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**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Maraisa	Middle Name (if any) Cristina	Family Name (Last Name) SOUZA FRANKLIN
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 $ 465.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: I-90
P.O. Box 21262
Phoenix, AZ 85036-1262

RE: Form I-90, Application to Replace Permanent Resident Card (Green Card)
Petitioner: Maraisa Cristina Souza Franklin (A-219802576).

Dear Sir or Madam,
Please find enclosed Form I-90, Application to Replace Permanent Resident Card (Green Card), and all requisite documentation. The Applicant requests a replacement of her Conditional Permanent Resident Card as her biographic information has legally changed since the issuance of the existing card.

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

- **Maraisa Cristina Souza Franklin's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-90, Application to Replace Permanent Resident Card (Green Card).

I. **Maraisa Cristina Souza Franklin's Lawful Permanent Resident Card;**
  - Maraisa Cristina Souza Franklin's Permanent Resident Card

II. **Legal Document that Reflect the Name Change - Marriage Certificate;**
  - Maraisa Cristina Souza Franklin and Joseph Franklin's Marriage Certificate

III. **Dissolution of Prior Marriage;**
  - Maraisa Cristina Souza Franklin and Peter Murray's Divorce Certificate
  - Maraisa Cristina Souza Franklin and Peter Murray's Marriage Certificate

IV. **Maraisa Cristina Souza Franklin's Birth Certificate with English Translation;**
  - Maraisa Cristina Souza Franklin's Birth Certificate with English Translation

V. **Maraisa Cristina Souza Franklin's Form I-751 Petition to Remove Conditions on Residence -Receipt Notice;**
  - Maraisa Cristina Souza Franklin's Form I-751 Petition to Remove Conditions on Residence - Receipt Notice

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: 06/16/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law +1 510 241 9336

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-90

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): SOUZA FRANKLIN

6.b. Given Name (First Name): Maraisa

6.c. Middle Name: Cristina

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- 2 1 9 8 0 2 5 7 6

Client's Contact Information

10. Daytime Telephone Number

6503894602

11. Mobile Telephone Number (if any)

6503894602

12. Email Address (if any)

maraisacristina06@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

➡ Mariaisa Cristina Souza Franklin

2.b. Date of Signature (mm/dd/yyyy) 06/16/2026

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) 06/16/2026

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): SOUZA FRANKLIN

1.b. Given Name (First Name): Maraisa

1.c. Middle Name: Cristina

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

Application to Replace Permanent Resident Card

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

USCIS
Form I-90
OMB No. 1615-0082
Expires 02/28/2027

For USCIS Use Only	☐ Applicant Interviewed Date: _____	Receipt	Action Block
	Class of Admission		
	Remarks		

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

Part 1. Information About You

1. Alien Registration Number (A-Number)
A- 2 1 9 8 0 2 5 7 6

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

Your Full Name

NOTE: Your card will be issued in this name.

3.a. Family Name (Last Name): SOUZA FRANKLIN

3.b. Given Name (First Name): Maraisa

3.c. Middle Name: Cristina

4. Has your name legally changed since the issuance of your Permanent Resident Card?

☒ Yes (Proceed to **Item Numbers 5.a. - 5.c.**)

☐ No (Proceed to **Item Numbers 6.a. - 6.i.**)

☐ N/A - I never received my previous card. (Proceed to **Item Numbers 6.a. - 6.i.**)

Provide your name exactly as it is printed on your current Permanent Resident Card.

NOTE: Attach all evidence of your legal name change with this application.

5.a. Family Name (Last Name): DE SOUZA MURRAY

5.b. Given Name (First Name): Maraisa

5.c. Middle Name: Cristina

Mailing Address

6.a. In Care Of Name: Otavio Haverroth Silva

6.b. Street Number and Name: PO Box 90487

6.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.d. City or Town: San Diego

6.e. State: CA **6.f.** ZIP Code: 92169

6.g. Province: N/A

6.h. Postal Code: N/A

6.i. Country: USA

Physical Address

Provide this information only if different than mailing address.

7.a. Street Number and Name: 1312 Portola Ave

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Spring Valley

7.d. State: CA **7.e.** ZIP Code: 91977

7.f. Province: N/A

7.g. Postal Code: N/A

7.h. Country: USA

Part 1. Information About You (continued)

Additional Information

8. Sex ☐ Male ☒ Female

9. Date of Birth (mm/dd/yyyy) 06/06/1984

10. City/Town/Village of Birth

Itaguaru - GO

11. Country of Birth

Brazil

Mother's Name

12. Given Name (First Name) Cleusa Aparecida

Father's Name

13. Given Name (First Name) Sinval Jose

14. Class of Admission

CR6

15. Date of Admission (mm/dd/yyyy) 05/19/2022

16. U.S. Social Security Number (if any)

► 6 4 7 2 3 8 8 3 8

Part 2. Application Type

NOTE: If your conditional permanent resident status (for example: CR1, CR2, CF1, CF2) is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of This Application** section of the Form I-90 Instructions for further information.)

My status is (Select **only one** box):

1.a. ☐ Lawful Permanent Resident (Proceed to **Section A.**)

1.b. ☐ Permanent Resident - In Commuter Status (Proceed to **Section A.**)

1.c. ☒ Conditional Permanent Resident (Proceed to **Section B.**)

*Reason for Application (Select **only one** box)*

Section A. (To be used **only** by a lawful permanent resident or a permanent resident in commuter status.)

2.a. ☐ My previous card has been lost, stolen, or destroyed.

2.b. ☐ My previous card was issued but never received.

2.c. ☐ My existing card has been mutilated.

2.d. ☐ My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Attach your existing card with incorrect data along with this application.)

2.e. ☐ My name or other biographic information has been legally changed since issuance of my existing card.

2.f. ☐ My existing card has already expired or will expire within six months.

2.g.1. ☐ I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my 16th birthday. (See **NOTE** below for additional information.)

2.g.2. ☐ I have reached my 14th birthday and am registering as required. My existing card will expire BEFORE my 16th birthday. (See **NOTE** below for additional information.)

NOTE: If you are filing this application before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason **2.j.** However, if your card has expired, you must select reason **2.f.**

2.h.1. ☐ I am a permanent resident who is taking up commuter status.

2.h.1.a. **My Port-of-Entry (POE) into the United States will be:**

City or Town and State

2.h.2. ☐ I am a commuter who is taking up actual residence in the United States.

