



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) DE SOUZA FRANKLIN	Middle Name (if any) Cristina	Family Name (Last Name) Maraisa	
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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 465.00
Credit Card Expiration Date CVV Code (mm/yyyy)			



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

**RE: Form I-190, Application to Replace Permanent Resident Card (Green Card)
Petitioner: Maraisa Cristina de Souza (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 Green Card as she changed her last name following the divorce of previous marriage and her recent marriage.

- **Form G-190, Application to Replace Permanent Resident Card (Green Card)**
- **Maraisa Cristina de Souza's Signed Forms:**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
 - Form G-1450, Authorization for Credit Card Transactions;
 - Form I-90, Application to Replace Permanent Resident Card (Green Card).

I. Maraisa Cristina de Souza's Identification Documents

- Maraisa Cristina de Souza 's Birth Certificate with English Translation.

II. Maraisa Cristina de Souza's Permanent Resident Card (Green Card);

III. Maraisa Cristina de Souza's Marriage Certificate with Peter Murray;

IV. Maraisa Cristina de Souza's Divorce Certificate with Peter Murray;

V. Maraisa Cristina de Souza 's Marriage Certificate with Joseph Franklin;

VI. Maraisa Cristina de Souza 's Form I-751 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,

A handwritten signature in blue ink, appearing to be "O. Haverroth Silva".

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, disbaring, 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.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
▶
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

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
➔ Marcia 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
[Signature]
- 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)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b Part Number 2.c Item Number

2.d N/A

3.a Page Number 3.b Part Number 3.c Item Number

3.d N/A

4.a Page Number 4.b Part Number 4.c Item Number

4.d N/A

5.a Page Number 5.b Part Number 5.c Item Number

5.d N/A

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

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	<input type="checkbox"/> Applicant Interviewed	Receipt	Action Block
	Date: _____		
	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)

DE 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 Cristina

5.c. Middle Name

N/A

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)
10. City/Town/Village of Birth
11. Country of Birth

Mother's Name

12. Given Name (First Name)

Father's Name

13. Given Name (First Name)
14. Class of Admission
15. Date of Admission (mm/dd/yyyy)
16. U.S. Social Security Number (if any)
▶

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 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)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , 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)

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)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



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**



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Maraisa Cristina de 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

Marraisa's Marriage Certificate with Joseph Franklin 3

Exhibit 3 - Dissolution of Prior Marriage

Maraisa Cristina de Souza Franklin and Peter Murray's Divorce Certificate 4-11

Marraisa Cristina de Souza Franklin and Peter Murray's Marriage Certificate 12

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

Maraisa Cristina de Souza Franklin's Birth Certificate with English Translation 13-18

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

Maraisa Cristina de Souza Franklin's Form I-751 Petition to Remove Conditions on Residence - Receipt Notice 19-20

**Exhibit 1 - Maraisa
Cristina de Souza
Franklin's Lawful
Permanent Resident
Card**

FORM 1-551
Rev (02-2016)

65486860



102

If found, drop in any US Mailbox. USPS Mail to 7 Proctor Way, Lake Summit, NC 28002

