreement to the Terms of this Contract:** Your agreement to the terms of this Contract shall be evidenced by a copy of this Contract. Please retain this Contract for your records.

**Prepayments and Partial Payments:** You may prepay any outstanding amounts due under this Contract, in whole or in part, at any time without penalty. Partial prepayments will be applied in the inverse order of maturity (i.e., to the last scheduled payments), so you will need to continue to make all scheduled

installment payments when due until the outstanding balance of this Contract is paid in full.

**MILITARY LENDING ACT PROTECTIONS:** Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).
**To receive this disclosure and payment information by phone:** please call 1-800-410-4656.
**Covered Borrower:** A consumer becomes a "Covered Borrower" who is entitled to the Limitations on Terms of Consumer Credit Extended to Service Members and Dependents pursuant to a determination made in accordance with 32 C.F.R. 232.5(b). A consumer ceases to be a "Covered Borrower" when he or she is no longer a member of the Armed Forces serving on active duty or a dependent of such member, as defined under 32 C.F.R. 232.3(g).
**Compliance with the Military Lending Act:** For Covered Borrowers, this Contract shall be interpreted to comply with the Military Lending Act, and, for Covered Borrowers, any provision of this Contract that is inconsistent with the Military Lending Act shall not apply.

**NO RIGHT TO CANCEL**
**You cannot cancel this contract for any reason, including but not limited to because you change your mind, decide the Pass you have purchased costs too much, want a different Pass, or your Pass may expire without being activated.**

**Notice to the Buyer**
**a. Do not sign this contract before you read it or if it contains any blank spaces.**
**b. You are entitled to a copy of this contract. Keep it to protect your legal rights.**

BUYER'S SIGNATURE
BY SIGNING BELOW, I AGREE TO THIS CONTRACT AND ACKNOWLEDGE HAVING RECEIVED A COPY OF THIS CONTRACT

BUYER:

***NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.***

Version 11/28/2021

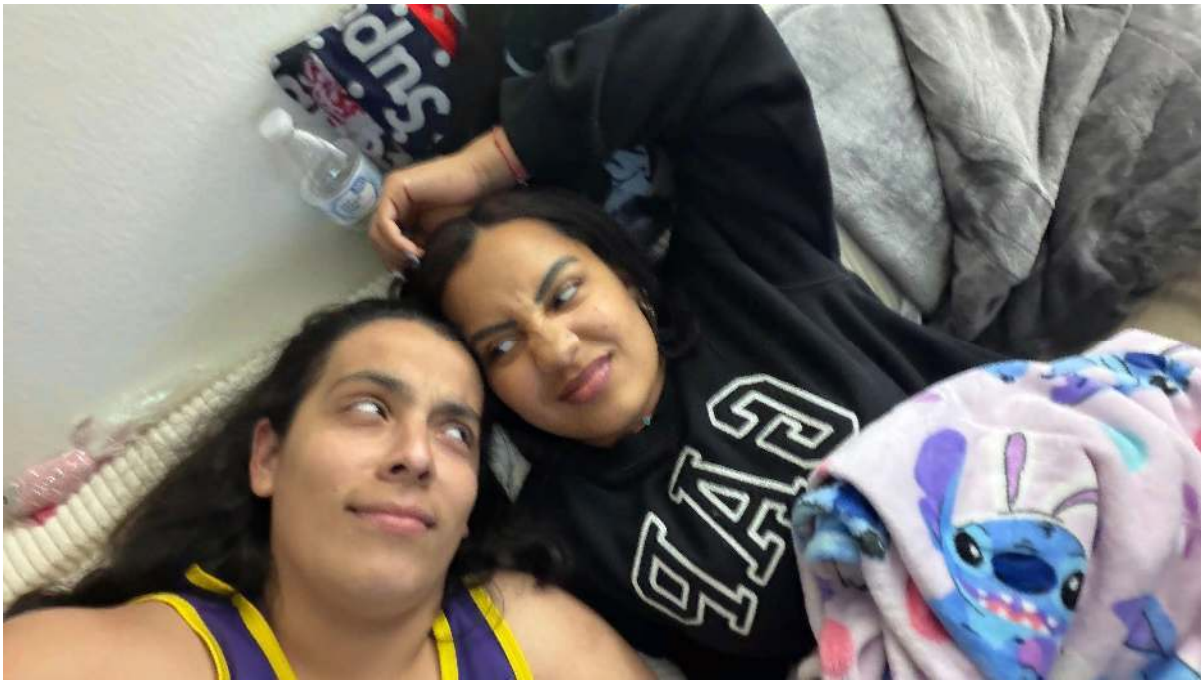
# Exhibit 9 - Evidence of Bona Fide Marriage: Photographic Chronology

# Photographic Evidence of Bona Fide Marriage: Anahi Valdivia and Amanda da Silva Valdivia

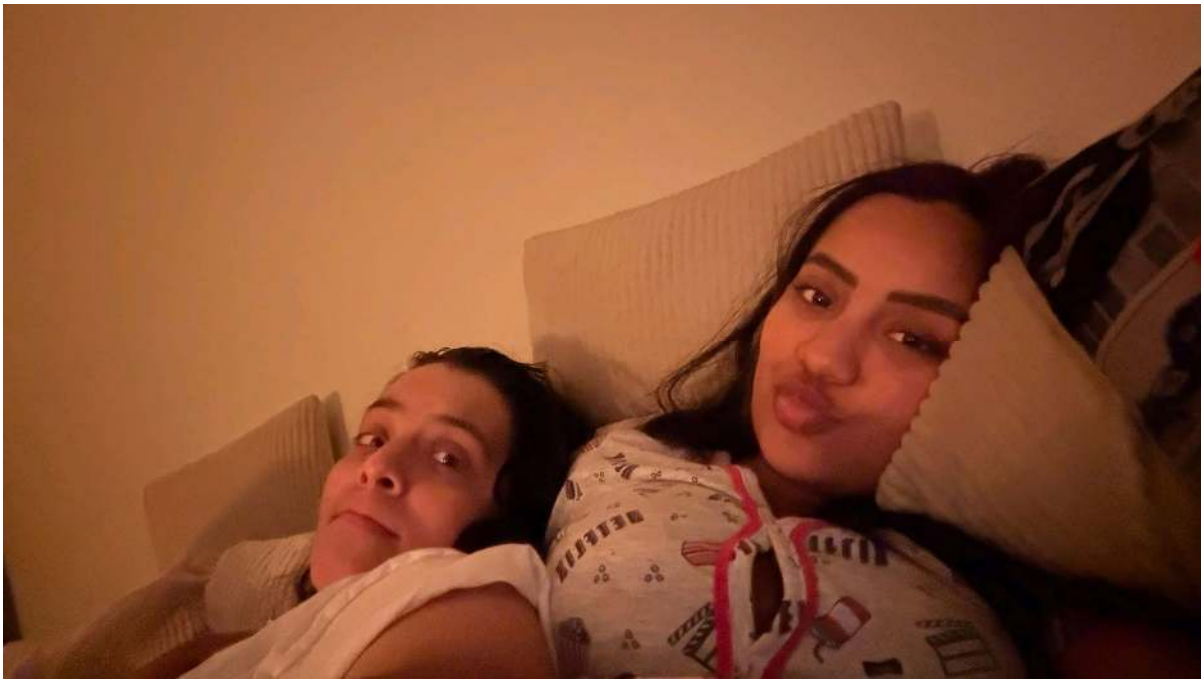
October 2025 - July 2026
Anahi Valdivia and Amanda da Silva Valdivia at their home, Newport Beach, CA.