2.i. ☐ I have been automatically converted to lawful permanent resident status.

2.j. ☐ I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

Part 2. Application Type (continued)

Section B. (To be used only by a conditional permanent resident.)

3.a. ☐ My previous card has been lost, stolen, or destroyed.

3.b. ☐ My previous card was issued but never received.

3.c. ☐ My existing card has been mutilated.

3.d. ☐ My existing card has incorrect data because of DHS error. (Attach your existing permanent resident card with incorrect data along with this application.)

3.e. ☒ My name or other biographic information has legally changed since the issuance of my existing card.

Part 3. Processing Information

1. Location where you applied for an immigrant visa or adjustment of status:

National Benefits Center, Lee's Summit, MO

2. Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:

National Benefits Center, Lee's Summit, MO

Complete **Item Numbers 3.a.** and **3.a1.** if you entered the United States with an immigrant visa. (If you were granted adjustment of status, proceed to **Item Number 4.**)

3.a. Destination in the United States at time of admission

N/A

3.a.1. Port-of-Entry where admitted to the United States: City or Town and State

N/A

4. Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States?

☐ Yes ☒ No

5. Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been determined to have abandoned your status?

☐ Yes ☒ No

NOTE: If you answered **"Yes"** to **Item Numbers 4.** or **5.** above, provide a detailed explanation in the space provided in **Part 8. Additional Information**.

Biographic Information

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

8. Height Feet 5 Inches 05

9. Weight Pounds 1 4 6

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

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

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

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

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (Read the information in the Form I-90 Instructions before completing this part.)

NOTE: If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

1. Are you requesting an accommodation because of your disabilities and/or impairments?

☐ Yes ☒ No

If you answered "Yes," select any applicable boxes:

1.a. ☐ I am deaf or hard of hearing and request the following accommodation (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language)):

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (continued)

1.b. ☐ I am blind or have low vision and request the following accommodation:

1.c. ☐ I have another type of disability and/or impairment (Describe the nature of your disability and/or impairment and the accommodation you are requesting):

Part 5. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-90 Instructions before completing this part.

Applicant'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 application and my answer to every question.

1.b. ☒ The interpreter named in **Part 6.** read to me every question and instruction on this application 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 named in **Part 7.,**

Otavio Haverroth Silva ,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

6503894602

4. Applicant's Mobile Telephone Number (if any)

6503894602

5. Applicant's Email Address (if any)

maraisacristina06@gmail.com

Applicant'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 application, 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 will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application;
2) I understood all of the information contained in, and submitted with, my application; and
3) All of this information was complete, true, and correct at the time of filing.

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

Applicant's Signature

6.a. Applicant's Signature (sign in ink)

➡ Maraisa Cristina Souza Franklin

6.b. Date of Signature (mm/dd/yyyy) 06/16/2026

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

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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 5.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant'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) 06/16/2026

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

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

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

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Statement

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

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

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

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant 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) 06/16/2026

Part 8. Additional Information

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Include 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.

Your Full Name

1.a. Family Name (Last Name): SOUZA FRANKLIN

1.b. Given Name (First Name): Maraisa

1.c. Middle Name: Cristina

2. A-Number (if any): A- 2 1 9 8 0 2 5 7 6

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

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Maraisa Cristina Souza Franklin's Lawful Permanent Resident Card	
Maraisa's Permanent Resident Card	1-2
Exhibit 2 - Legal Document that Reflect the Name Change - Marriage Certificate	
Maraisa Cristina Souza Franklin and Joseph Franklin's Marriage Certificate	3
Exhibit 3 - Dissolution of Prior Marriage	
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Exhibit 1 - Maraisa Cristina Souza Franklin's Lawful Permanent Resident Card


UNITED STATES OF AMERICA
PERMANENT RESIDENT
DE SOUZA MURRAY MARAISA 06
Surname
DE SOUZA MURRAY
Given Name
MARAISA C
USCIS#
219-802-576
Category
CR6
Country of Birth
Brazil
Date of Birth
06 JUN 1984
Sex
F
Card Expires:
05/19/24
Resident Since:
05/19/22


FORM I-551
Rev (02-2016)
65486860
102
If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64082
C1USA2198025766MSC2190859116<<
8406066F2405193BRA<<<<<<<<<<<<<0
DE<SOUZA<MURRAY<<MARAISA<CRIST

Exhibit 2 - Legal Document that Reflect the Name Change - Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

DUPLICATE LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER: 4-2025-41-002627
LOCAL REGISTRATION NUMBER:

FIRST PERSON DATA ■ Groom ☐ Bride

1A. FIRST NAME: JOSEPH		1B. MIDDLE: ROBERT	
1C. CURRENT LAST: FRANKLIN		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): —	
2. DATE OF BIRTH (MM/DD/CCYY): 11/27/1989	3. STATE/COUNTRY OF BIRTH: VA	4. #PREV. MARRIAGES/SRDP: 0	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A
5B. DATE ENDED (MM/DD/CCYY): --/--/----			
6. ADDRESS: 1312 PORTOLA AVE	7. CITY: SAN DIEGO	8. STATE/COUNTRY: CA	9. ZIP CODE: 91977
10A. FULL BIRTH NAME OF FATHER/PARENT: ROLAND LYNVILLE FRANKLIN		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): NC	
11A. FULL BIRTH NAME OF MOTHER/PARENT: DONNA KAY EVERARD		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): LA	

SECOND PERSON DATA ☐ Groom ■ Bride

12A. FIRST NAME: MARAISA		12B. MIDDLE: CRISTINA	
12C. CURRENT LAST: DE SOUZA MURRAY		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): DE SOUZA	
13. DATE OF BIRTH (MM/DD/CCYY): 06/06/1984	14. STATE/COUNTRY OF BIRTH: BRAZIL	15. # PREV. MARRIAGES/SRDP: 2	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ■ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ N/A
16B. DATE ENDED (MM/DD/CCYY): 03/04/2024			
17. ADDRESS: 1312 PORTOLA AVE	18. CITY: SAN DIEGO	19. STATE/COUNTRY: CA	20. ZIP CODE: 91977
21A. FULL BIRTH NAME OF FATHER/PARENT: SINVAL JOSE DE SOUZA		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL	
22A. FULL BIRTH NAME OF MOTHER/PARENT: CLEUSA APARECIDA SOBRINHO		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL	

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 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D: ▶ /S/ JOSEPH ROBERT FRANKLIN	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D: ▶ /S/ MARAISA CRISTINA DE SOUZA MURRAY

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 AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY): 12/18/2025	25B. EXPIRES AFTER (MM/DD/CCYY): 03/17/2026	25C. NAME OF COUNTY CLERK: MARK CHURCH	25D. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶
25E. MARRIAGE LICENSE NUMBER: SM028345	25F. COUNTY OF ISSUE: SAN MATEO	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 555 COUNTY CENTER, REDWOOD CITY, CA 94063	

WITNESS(ES) (ONE IS REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS: /S/ LIDIANE BARBOSA SILVA	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): LIDIANE BARBOSA SILVA
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 170 MIRA STREET, FOSTER CITY, CA 94404	
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): 12/20/2025	28B. CITY/TOWN OF MARRIAGE: NAPA	28C. COUNTY OF MARRIAGE: NAPA	
29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE: ▶ Gabrielli Celestino Evangelista	29B. RELIGIOUS DENOMINATION (IF CLERGY): NON-DENOMINATION		
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): GABRIELLI CELESTINO EVANGELISTA	29D. OFFICIAL TITLE: MINISTER		
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 509 CREST VIEW AVENUE, APT 221, BELMONT, CA 94002			

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: JOSEPH	30B. MIDDLE: ROBERT	30C. LAST: SOUZA FRANKLIN

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: MARAISA	31B. MIDDLE: CRISTINA	31C. LAST: SOUZA FRANKLIN

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR: MARK CHURCH	32B. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶	32C. DATE ACCEPTED FOR REGISTRATION: DEC 26 2025

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

000893691

CERTIFIED COPY OF VITAL RECORDS
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

MARK CHURCH
Assessor-County Clerk-Recorder

Page 1 of 1

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

By HELEN CERRILLO Deputy

DATE ISSUED 01/21/2026

CASANMATO2

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

ANY ALTERATION OR ERA[illegible] VOIDS THIS CERTIFICATE

Exhibit 3 - Dissolution of Prior Marriage

FL-190

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Peter Stanford Murray III 26603 Hansen Rod Tracy CA 95377 TELEPHONE NO.: 209 968 6808 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PROPER	FILED 2024 MAR 15 PM 3:19 STEPHANIE BOHRER, CLERK BY ANDREA CORDOVA DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUPERIOR COURT OF CALIFORNIA STREET ADDRESS: COUNTY OF SAN JOAQUIN MAILING ADDRESS: 180 E. WEBER AVE STE 413 CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH NAME:	
PETITIONER: Peter Stanford Murray III RESPONDENT: MARAISA CRISTINA DE SOUZ MURRAY	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: FL 2024 1148

You are notified that the following judgment was entered on (*date*): MAR 15 2024

1. ☒ Dissolution
2. ☐ Dissolution - status only
3. ☐ Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other (*specify*):

Date: MAR 15 2024

STEPHANIE BOHRER Clerk, by ANDREA CORDOVA, Deputy

-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION

Effective date of termination of marital or domestic partnership status (*specify*): SEP - 6 2024

WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed at (*place*): STOCKTON, California, on (*date*): MAR 15 2024

Date: MAR 15 2024 STEPHANIE BOHRER Clerk, by ANDREA CORDOVA, Deputy

Name and address of petitioner or petitioner's attorney

Peter Stanford Murray III
26603 Hansen Rd
Tracy CA 95377

Name and address of respondent or respondent's attorney

MARAISA CRISTINA DE SOUZA MURRAY
195 Rock HORBOR LANE
Foster City CA. 94404

Form Adopted for Mandatory Use
Judicial Council of California
FL-190 [Rev. January 1, 2005]

NOTICE OF ENTRY OF JUDGMENT
(Family Law-Uniform Parentage-Custody and Support)

Family Code, §§ 2338, 7636, 7637
www.courtinfo.ca.gov

CEB ceb.com | Essential Forms

FL-180

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Peter Stanford Murray III 26603 Hansen Rd Tracy CA 95377 TELEPHONE NO.: 209-968-6808 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FILED 2024 MAR 15 PM 3:19 STEPHANIE BOHRER, CLERK BY ANDREA CORDOVA DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN JOAQUIN 180 E. WEBER AVE STE 413 STOCKTON, CA 95202
MARRIAGE OR PARTNERSHIP OF PETITIONER: Peter Stanford Murray III RESPONDENT: MARAISA CRISTINA DE SOUZA MURRAY	
JUDGMENT ☒ DISSOLUTION ☐ LEGAL SEPARATION ☐ NULLITY ☐ Status only ☐ Reserving jurisdiction over termination of marital or domestic partnership status ☐ Judgment on reserved issues **Date marital or domestic partnership status ends:** SEP - 6 2024	CASE NUMBER: FL 2024 1148

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders. The restraining orders are contained on page(s) of the attachment. They expire on *(date):*

2. This proceeding was heard as follows: ☐ Default or uncontested ☒ By declaration under Family Code section 2336
   ☐ Contested ☐ Agreement in court
   a. Date: Dept.: Room:
   b. Judicial officer *(name):* ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*

3. The court acquired jurisdiction of the respondent on *(date):* 03/05/2024
   a. ☐ The respondent was served with process.
   b. ☒ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☒ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
   (1) ☒ on *(specify date):* SEP - 6 2024
   (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*

   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☐ petitioner's ☒ respondent's former name is restored to *(specify):* MARAISA CRISTINA DE SOUZA MURRAY
   g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

Form Adopted for Mandatory Use
Judicial Council of California
FL-180 [Rev. July 1, 2012]

JUDGMENT
(Family Law)

Family Code, §§ 2024, 2340, 2343, 2346
www.courts.ca.gov

CEB ceb.com | Essential Forms

CASE NAME *(Last name, first name of each party)*:	CASE NUMBER:
	FL 2024 1148

4. i. ☐ The children of this marriage or domestic partnership are:
   (1) ☐ Name Birthdate

   (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership

j. ☐ Child custody and visitation (parenting time) are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
   (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
   (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
   (4) ☐ Previously established in another case. Case number: Court:

k. ☐ Child support is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
   (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
   (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
   (4) ☐ Previously established in another case. Case number: Court:

l. ☒ Spousal, domestic partner, or family support is ordered:
   (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
   (2) ☐ Jurisdiction terminated to order spousal or partner support to ☐ petitioner ☐ respondent
   (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
   (4) ☒ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
   (5) ☐ Other *(specify):*

m. ☒ Property division is ordered as set forth in the attached
   (1) ☒ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
   (3) ☐ Other *(specify):*

n. ☐ Attorney fees and costs are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
   (3) ☐ Other *(specify):*

o. ☐ Other *(specify):*

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: MAR 15 2024

Cheryl A. McCann
JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: _____

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.
A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.
An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.
Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

CASE NAME: _____ CASE # FL-2024-1148

ATTACHMENT TO JUDGMENT

The parties agree to the following:

Petitioner's name is Peter Stanford Murray III.