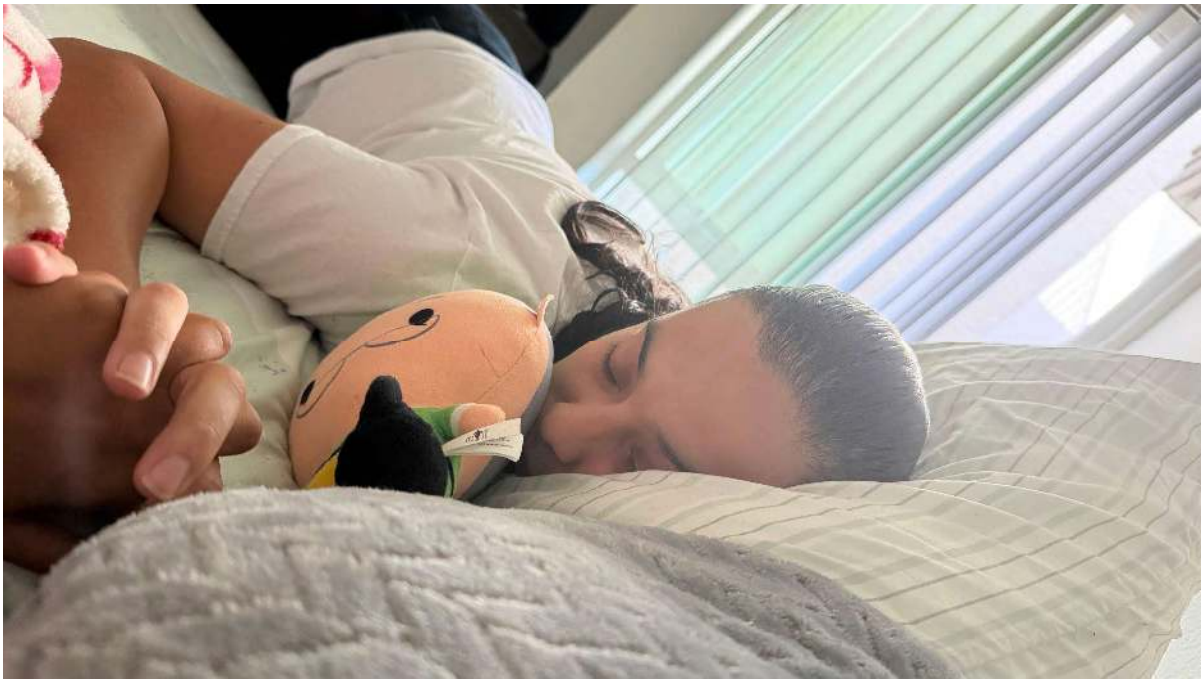


















March 2025 - July 2026

Anahi Valdivia and Amanda da Silva Valdivia with their friend, Patricia.














July 8th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Brazuca Cafe, Costa Mesa, CA.




July 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating Anahi 's birthday and Independency Day at Anahi’s parents house, Los Angeles, CA.



July 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi’s mother, Juana, celebrating Anahi 's birthday and Independency Day at their parents house, Los Angeles, CA.




July 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's brother, Daniel, celebrating Anahi 's birthday and Independency Day at their parents house, Los Angeles, CA.



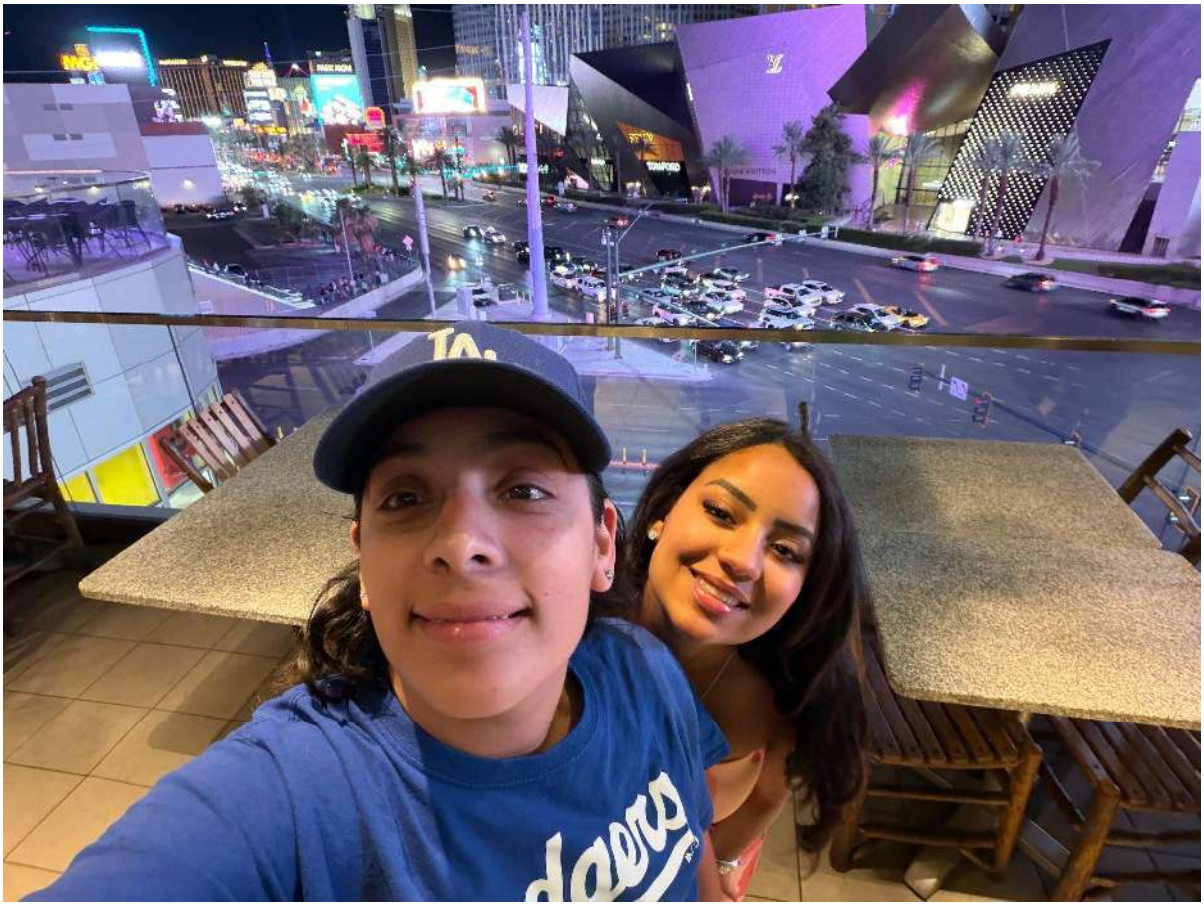


July 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating Anahi 's birthday and Independency Day at Anahi’s parents house, Los Angeles, CA.





July 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating Anahi 's birthday and Independency Day at Anahi’s parents house, Los Angeles, CA.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia at the Rainforest Cafe in Las Vegas, NV.




June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia at the Rainforest Cafe in Las Vegas, NV.




June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia at the Rainforest Cafe in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Patricia and Stefan in Las Vegas, NV.




June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia in Las Vegas, NV.