Respondent's name is Mariana Cristina de Souza Murray

We were married on 11-8-2020 and separated on 7-1-2023. Total length of marriage: 2, year(s) and 7 months.

There are NO MINOR CHILDREN of this marriage.

SPOUSAL SUPPORT

(Check one :)

☐ SPOUSAL SUPPORT PAYMENTS:

☐ Petitioner ☐ Respondent shall pay to the other party the sum of $_____ per month, commencing _____ (date). Spousal support payments shall continue until the remarriage of the supported party, death of either party, further court order or _____(date), whichever occurs first.

OR

☒ WAIVER/TERMINATION OF SPOUSAL SUPPORT:

☒ Petitioner ☒ Respondent knowingly and intelligently waives the right to receive spousal support from the other party at any time and request(s) the Court terminate jurisdiction over this issue. Each of us understands that the Court will not have the power to order spousal support payable by ☒ Petitioner ☒ Respondent to the other party at any time, regardless of any future circumstances.

OR

☐ RESERVATION OF SPOUSAL SUPPORT JURISDICTION:

The Court must reserve the power to order ☐ Petitioner ☐ Respondent to pay spousal support to the other party until the remarriage of the supported party, death of either party, further court order or _____(date), whichever occurs first. _____.

INITIALS
Petitioner PM

Respondent MCSM

SJ-FL-101 (Optional)
Revised 5/23

COMMUNITY PROPERTY DIVISION

(Check one :)

☒ There is no community property to be divided.

☐ Each party shall be awarded all furniture, furnishings, appliances, household effects and other items of a personal nature in his/her possession, except as specified below.

☐ **COMMUNITY PROPERTY AWARDED TO PETITIONER.**
Petitioner is awarded as their sole and separate property the following:

_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ **COMMUNITY PROPERTY AWARDED TO RESPONDENT.**
Respondent is awarded as their sole and separate property the following:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Each party shall be responsible for any debts associated with property that party has been awarded.

COMMUNITY DEBTS

(Check one :)

☒ There are no community debts to be divided.

☐ **DEBTS TO PETITIONER:** Petitioner shall pay and hold Respondent harmless from the following obligations:

_____

_____

_____

_____

_____

_____

_____

☐ **DEBTS TO RESPONDENT:** Respondent shall pay and hold Petitioner harmless from the following obligations:

_____

_____

_____

_____

_____

_____

_____

☐ **OTHER PROPERTY AGREEMENTS:** _____

_____

_____

_____

_____

_____

_____

PENSION/RETIREMENT BENEFITS:

(Check one :)

☒ There are no pension/retirement, deferred compensation, 401K Plans or other employment benefits earned by either party from his or her employment during this marriage.

☐ The Court reserves jurisdiction to divide any and all retirement benefits, including pension/retirement, deferred compensation, 401K Plans or other employment benefits, earned as a result of ☐ Petitioner's ☐ Respondent's employment during the marriage. Until a final order is made to divide the community interest in these benefits, neither party may borrow against or withdraw any funds from any employment benefits or change the beneficiaries payable in the event of the party's death without first obtaining a written agreement or court order.

☐ Petitioner is assigned all retirement/pension, deferred compensation, 401K Plans or other employment benefits acquired as a result of their employment during the marriage as their sole and separate property.

☐ Respondent is assigned all retirement/pension, deferred compensation, 401K Plans or other employment benefits acquired as a result of their employment during the marriage as their sole and separate property

☐ **PETITIONER'S SEPARATE PROPERTY:** The following assets are confirmed as Petitioner's separate property. Petitioner will pay and hold Respondent harmless on any liabilities regarding these assets:

_____

_____

_____

☐ **RESPONDENT'S SEPARATE PROPERTY:** The following assets are confirmed as Respondent's separate property. Respondent will pay and hold Petitioner harmless on any liabilities regarding these assets:

_____

_____

STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE

1. Under Family Code Section 2105(d), the parties agree to waive the requirement of Family Code Section 2105(a) concerning the final declaration of disclosure.

2. The parties agree as follows:

   a. We have complied with Family Code Section 2104, and the preliminary declarations of disclosure have been completed and exchanged.
   b. We have completed and exchanged a current Income and Expense Declaration (form FL-150) that includes all material facts and information on each party's earnings, accumulations, and expenses.

   c. We have fully complied with Family Code section 2102 and have fully augmented the preliminary declarations of disclosure, including disclosure of all material facts and information on:

      (1) the characterization of all assets and liabilities
      (2) the valuation of all assets that are community property or in which the community has and interest, and
      (3) the amounts of all community debts and obligations

   d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.

   e. Each party understands that this waiver does not limit the legal disclosure obligations of the parties but rather is a statement under penalty of perjury that those obligations have been fulfilled.

   f. The parties also understand that if they do not comply with these obligations, the court will set aside the judgment.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

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

STATE FILE NUMBER

4-2020-41-001531
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (■ Groom ☐ Bride)

1A. FIRST NAME	1B. MIDDLE
PETER	STANFORD

1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
MURRAY	MURRAY

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY	5B. DATE ENDED (MM/DD/CCYY)
07/26/1983	CALIFORNIA	02	☐DEATH ■DISSO ☐ANNULMENT ☐TERM SRDP ☐N/A	09/10/2020

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
125 ROCK HARBOR LANE	FOSTER CITY	CA	94404

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
STAN HAROLD MURRAY	CALIFORNIA

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
DEELIA ANN DIDION	CALIFORNIA

SECOND PERSON DATA (☐ Groom ■ Bride)

12A. FIRST NAME	12B. MIDDLE
MARAISA	CRISTINA

12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
DE SOUZA	DE SOUZA

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY	16B. DATE ENDED (MM/DD/CCYY)
06/06/1984	BRAZIL	01	☐DEATH ■DISSO ☐ANNULMENT ☐TERM SRDP ☐N/A	08/08/2010

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
125 ROCK HARBOR LANE	FOSTER CITY	CA	94404

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
SINVAL JOSE DE SOUZA	BRAZIL

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
CLEUSA APARECIDA SOBRINHO	BRAZIL

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 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ Maraisa Cristina de Souza	▶

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 PROVLD 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 AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
10/19/2020	01/16/2021	MARK CHURCH	BY ▶

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS)
SM011962	SAN MATEO	555 COUNTY CENTER, REDWOOD CITY, CA 94063

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	TRAVIS DANIEL ARMSTRONG

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 360 Stelest OREM UT 84058

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)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
11-08-2020	Foster City	San Mateo

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ Taylor	Non-Denominational

29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D. OFFICIAL TITLE
Randy Taylor	Minister

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 77 N. Almaden Ave #1010 San Jose CA 95110

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	30B. MIDDLE	30C. LAST
--	--	--

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
MARAISA	CRISTINA	DE SOUZA MURRAY

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
MARK CHURCH	BY ▶	11/21/2020

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/2010)

000749099

CERTIFIED COPY OF VITAL RECORDS
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

MARK CHURCH
Assessor-County Clerk-Recorder

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

By ANGIE MOLINA, Deputy DATE ISSUED NOV 30 2020

CASANMAT02

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Maraisa Cristina Souza Franklin's Birth Certificate with English Translation

[LOGO: ANTÔNIO DO PRADO OFFICE SMART AND DIGITAL]

[AUTHENTICITY SEAL]

[COAT OF ARMS]
FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF INDIVIDUALS

Unabridged Birth Certificate

NAME
MARAÍSA CRISTINA DE SOUZA
REGISTRATION No.
02853001551984100001265000276250

UNABRIDGED DESCRIPTION

I CERTIFY that, after revising the Books of BIRTH RECORDS of this Civil Registry, upon the request of the interested party, an entry was found under number 2,762, page 265 of Book A-1 which contains the following information: "On June 12, 1984, in this city of Itaguaru, State of Goias, at this Office, appeared the father Sinval José de Souza, and declared that, on the sixth day of June, nineteen eighty-four (06/06/1984), at ten-twenty a.m. (10:20 a.m.), at the Hospital Menino de Jesus, in this City, a female child was born, tan-skinned, who was given the name of MARAÍSA CRISTINA DE SOUZA, daughter of SINVAL JOSÉ DE SOUZA and Mrs. CLEUSA APARECIDA SOBRINHO SOUZA, 18 years old, nationality Brazilians, professions a worker and a homemaker, born in M. de Anincuns-GO and in this Municipality, respectively, married in this City, residing and domiciled in this City. Her paternal grandparents are JOSE RODRIGUES DE SOUZA and Mrs. MARIA DOS PASSOS DE SOUZA, and her maternal grandparents are JOAQUIM CASSIANO SOBRINHO and Mrs. NAIR PEREIRA SOBRINHO. Nothing further was declared. Upon reading and satisfied with its content, it is signed by the informant and the witnesses Augustinho Pimentel de Morais, married, and Francisco Marques Machado Filho, single, residing and domiciled in this City, professions justice clerks and notaries. I, Maria Sandoval de Andrade, Registrar, signed it. Informant (s.) Sinval José de Souza, Witness (s.) Augustinho Pimentel de Morais. Witness (s.) Francisco Marques Machado Filho. Registrar (s.) Maria Sandoval de Andrade." This was all that said record contained which was fully and faithfully transcribed herein from the original, to which I refer, and I hereby certify it. ADDED ANNOTATIONS/NOTES 1) MARRIAGE NOTE: The registered person married ROBERTO DAVID DE QUEIROZ on 07/05/2006, taking the name of MARAÍSA CRISTINA DE SOUZA QUEIROZ, in Book No. B-374, Page 21, under
(CONTINUES ON THE BACK)

I certify that, on November 18, 2020, this certificate, sent by the Civil Registry Information Center was printed, and the authenticity of the standard digital signature of the ICP-Brazil it bears was granted by me.
Certificate made by Nathali de Freitas Cardoso - Civil Registrar of Individuals of Itaguaru, who electronically signed it on November 16, 2020, under the terms of Directive No. 46/2015 of the National Judicial Council.

Registrar of the Civil Registry of Individuals
Itaguaru - GO
Nathali de Freitas Cardoso - Registrar
Avenida Antônio Lourenço de Sá, No. 1354 - Zip Code: 76660000
E-mail: cartorioderegistrosdeitaguaru@hotmail.com
Phone: (62)3398-1711

[STAMP: Antônio do Prado Office]
[SIGNATURE]
Goiania - 2nd Subdistrict
DEBORA RENATA CARDOSO DA FONSECA -
DEPUTY REGISTRAR AND CLERK
Amount received for the electronic certificate: R$66.47
Amount received for printing it: R$66.47

Judicial Branch of the State of Goias
Electronic Tax Stamp
03052011034028312860000
Verify this stamp at
http://extrajudicial.tjgo.jus.br/selo

Judicial Branch of the State of Goias
Electronic Tax Stamp
00072011123303212860255
Verify this stamp at
http://extrajudicial.tjgo.jus.br/selo

[STAMP: ANTÔNIO DO PRADO OFFICE, Rhyan Marcelo Rodrigues, Deputy Registrar and Clerk]

ANTÔNIO DO PRADO OFFICE
Rua Geraldo Ney, esq. c/ Av. 24 de Outubro, No. 156 Campinas
Goiania-GO, Zip Code: 74515-020 - Phone: (62) 3233-0055 | 98416-0970
www.cartorioantoniodoprado.com.br
I recognized by **RESEMBLANCE** the public signature of: (CCkfv82) - DEBORA RENATA CARDOSO DA FONSECA
In witness whereof, *[SIGNATURE].*
Goiania-GO, November 18, 2020 at 12:21:54 p.m.
[SIGNATURE]
RHYAN MARCELO RODRIGUES - DEPUTY REGISTRAR AND CLERK
Stamp: 00072011163196909461049 [QR CODE]