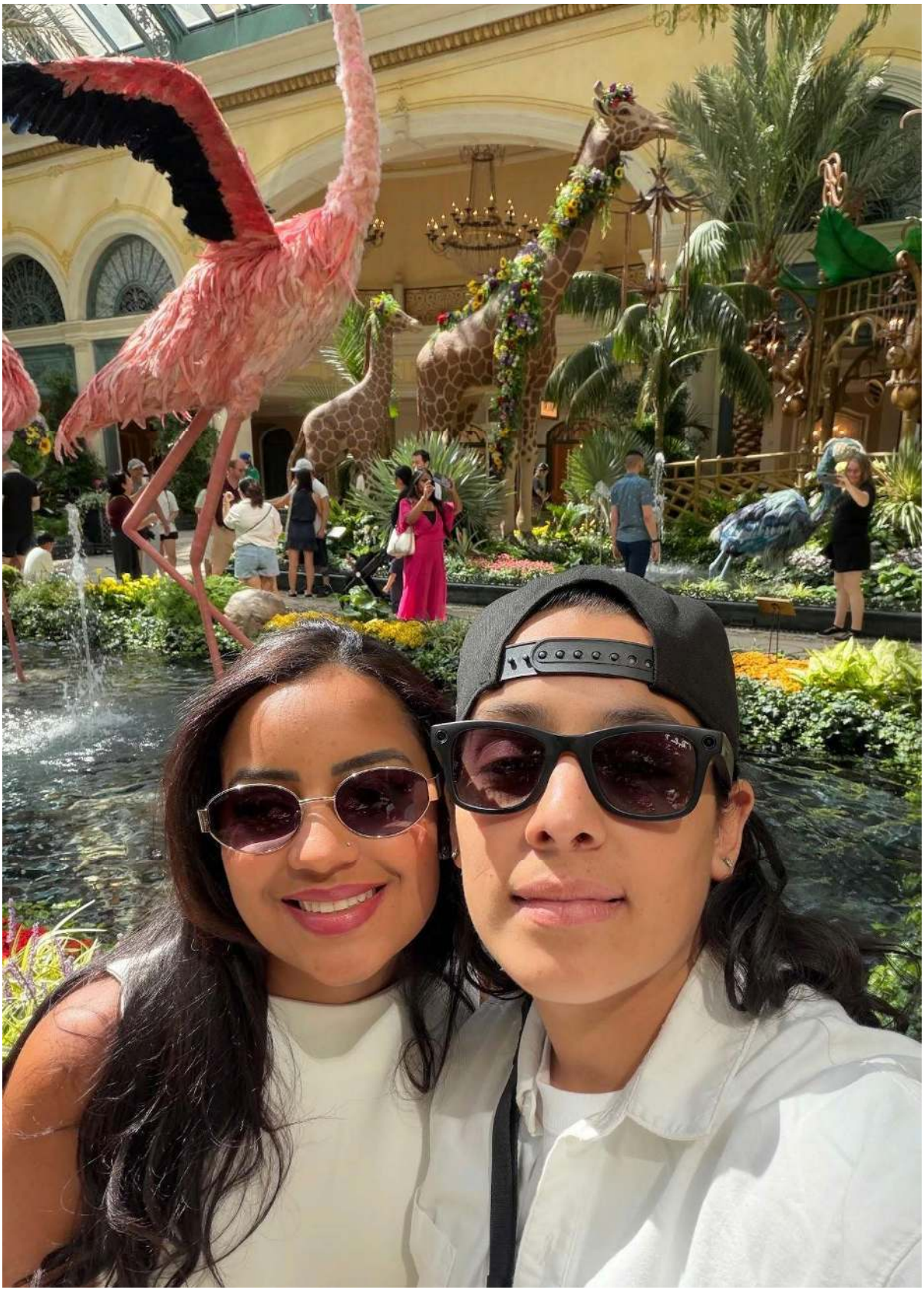

June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friend, Patricia, watching Mexico's World Cup match in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Patricia and Stefan in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.




June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.



June 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia taking pictures in Las Vegas, NV.





June 29th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Patricia and Stefan watching the Brazilian World Cup's match in Las Vegas, NV.





June 28th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Patricia and Stefan, and some of Stefan's friends in Las Vegas, NV.



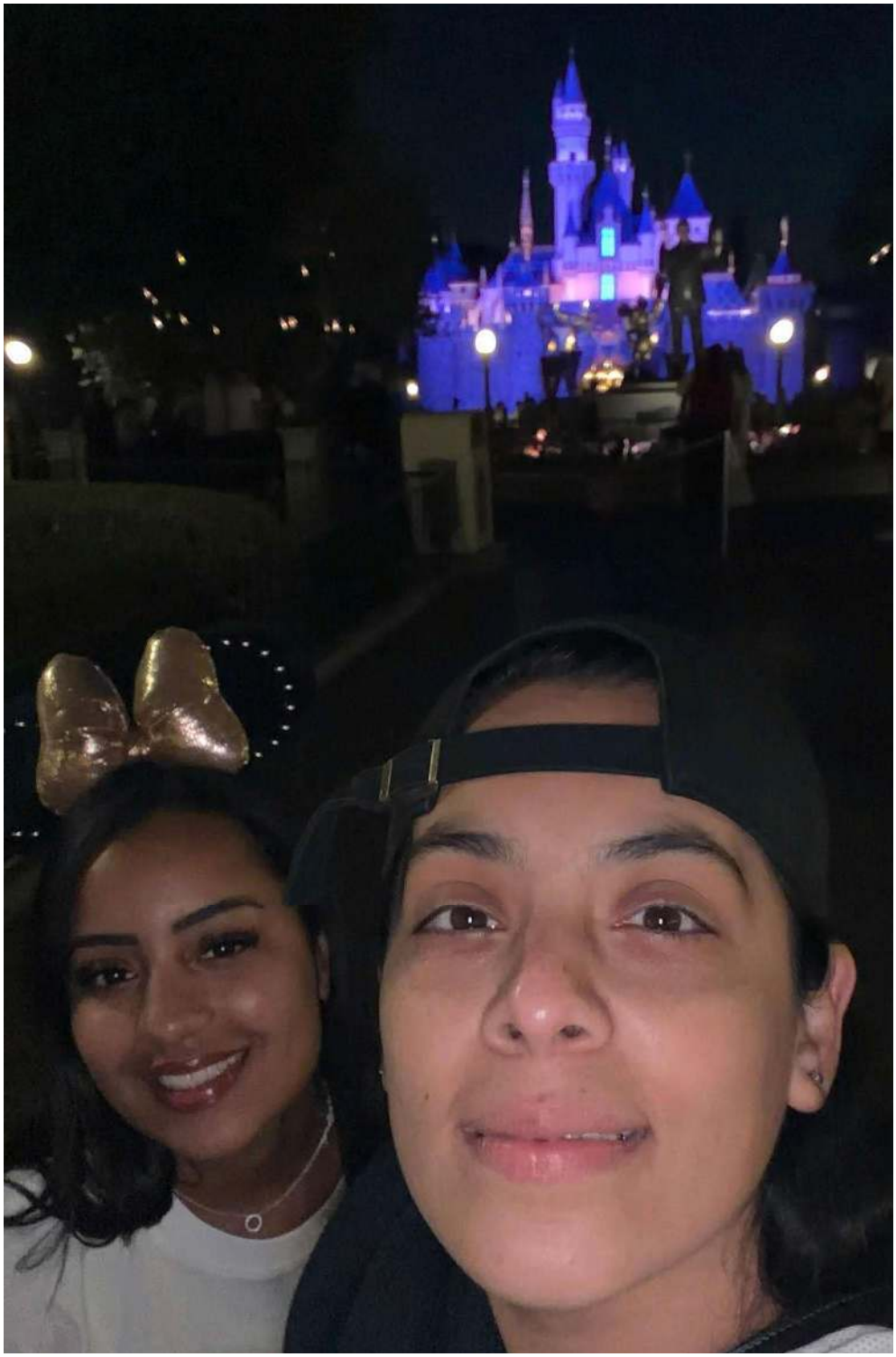


June 28th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Patricia and Stefan in Las Vegas, NV.






June 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Disneyland Park, Anaheim, CA.



June 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Disneyland Park, Anaheim, CA.





June 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Disneyland Park, Anaheim, CA.





June 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia cheering for Mexico on the World Cup and eating Mexican food, CA.





June 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia going to dinner at Yard House, Newport Beach, CA.




June 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Debora, Patricia, Marlen and Debora's mother, at Debora's baby shower, Irvine, CA.



May 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's mother, Juana, at her 50th birthday, Los Angeles, CA.



May 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's grandfather, Miguel, at her mother's 50th birthday, Los Angeles, CA.



May 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's grandmother, Gabriela, at her mother's 50th birthday, Los Angeles, CA.




May 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's sister, Ivone, at her mother's 50th birthday, Los Angeles, CA.






May 30th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's family at her mother's 50th birthday, Los Angeles, CA.





May 26th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Lucas Dino at their home, Newport Beach, CA.





May 20th 2026, Anahi Valdivia and Amanda da Silva Valdivia having dinner in Los Angeles, CA.



May 20th 2026, Anahi Valdivia and Amanda da Silva Valdivia having dinner together, Irvine, CA.






May 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia with Anahi's brother, Daniel, at Universal Studios Hollywood, Universal City, CA.




May 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Universal Studios Hollywood, Universal City, CA.




May 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Universal Studios Hollywood, Universal City, CA.





May 11th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Patricia, Stefan, Lucas, Marta, Giovanni, Cool, Jenny and Guilherme, at a barbecue in Newport Beach, California.






May 11th 2026, Anahi Valdivia and Amanda da Silva Valdivia at a barbecue in Newport Beach, CA.



May 10th 2026, Amanda da Silva Valdivia received a rose bouquet from Anahi Valdivia.



May 9th 2026, Anahi Valdivia and Amanda da Silva Valdivia at their home, Newport Beach, CA.



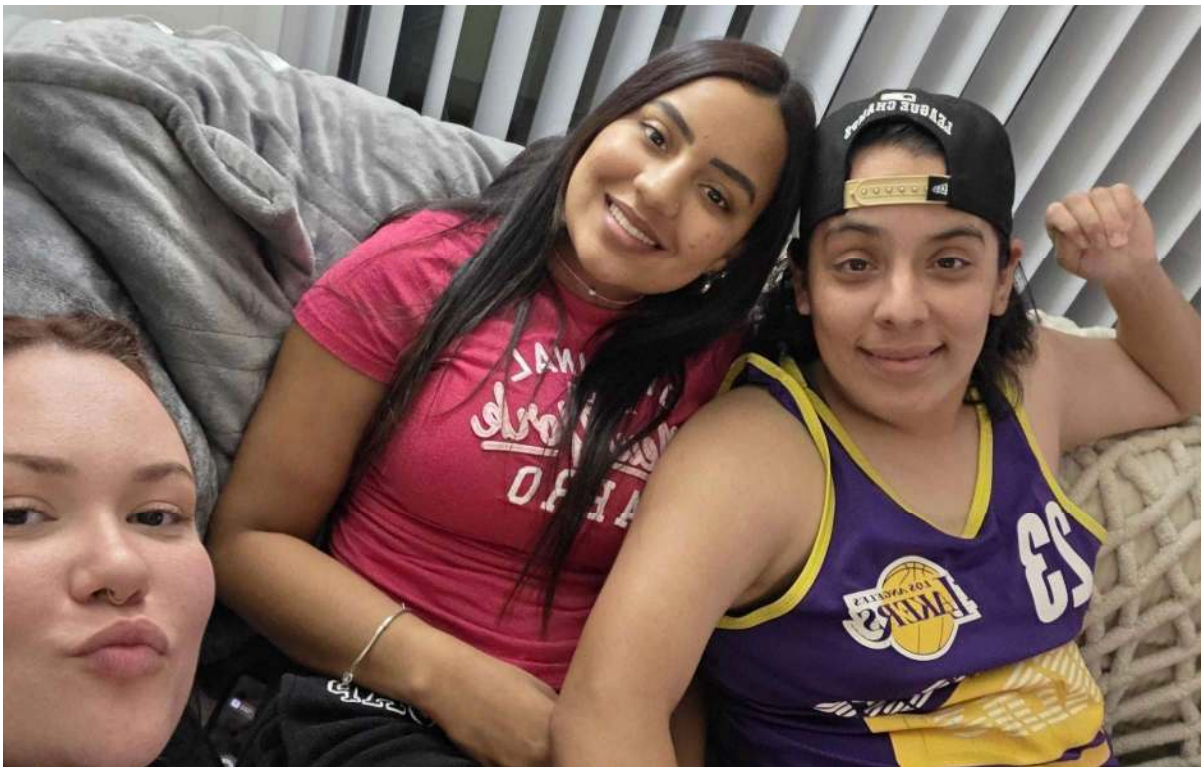




May 7th 2026, Anahi Valdivia and Amanda da Silva Valdivia at their home, Newport Beach, CA.



May 6th 2026, Anahi Valdivia and Amanda da Silva Valdivia and their friends, Patricia and Stefan, at their home having Brazilian traditional dishes, Newport Beach, CA.





May 6th 2026, Anahi Valdivia and Amanda da Silva Valdivia and their friends, Patricia and Stefan, having Brazilian traditional dishes, Newport Beach, CA.






May 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Leticia, Laura, Evelyn and Lais at TopGolf, Los Angeles, CA.




May 4th 2026, Anahi Valdivia and Amanda da Silva Valdivia at TopGolf, Los Angeles, CA.






April 13th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating their 7th month married at Universal Studios Hollywood, Universal City, CA.



April 13th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating their 7th month married at Universal Studios Hollywood, Universal City, CA.





April 13th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating their 7th month married at Universal Studios Hollywood, Universal City, CA.




April 13th 2026, Anahi Valdivia wearing a bracelet with Amanda’s name at Universal Studios Hollywood, Universal City, CA.




April 13th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating their 7th month married at Universal Studios Hollywood, Universal City, CA.



April 13th 2026, Anahi Valdivia and Amanda da Silva Valdivia on their way to Universal Studios to celebrate their 7th month married.






February 22nd 2026, Anahi Valdivia and Amanda da Silva Valdivia at Anahi's sister, Juanita, baby shower, Los Angeles, CA.





February 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at Corona Del Mar, Newport Beach, CA.

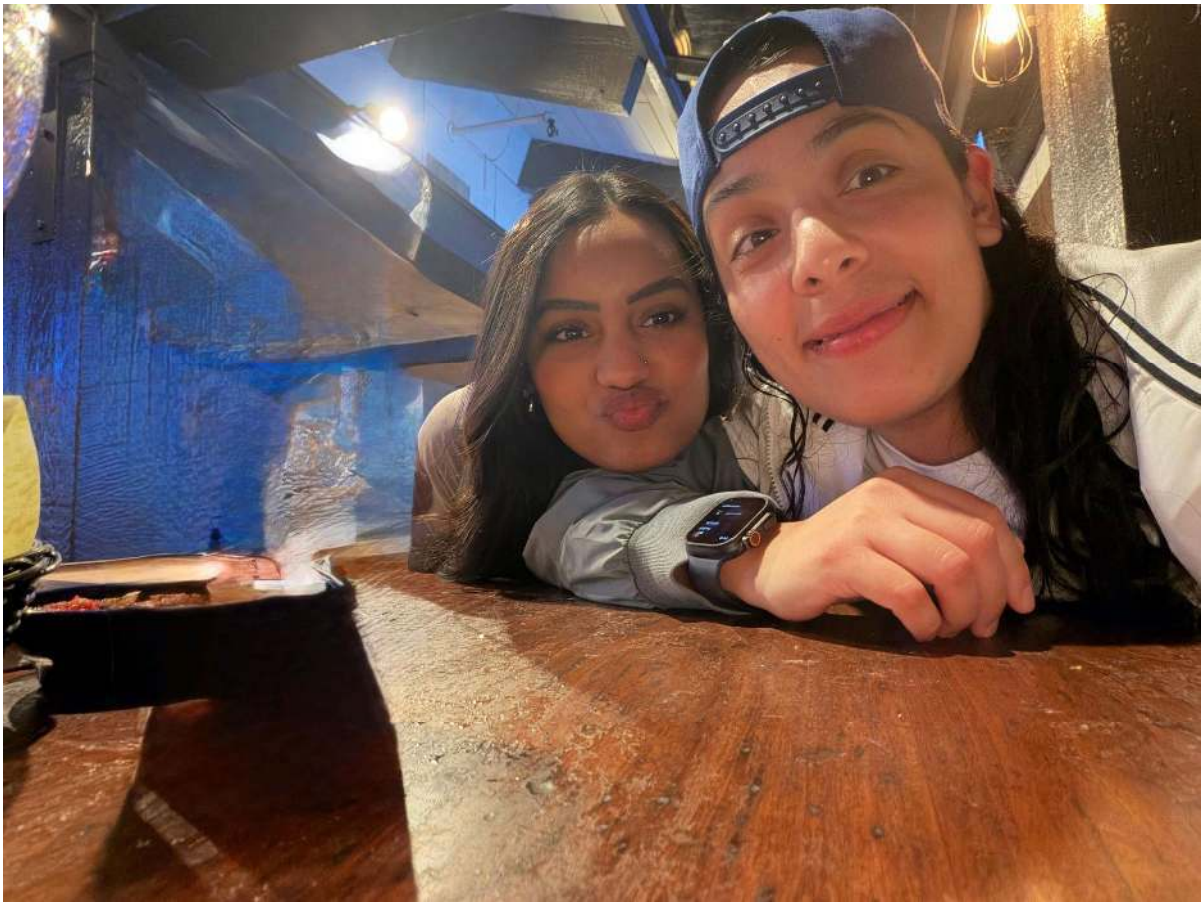




February 18th 2026, Anahi Valdivia and Amanda da Silva Valdivia at a Brazilian Steak House, Fogo de Chao, Huntington Beach, CA.