[STAMP: ANTÔNIO DO PRADO OFFICE, Rhyan Marcelo Rodrigues, Deputy Registrar and Clerk]
ANTÔNIO DO PRADO OFFICE
Rua Geraldo Ney, esq. c/ Av. 24 de Outubro, No. 156 Campinas
Goiania-GO, Zip Code: 74515-020 - Phone: (62) 3233-0055 | 98416-0970
www.cartorioantoniodoprado.com.br
MARGINAL NOTE
This procedure was performed under the terms of Resolution No. 228 of 06/22/2016, of the CNJ. Stamp: 00072011112795116840081. I hereby certify it.
Goiania-GO, 11/18/2020 at 12:21:29 p.m.
[SIGNATURE]
RHYAN MARCELO RODRIGUES - DEPUTY REGISTRAR AND CLERK
[QR CODE]

ARPENBRASIL AA 019489080 BRP

UNABRIDGED DESCRIPTION

No. 7452, granted by notice of the Civil Registry Off. of the 2nd Judicial District of Goiania-GO, which is filed in this Office. I hereby certify it. Itaguaru-GO, 07/19/2006. Registrar, Ilton Matias Oliveira. 1st DIVORCE ANNOTATION: Upon revising the notice received from the 2nd Civil Registry and Notary Office of Goiania-GO, dated 03/03/2011, signed by Clerk Janice de Andrade Barbosa, I make this annotation to leave a record of the DIVORCE of the spouses Roberto David de Queiroz and Maraisa Cristina de Souza Queiroz, by Public Inst. entered by the 1st Notary Office of Guapo-GO, Book No. 08, Page 192/194, on 03/02/2011, and added into Book No. 374-N, Page 21, under No. 74521, where it was stated that the woman returned to her maiden name, that is, MARAÍSA CRISTINA DE SOUZA. I hereby certify it, Itaguaru-GO, 03/31/2011. Registrar, Yonara Matias Oliveira. 1st) TAXPAYER REGISTRY ANNOTATION: The holder is registered at the Taxpayer Registry for Individuals under No. 000.920.651-55, after comparing this information with the database of the Federal Treasury of Brazil, made available by the Civil Registry Information Center - CRC. Seal 00520102351733128900O7. I hereby certify it. Itaguaru-GO, 11/03/2020. Registrar, Nathali de Freitas Cardoso.

Registrar of the Civil Registry of Individuals
Itaguaru - GO
Nathali de Freitas Cardoso - Registrar
Avenida Antônio Lourenço de Sá, No. 1354 -
Zip Code: 76660000
E-mail:
cartorioderegistrosdeitaguaru@hotmail.com
Phone: (62)3398-1711

The content of this certificate is true. I hereby certify it.
[SIGNATURE]
Goiania - 2nd Subdistrict
DEBORA RENATA CARDOSO DA FONSECA -
DEPUTY REGISTRAR AND CLERK
Amount received for the electronic certificate: R$66.47
Amount received for printing it: R$66.47

REGISTRATION DETAILS

Registration No.	0018830155 1987 1 0003 050 0000533 31	cc (55)	Type of Services Provided, it being: 55: Service of Civil Registry of Individuals	ffff (0003)	Book Number
Pattern	aaaaaabbcc dddd e ffff ggg hhhhhhh ii				
DETAILS		dddd (1987) Year of Registration		ggg (050)	Page Number
aaaaaa (00188-3)	National Code of the Public Office (Sole Identification Number of the Office)	e (1)	Type of Book, these being: 1: Book A (Birth) 2: Book B (Marriage) 3: Auxiliary Book B (Registry of Religious Marriage with Civil Effects) 4: Book C (Death) 5: Auxiliary Book C (Registry of Stillbirths) 6: Book D (Registry of Banns) 7: Book E (Other Acts Pertaining to the Civil Registries)	hhhhhhh (0000533)	Record Number
bb (01)	Archives Code, these being: 01 - Own Archives Others - Incorporated Archives			ii (31)	Verifying Digit

To be used exclusively for the issuance of certificates from the civil registry of individuals

RushTranslate
+1 502-822-6535 | support@rushtranslate.com

ata
MEMBER #263976

Certification of Translation Accuracy

Translation of **Birth Certificate** from **Portuguese (Brazil)** to **English**

As an authorized representative of RushTranslate, a professional translation services agency, I hereby certify that the above-mentioned document has been translated by an experienced, qualified and competent professional translator, fluent in the above-mentioned language pair and that, in my best judgment, the translated text truly reflects the content, meaning, and style of the original text and constitutes in every respect a complete and accurate translation of the original document. This document has not been translated for a family member, friend, or business associate.

This is to certify the correctness of the translation only. I do not make any claims or guarantees about the authenticity or content of the original document. Further, RushTranslate assumes no liability for the way in which the translation is used by the customer or any third party, including end-users of the translation.

A copy of the translation is attached to this certification.

Mike Bortscheller
Authorized Representative
Order Date: November 26, 2020

RushTranslate
640 South Fourth Street
Suite 300
Louisville, KY 40202
United States

TRANSLATION ★★★ CERTIFIED ATA MEMBER # 263976 RUSHTRANSLATE

State of Washington
County of King

I, a Notary Public, hereby certify that Mike Bortscheller, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, has executed the same voluntarily on the day the same bears date.

Given under my hand on November 28, 2020.

Signature of Notary Public

HANNAH WILSON Commission Expires 08-10-2022 NOTARY PUBLIC License Number 201824 STATE OF WASHINGTON

Order #96445-9388987

CARTÓRIO ANTÔNIO DO PRADO
INTELIGENTE E DIGITAL

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Certidão Inteiro Teor de Nascimento