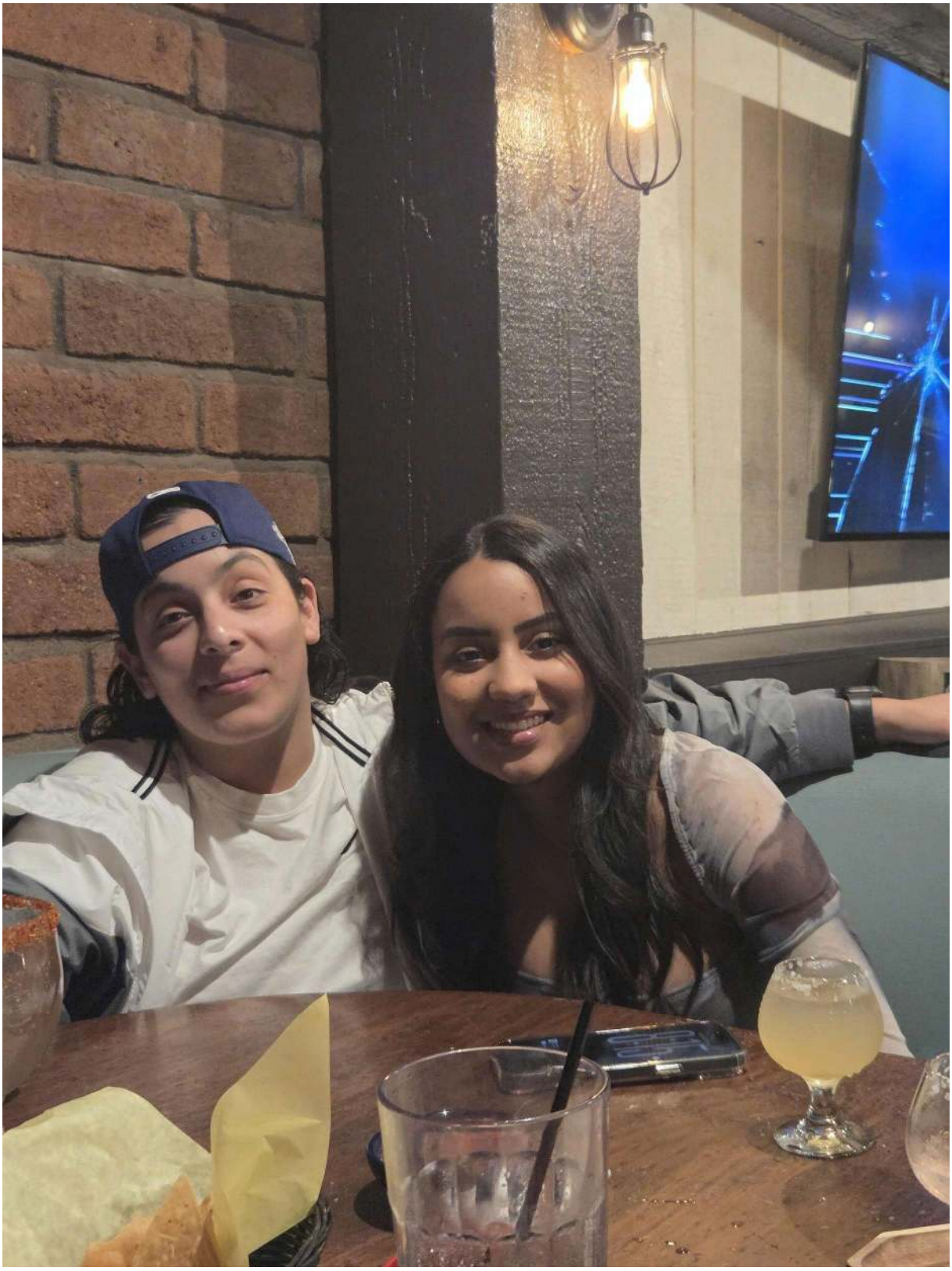



February 13th 2026, Anahi Valdivia and Amanda da Silva Valdivia celebrating Valentine 's day with a surprise from Anahi, Newport Beach, CA.





February 8th 2026, Anahi Valdivia and Amanda da Silva Valdivia at the pub, El Torito, watching the Super Bowl, Irvine, CA.



February 8th 2026, Anahi Valdivia and Amanda da Silva Valdivia at the pub El Torito, watching the Super Bowl, Irvine, CA.



February 8th 2026, Anahi Valdivia and Amanda da Silva Valdivia with their friends, Giovanni, Patricia and Noel, at the pub El Torito, watching the Super Bowl, Irvine, CA.



January 1st 2026, Anahi Valdivia and Amanda da Silva Valdivia, after a long day of work, celebrating New Year at their home, Newport Beach, CA.



December 25th 2025, Anahi Valdivia and Amanda da Silva Valdivia, after a long day of work, celebrating Christmas at their home, Newport Beach, CA.



December 25th 2025, Anahi Valdivia and Amanda da Silva Valdivia, after a long day of work, celebrating Christmas at their home, Newport Beach, CA.



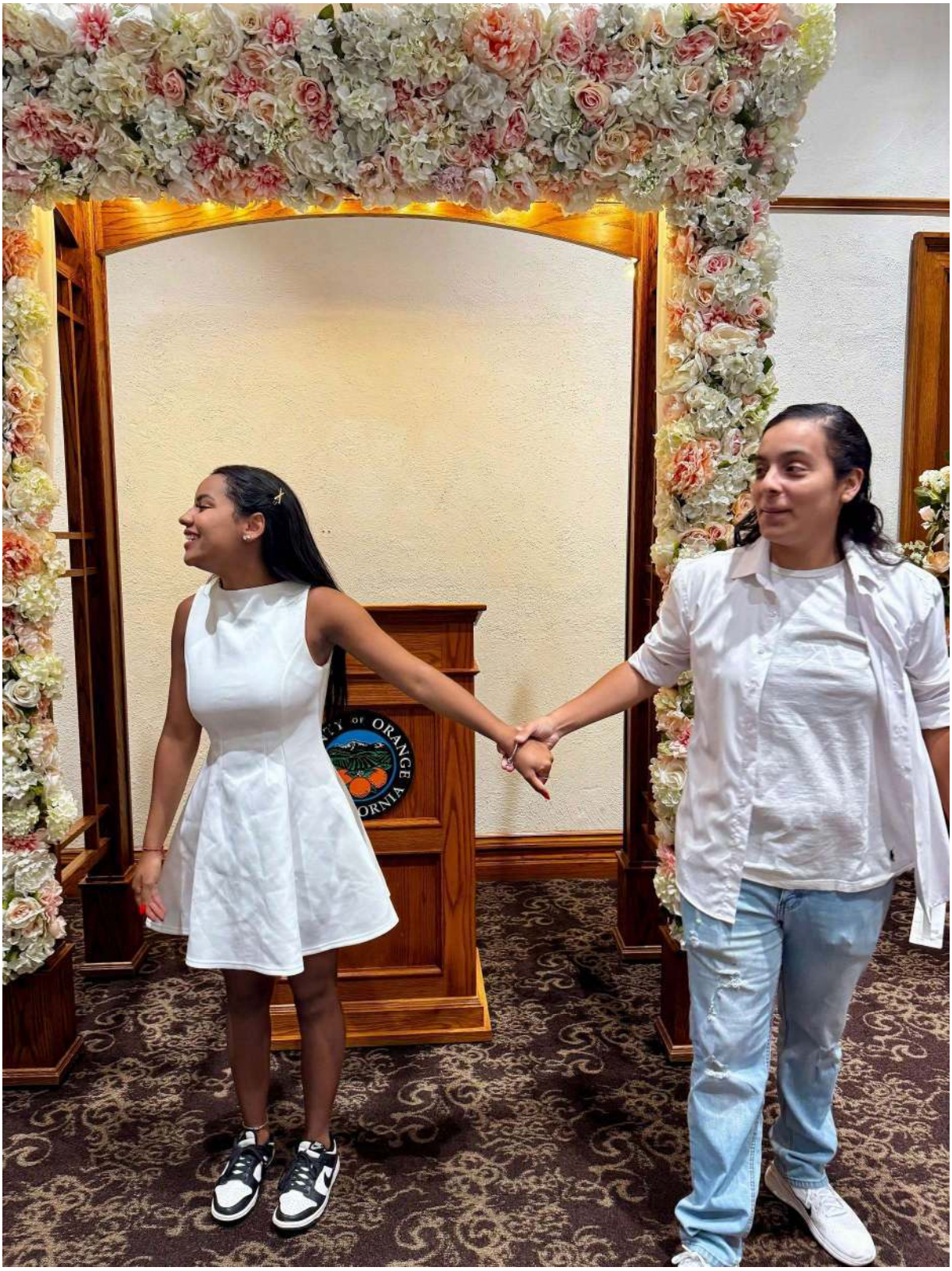

September 9th 2025, Anahi Valdivia and Amanda da Silva Valdivia's wedding at Santa Ana Court House, CA.



September 9th 2025, Anahi Valdivia and Amanda da Silva Valdivia's wedding at Santa Ana Court House, CA.



September 9th 2025, Anahi Valdivia and Amanda da Silva Valdivia's wedding at Santa Ana Court House, CA.



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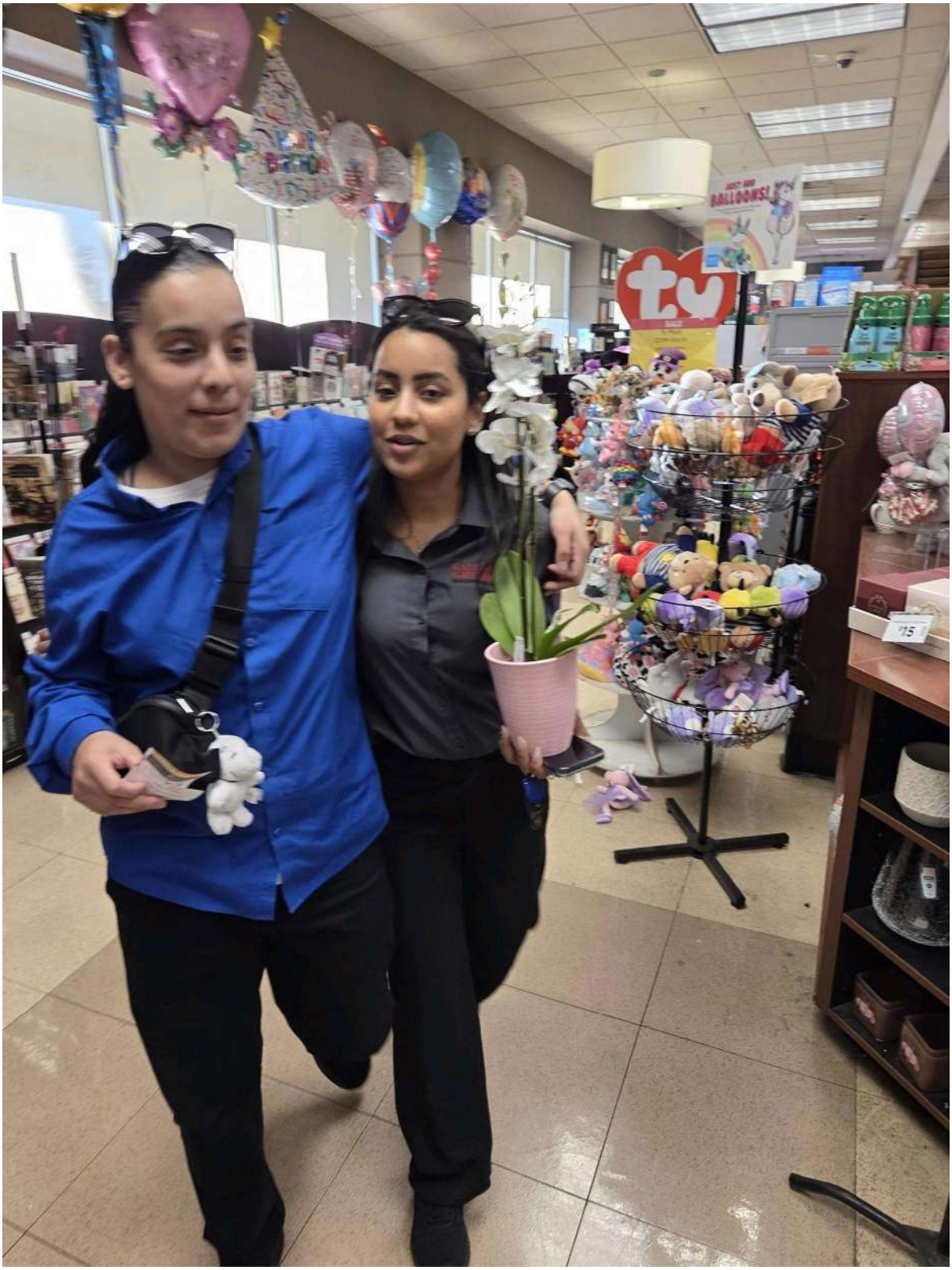


September 9th 2025, Anahi Valdivia and Amanda da Silva Valdivia's wedding at Santa Ana Court House, CA.