NOME
MARAÍSA CRISTINA DE SOUZA
MATRÍCULA
02853001551984100001265000276250

DESCRIÇÃO INTEIRO TEOR

CERTIFICO que revendo os livros de REGISTRO DE NASCIMENTOS deste Registro Civil, a pedido da pessoa interessada, neles encontrei registrado sob o número 2.762, folha 265 do Livro A-1, o registro cujo inteiro teor é o seguinte: "Em 12 de junho de 1984, nesta cidade de Itaguaru, Estado de Goiás, em Cartório, compareceu o pai Sinval José de Souza, e declarou que, aos seis dias do mês de junho do ano de um mil e novecentos e oitenta e quatro (06/06/1984), às dez horas e vinte minutos (10:20 h), no Hospital Menino de Jesus, nesta Cidade, nasceu uma criança do sexo feminino, de cor morena, que recebeu o nome de MARAÍSA CRISTINA DE SOUZA, filha de SINVAL JOSÉ DE SOUZA e Dª. CLEUSA APARECIDA SOBRINHO SOUZA, com 18 anos de idade, nacionalidade brasileiros, profissões lavrador e doméstica, naturais respectivamente do M. de Anincuns-GO e deste Município, casados nesta Cidade, residentes e domiciliados nesta Cidade. São avós paternos JOSÉ RODRIGUES DE SOUZA e Dª. MARIA DOS PASSOS DE SOUZA e maternos JOAQUIM CASSIANO SOBRINHO e Dª. NAIR PEREIRA SOBRINHO. Nada Mais declarou. Lido e achado conforme, assina o declarante e as testemunhas Augustinho Pimentel de Morais, casado e Francisco Marques Machado Filho, solteiro, residente e domiciliadas nesta Cidade, profissões serventuário da justiça e escriturários. Eu, Maria Sandoval de Andrade, Oficial que subscrevi e assino. Declarante (a.a.) Sinval José de Souza. Testemunha (a.a.) Augustinho Pimentel de Morais. Testemunha (a.a.) Francisco Marques Machado Filho. Oficial (a.a.) Maria Sandoval de Andrade." Era o que continha em dito assento o qual foi bem e fielmente extraído do próprio original, ao qual me reporto e dou fé. AVERBAÇÕES/ANOTAÇÕES A ACRESCER 1ª) ANOTAÇÃO DE CASAMENTO: A registranda casou-se em 05/07/2006, com ROBERTO DAVID DE QUEIROZ, passando ela a assinar MARAÍSA CRISTINA DE SOUZA QUEIROZ, no Livro nº B-374, folha 21, sob o
(CONTINUA NO VERSO)

Certifico que, em data de 18 de Novembro de 2020, foi materializada esta certidão enviada pela Central de Informações do Registro Civil, sendo a autenticidade de sua assinatura digital padrão ICP-Brasil por mim conferida.

Certidão lavrada por Nathali de Freitas Cardoso - Oficial do Registro Civil das Pessoas Naturais de Itaguaru , o(a) qual assinou eletronicamente aos 16 de Novembro de 2020, nos termos do Provimento nº 46/2015 do Conselho Nacional de Justiça.

Oficial de Registro Civil das Pessoas Naturais
Itaguaru - GO
Nathali de Freitas Cardoso - Oficial
Avenida Antônio Lourenço de Sá, nº 1.354 - CEP: 76660000
E-mail: cartorioderegistrosdeitaguaru@hotmail.com
Tel: (62)3398-1171

Cartório Antônio do Prado

O Conteúdo da Certidão é verdadeiro. Dou Fé.

Goiânia - 2º Subdistrito
DEBORA RENATA CARDOSO DA FONSECA - SUBOFICIAL E ESCREVENTE
Valor recebido pela certidão eletrônica: R$ 66,47
Valor recebido pela materialização: R$ 66,47

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
03052011034028312860000
Consulte este selo em
http://extrajudicial.tjgo.jus.br/selo

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
00072011123303212860255
Consulte este selo em
http://extrajudicial.tjgo.jus.br/selo

CARTÓRIO ANTÔNIO DO PRADO
Rua Geraldo Ney, esq. c/ Av. 24 de Outubro, nº 156 Campinas, Goiânia-GO, CEP: 74515-020 - Fone: (62) 3233-0055 | 98416-0970
www.cartorioantoniodoprado.com.br

Reconheço por **SEMELHANÇA** o(s) sinal público(s) de "[illegible]-DEBORA RENATA CARDOSO DA FONSECA".
Em testemunho da verdade.
Goiânia-GO, 18 de Novembro de 2020, às 12:21:54 horas
RHYAN MARCELO RODRIGUES - SUBOFICIAL E ESCREVENTE
Selo 00072011163196309401049

CARTÓRIO ANTÔNIO DO PRADO
Rua Geraldo Ney, esq. c/ Av. 24 de Outubro, nº 156 Campinas, Goiânia-GO, CEP: 74515-020 - Fone: (62) 3233-0055 | 98416-0970
www.cartorioantoniodoprado.com.br

APOSTILAMENTO
O presente ato foi realizado nos termos da Resolução nº228 de 22/06/2016, do CNJ. Selo nº00072011112795116840081) Dou fé
Goiânia-GO, 18/11/2020, às 12:21:29 horas
RHYAN MARCELO RODRIGUES - SUBOFICIAL E ESCREVENTE

ARPENBRASIL AA 019489080 BRP

DESCRIÇÃO INTEIRO TEOR

nº 7.452, conf. comunicado do Cart. de Reg. Civil da 2ª Circ. da Comarca de Goiânia-GO, que fica arquivada nesta Serventia. Dou fé. Itaguaru-GO, 19/07/2006. Oficial, Ilton Matias Oliveira. 1ª) ANOTAÇÃO DE DIVÓRCIO: Tendo em vista comunicado recebido do 2º Reg. Civil e Tab. de Goiânia-GO, datado de 03/03/2011, assinado pela Esc. Janice de Andrade Barbosa, procedo a presente averbação para ficar constando o DIVÓRCIO do casal Roberto David de Queiroz e Maraisa Cristina de Souza Queiroz, por Esc. Púb., lavrada pelo 1º Tab. de Notas de Guapó-GO, Livro nº 08, fls. 192/194, em 02/03/2011, e averbado no Livro nº 374-N, fls. 21, sob o nº 74.521, onde ficou consignado que a mulher voltou a assinar o nome de solteira, ou seja, MARAÍSA CRISTINA DE SOUZA. Dou fé. Itaguaru-GO, 31/03/2011. Oficial, Yonara Matias Oliveira. 1ª) AVERBAÇÃO DE CPF: A registranda está inscrita no CPF sob o nº 000.920.651-55, conforme consulta realizada nesta data junto à base de dados da RFB, disponibilizada pela Central de Informações de Registro Civil CRC. Selo 03052010235173312890007. Dou fé. Itaguaru-GO, 03/11/2020. Oficial, Nathali de Freitas Cardoso.