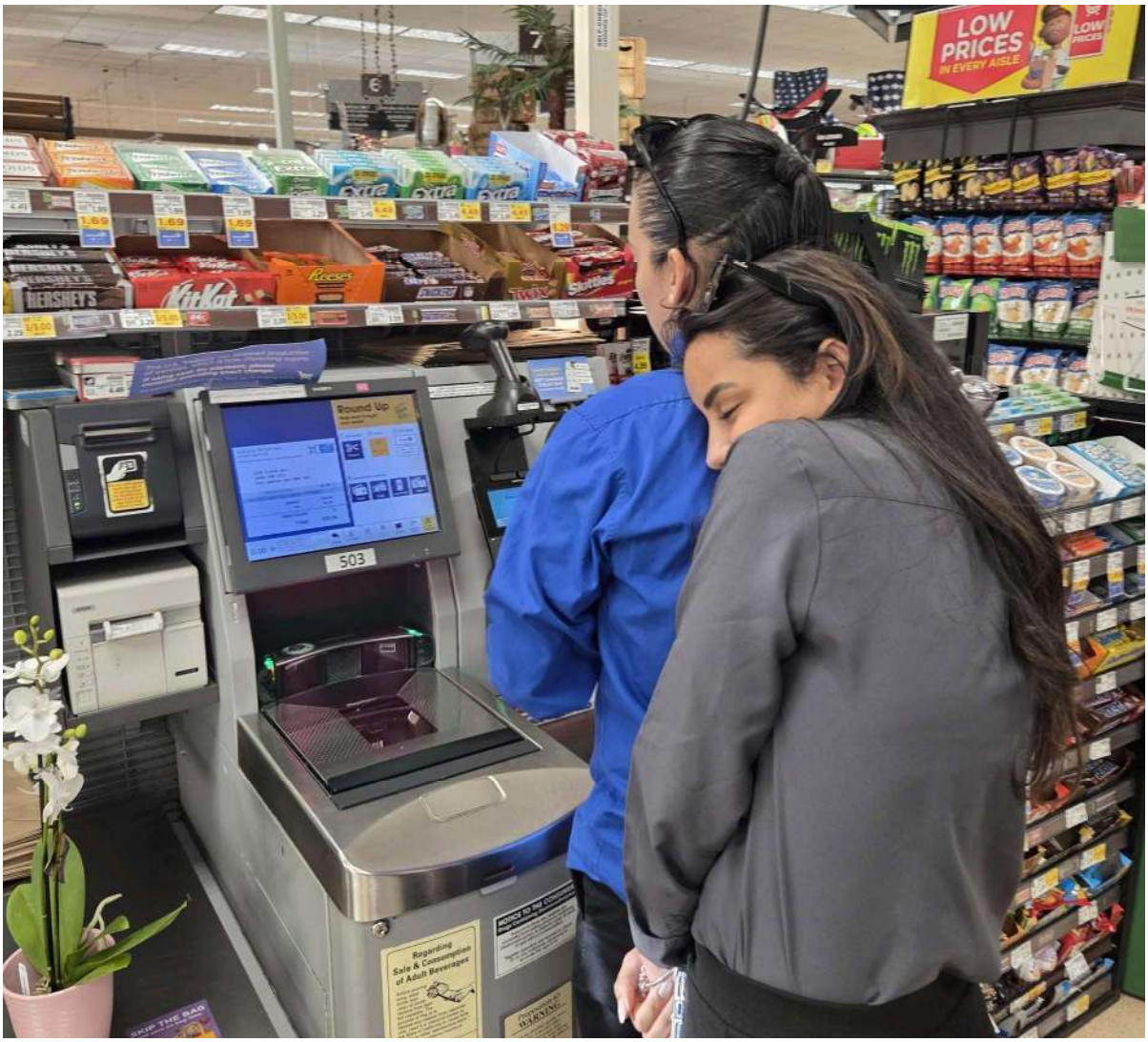


September 9th 2025, Anahi Valdivia and Amanda da Silva Valdivia on their way to Santa Ana Court House, CA.




ty




LOW PRICES
IN EVERY AISLE
Round Up
503
HERSHEY'S
KitKat
Reese's
Snickers
TWIX
Oreo
Regarding Sale & Consumption of Adult Beverages



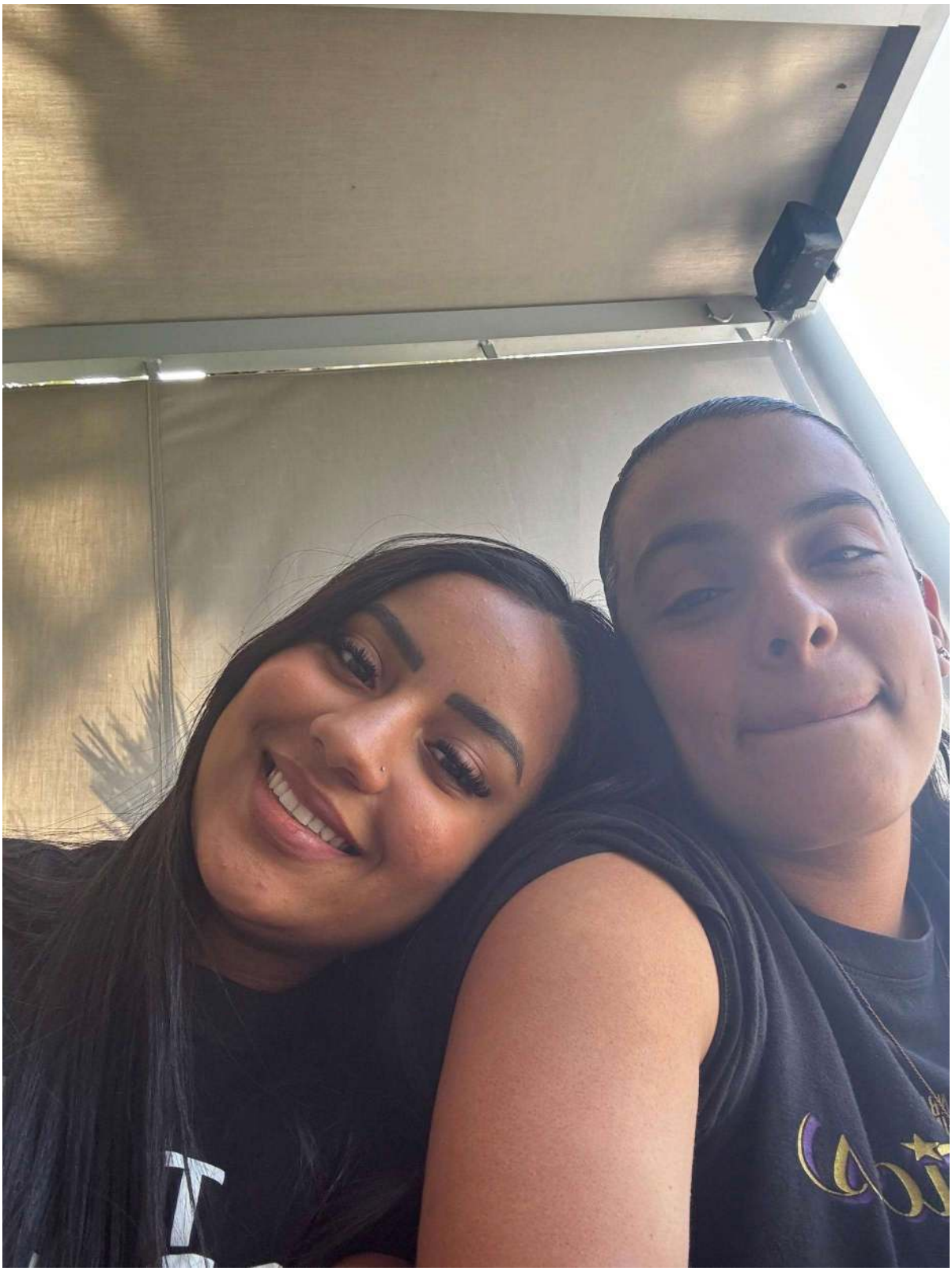

WARNING






EXIT

March 2025 - September 2025
Orange County




Amanda Martins
Tudo
Fotos
Reels
Lembranças
No que você está pensando?
Reel
Live
Gerenciar posts
Amanda Martins está com Anahi Valdivia Perez.
4 de jun. ·
My mother in law party 🎉🥰
With a lot tequila, bbq, dances and happiness 🥹🫶
Feliz cumpleaños Juanita 💖 Perez Juanita
+5
29
8
Página inicial
Reels
Amigos
Notificações
Menu

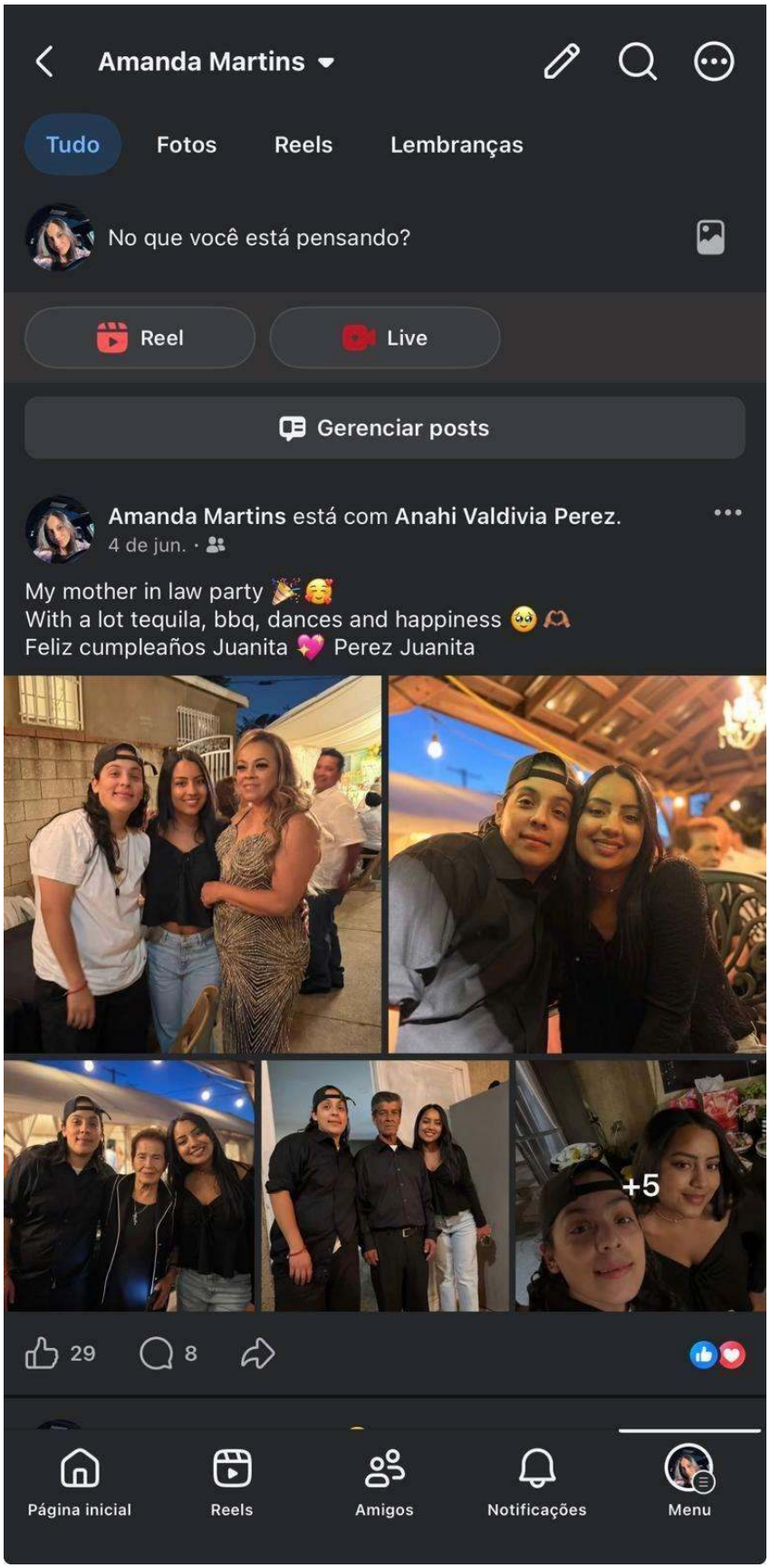

Amanda Martins está com Anahi Valdivia Perez.
1 h ·
Life lately ✨ Some memories from our 4th of July and the wifey's birthday. Life is good. 🤍
Cheers to Anahi and America! 🇺🇸🥂 ... Ver mais
Toque para marcar o local
+14
2
3
Anahi Valdivia Perez e outras pessoas reagiram
Anahi Valdivia Perez
❤️❤️❤️❤️❤️
Curtir Responder
Anahi Valdivia Perez
Thank you for always making my days better ! I love you ❤️
Ver tradução


anahi_valdivia
Bad Bunny · BAILE INoLVIDABLE
E
5
anahi_valdivia This is appreciation post for my Wifey 🤍Where do I start ?!? Hmmmm ..... I am Always going to be thankful with god for putting you in my life. I never thought we would've got this close so quick ! 🥹Thank you for everything you do for me in and out of work. You're an amazing person ! Y por siempre darme sus consejos and for always hearing me out and for always making me smile when something is wrong. I LOVE YOU ! 🤍
OBRIGADA AMORE MIO 🤍
yoahanavp ❤️❤️
moratopath FOFINHAS 💕
February 4 · See translation


Anahi Valdivia Perez
Tudo
Fotos
Reels
Anahi Valdivia Perez
15 de set. de 2025 ·
Esse conteúdo não está disponível no momento
Quando isso acontece, geralmente é porque o dono compartilhou o conteúdo apenas com um pequeno grupo de pessoas, alterou quem pode vê-lo ou porque o conteúdo foi excluído.
3
Anahi Valdivia Perez
9 de set. de 2025 ·
Married to Amanda Martins
9 de setembro de 2025
Página inicial
Reels
Amigos
Notificações
Menu


Amanda Martins
Tudo
Fotos
Reels
Lembranças
29
8
Amanda Martins está se sentindo amada.
18 de fev. ·
Enjoying our day.
My best cia
14
Página inicial
Reels
Amigos
Notificações
Menu

Social Media



ORIGIN ID:SDMA (619) 446-8626
OTAVIO H SILVA
YOUSA LAW FIRM
5051 LA JOLLA BLVD
202
SAN DIEGO, CA 92109
UNITED STATES US

SHIP DATE: 22AUG26
ACTWGT: 0.80 LB
CAD: 263044747/INET4535

BILL SENDER

TO **USCIS**
**ATTN: I-130 (BOX 21700)**
**2108 E. ELLIOT RD**

**TEMPE AZ 85284**

(800) 375-5283
INV:
PO:

REF:

DEPT:

58KJ6/C457/484B

FedEx Express

J2610260120O1uv

**MON - 24 AUG 5:00P**
**STANDARD OVERNIGHT**

TRK# **8761 4181 2152**
0201

**XS MSCA**

**85284**
**AZ-US PHX**

After printing this label:
**CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH**
1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

# Transaction Record

| TRACKING NO.: | SHIP DATE: | ESTIMATED TOTAL COST: |
|---|---|---|
| 876141812152 | Aug 22, 2026 | 66.30 USD |

## From address

**Otavio H Silva**
YOUSA Law Firm
5051 La Jolla Blvd
202
92109 CA San Diego
US
Phone: 6194468626
admin@yousalaw.com

## To address

**USCIS**
Attn: I-130 (Box 21700)
2108 E. Elliot Rd
85284 AZ TEMPE
US
Phone: 8003755283

## Package information

| Pieces | Weight | Dimensions (LxWxH) | Carriage value | Package options |
|---|---|---|---|---|
| 1 x | 0.80 lb | | | n/a |

**Packaging type:**
FedEx Pak

**Service:**
FedEx Nacional Dia Siguiente

**Pickup / drop-off type:**
I'll drop off my shipment at a FedEx location

## Billing information

Bill transportation cost to: ******241
Bill duties, taxes and fees to:
Your reference:

P.O. No.:
Invoice No.:
Department No.:

**Please note:** This transaction record is neither a statement nor an invoice, and does not confirm shipment tendered to FedEx or payment. FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is $1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

**Amanda Martins** **File No. A 256-049-798**

**PROOF OF SERVICE**

On this day, I, Otavio Haverroth Silva , served a copy of the following documents:

**RESPONDENT'S ADDITIONAL DOCUMENTS IN SUPPORT OF MOTION TO REOPEN**

To the following:

| **Office Location:** | **Mailing Address:** |
|---|---|
| Office of the Principal Legal Advisor<br>Department of Homeland Security<br>1251 E. Dyer Road, Suite 200<br>Santa Ana, CA 92705 | US Immigration and Customs Enforcement<br>US Department of Homeland Security<br>1251 E. Dyer Road, Suite 200<br>Santa Ana, CA 92705 |

by:

☑ Through the EOIR Courts and Appeals System (ECAS), which will automatically send service notification to both parties that a new document has been filed.



**Otavio Silva (Bar N. 343486)**
**Attorney at Law**
**P.O. Box 90487**
**San Diego, CA 92169**
*Counsel for Respondent*