Oficial de Registro Civil das Pessoas Naturais
Itaguaru - GO
Nathali de Freitas Cardoso - Oficial
Avenida Antônio Lourenço de Sá, nº 1.354 - CEP: 76660000
E-mail: cartorioderegistrosdeitaguaru@hotmail.com
Tel: (62)3398-1171

O Conteúdo da Certidão é verdadeiro. Dou Fé,

Goiânia - 2º Subdistrito
DEBORA RENATA CARDOSO DA FONSECA - SUBOFICIAL E ESCREVENTE
Valor recebido pela certidão eletrônica: R$ 66,47
Valor recebido pela materialização: R$ 66,47

DETALHAMENTO DA MATRÍCULA

Matrícula	001883015S 1987 1 0003 050 0000533 31	cc (55)	Tipo de Serviço Prestado, sendo: 55 Serviço de Registro Civil das Pessoas Naturais	aaa (003)	Número do livro
Padrão	aaaaaabbcc dddd e ffff ggg hhhhhhh ii			ggg (050)	Número da folha
DETALHAMENTO		dddd (1987)	Ano do Registro	hhhhhhh (0000533)	Número do Termo
aaaaaa (001883-3)	Código Nacional da Serventia	e (1)	Tipo do livro, sendo: 1 Livro A (Nascimento) 2 Livro B (Casamento) 3 Livro B Auxiliar (Registro de Casamento Religioso) 4 Livro C (Óbito) 5 Livro C Auxiliar (Registro de Natimorto) 6 Livro D (Registro de Proclamas) 7 Livro E (Demais atos relativos ao Registro Civil)	ii (31)	Dígito Verificador
bb (01)	Código do Município (Tabela do IBGE) 01 - Aparecida de Goiânia, exceto: 02 - Anápolis 03 - Goiânia Outros - Acervos Incorporados				

Uso exclusivo para emissão de certidões de registro civil das pessoas naturais

FSC MISTO C108334



CONSELHO NACIONAL DE JUSTIÇA

BRASIL

APOSTILLE

(Convention de La Haye de 5 octobre 1961)

1. País: (Country / Pays):	REPÚBLICA FEDERATIVA DO BRASIL
Este documento público (This public document / Le présent acte public)	
2. Foi assinado por: (Has been signed by / A été signé par)	DEBORA RENATA CARDOSO DA FONSECA
3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de)	SUBOFICIAL E ESCREVENTE
4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de)	CARTÓRIO ANTÔNIO DO PRADO
Certificado (Certified / Attesté)	
5. Em: (At /) GOIANIA	6. No dia: (The / Le) 18/11/2020
7. Por: (By / Par):	RHYAN MARCELO RODRIGUES
8. Nº: (Nº / Sous nº):	05[illegible]
9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre)	10. Firma: (Signature)

BRASIL APOSTILA APOSTILLE CONSELHO NACIONAL DE JUSTIÇA CONVENTION DE HAIA DE 1961 CONVENTION DE LA HAYE DE 1961

Assinatura Eletrônica
Electronic Signature
Signature Électronique

Tipo de Documento:
(Type of document / Type d'acte)
Certidão de Nascimento - INTEIRO TEOR

Nome do titular:
(Name of holder of document / Nom du titulaire)
MARAISA CRISTINA DE SOUZA

Esta Apostila certifica apenas a assinatura, a capacidade do signatário e, quando apropriado, o selo ou carimbo constantes no documento público. Ela não certifica o conteúdo do documento para o qual foi emitida.

This Apostille certifies only the signature, the capacity of the person signing it and where appropriate, the seal or stamp which the public document bears. It does not certify the content of the document for which it was issued.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi, et, le cas échéant, les sceau ou le timbre dont cet acte public est revêtu. Elle ne certifie pas le contenu de l'acte pour legue elle a été émise.

A autenticidade desta Apostila e de sua assinatura eletrônica bem como o documento público subjacente, podem ser verificadas em:

The authenticity of this Apostille and its electronic signature, along with the underlying public document, may be verified at:

L'authenticité de cette Apostille, dela signature électronique, ainsi que de l'acte public sous-jacent peut être verifice sur:

apostil.cnj.jus.br/pt

A presente Apostila foi firmada com assinatura eletrônica, conforme a Lei nº 11.419/2006.

This Apostille was electronically signed in accordance with Law nº 11.419/2006.

Cetter Apostille a été signée par une signature électronique, d'après la Loi nº 11.419/2006.

Dúvidas a respeito desta Apostila entrar em contato com a Ouvidoria do CNJ:

Any questions about this Apostille may be directed to the Ombudsman of he CNJ:

Veuillez contacter l'Ombudsman de la CNJ pour toute question relative à cette Apostille:

6123265353

sistemasnacionais@cnj.jus.br

Por favor, utilize este QR Code para checar a autenticidade desta Apostila e de sua assinatura eletrônica. Uma cópia do documento publico subjacente também está disponível na mesma página.

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DETALHAMENTO DA MATRÍCULA

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Uso exclusivo para emissão de certidões de registro civil das pessoas naturais

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Exhibit 5 - Maraisa Cristina Souza Franklin's Form I-751 Petition to Remove Conditions on Residence - Receipt Notice

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Notice to Applicants	CASE TYPE		NOTICE DATE
	I751 - PETITION TO REMOVE CONDITIONS ON RESIDENCE		05/23/2024
APPLICATION/PETITION/REQUEST NUMBER		USCIS A#	CODE
IOE0925897446		A219 802 576	N/A
ACCOUNT NUMBER	TCR	SERVICE CENTER	PAGE
040331516160		VSC	1 of 1

MARAISA CRISTINA DE SOUZA MURRAY
c/o OTAVIO HAVERROTH SILVA
HS LAW
2443 FILLMORE ST 380 6120
SAN FRANCISCO CA 94115

U.S. Citizenship and Immigration Services (USCIS) has received your form and is currently processing your application, petition, or request. This notice informs you that USCIS is able to reuse your previously captured fingerprints and other biometrics. USCIS will run the same security checks and use your biometric data as in the past; however, **it is not necessary for you to appear at a USCIS Application Support Center (ASC) for a biometrics appointment.** The biometrics fee will not be refunded.

USCIS is continuing to process your application, petition, or request. USCIS will contact you in writing if any additional information is necessary to resolve your case.

This notice is not an approval of your pending application, petition, or request.

To ensure you receive all correspondence from USCIS, you must update your address if you move. For instructions, visit https://www.uscis.gov/addresschange.

USCIS may use your biometrics to check the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (e.g., Green Card, Employment Authorization Document, etc.), or any purpose authorized by the Immigration and Nationality Act.

You may obtain a copy of your own FBI record using the procedures outlined within Title 28 C.F.R., Section 16.32. For information, please visit: https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks

For Privacy Act information, please visit https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/compact-council/privacy-act-statement

If you have questions regarding this notice, please call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).

If you have a pending N-400 application, find more information and study materials by visiting the Citizenship Resource Center at uscis.gov/citizenship.

If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.