C1USA2198025766MSC2190859116<<
8406066F2405193BRA<<<<<<<<<<<<<0
DE<SOUZA<MURRAY<<MARAISA<CRIST

UNITED STATES OF AMERICA
PERMANENT RESIDENT



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**



**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

4-2025-41-002627
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
FIRST PARENT DATA <small>Circle 1 or 2</small>	1A. FIRST NAME JOSEPH	1B. MIDDLE ROBERT	1C. CURRENT LAST FRANKLIN
	2. DATE OF BIRTH (MM/DD/YYYY) 11/27/1989	3. STATE/COUNTRY OF BIRTH VA	4. # PREV. MARRIAGES/SRDP 0
	5A. LAST MARRIAGE/SRDP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SRDP <input type="checkbox"/> N/A	5B. DATE ENDED (MM/DD/YYYY) --/--/----	
	6. ADDRESS 1312 PORTOLA AVE	7. CITY SAN DIEGO	8. STATE/COUNTRY CA
	9. ZIP CODE 91977	10. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) --	11. FULL BIRTH NAME OF FATHER/PARENT ROLAND LYNVILLE FRANKLIN
12A. FIRST NAME MARAISA	12B. MIDDLE CRISTINA	12C. CURRENT LAST DE SOUZA MURRAY	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) DE SOUZA
SECOND PARENT DATA <small>Circle 1 or 2</small>	13. DATE OF BIRTH (MM/DD/YYYY) 06/08/1984	14. STATE/COUNTRY OF BIRTH BRAZIL	15. # PREV. MARRIAGES/SRDP 2
	16. ADDRESS 1312 PORTOLA AVE	17. CITY SAN DIEGO	18. STATE/COUNTRY CA
	19. ZIP CODE 91977	20. LAST MARRIAGE/SRDP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SRDP <input type="checkbox"/> N/A	21. DATE ENDED (MM/DD/YYYY) 03/04/2024
	21A. FULL BIRTH NAME OF FATHER/PARENT SINVAL JOSE DE SOUZA	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL	21C. FULL BIRTH NAME OF MOTHER/PARENT CLEUSA APARECIDA SOBRINHO
	22A. FULL BIRTH NAME OF MOTHER/PARENT CLEUSA APARECIDA SOBRINHO	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL	
16. 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	
17. 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 438. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE 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.			
LICENSE TO MARRY	25A. ISSUE DATE (MM/DD/YYYY) 12/18/2025	25B. EXPIRES AFTER (MM/DD/YYYY) 03/17/2026	25C. NAME OF COUNTY CLERK MARK CHURCH
	25D. MARRIAGE LICENSE NUMBER SM028345	25E. COUNTY OF ISSUE SAN MATEO	25F. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 555 COUNTY CENTER, REDWOOD CITY, CA 94063
	25G. SIGNATURE OF CLERK OR DEPUTY CLERK BY: <i>[Signature]</i>		
WITNESSES <small>(ONE REQUIRED, NO MORE THAN TWO ALLOWED)</small>	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	18. 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/YYYY) 12/20/2025	28B. CITY/TOWN OF MARRIAGE NAPA	28C. COUNTY OF MARRIAGE NAPA
	28D. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>[Signature]</i>	28E. RELIGIOUS DENOMINATION (IF ANY) NON-DENOMINATION	
	28F. OFFICIAL TITLE GABRIELI CELESTINO EVANGELISTA	28G. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 509 CREST VIEW AVENUE, APT 221, BELMONT, CA 94002	
NEW NAMES <small>(IF ANY)</small>	19. NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)		
	29A. FIRST - MUST BE SAME AS 1A JOSEPH	29B. MIDDLE ROBERT	29C. LAST SOUZA FRANKLIN
	20. NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)		
	30A. FIRST - MUST BE SAME AS 12A MARAISA	30B. MIDDLE CRISTINA	30C. LAST SOUZA FRANKLIN
31A. NAME OF LOCAL REGISTRAR MARK CHURCH	31B. SIGNATURE OF CLERK OR DEPUTY CLERK BY: <i>[Signature]</i>	31C. DATE ACCEPTED FOR REGISTRATION DEC 26 2025	



000893691

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

Mark Church
 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 **HELEN CERRILLO** Deputy Assessor-County Clerk-Recorder Date ISSUED **01/21/2026**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 3 - Dissolution of Prior Marriage

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

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

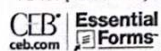
Date: MAR 15 2024

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 HARBOR LANE
FOSTER CITY CA. 94404



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
 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**
 SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUPERIOR COURT OF CALIFORNIA
 COUNTY OF SAN JOAQUIN
 STREET ADDRESS: 180 E. WEBER AVE STE 413
 MAILING ADDRESS: STOCKTON, CA 95202
 CITY AND ZIP CODE:
 BRANCH NAME:

FOR COURT USE ONLY
 FILED
 2024 MAR 15 PM 3:19
 STEPHANIE BOHRER, CLERK
 BY ANDREA CORDOVA
 DEPUTY

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

- 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): _____
- 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): _____
- 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

- 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): _____

- This judgment will be entered nunc pro tunc as of (date): _____
- Judgment on reserved issues.
- The petitioner's respondent's former name is restored to (specify): **MARAISA CRISTINA DE SOUZA MURRAY**
- Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- 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.

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.

Cheryl A. McCann

Date: **MAR 15 2024**

JUDICIAL OFFICER

5. Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT

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 Maraisa 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 MSM

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

Page ___ of ___

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.

INITIALS
Petitioner pm

Respondent MCsm

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

Page ___ of ___

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:

INITIALS

Petitioner PM

Respondent MCSM

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

Page ___ of ___

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:

INITIALS
Petitioner Pm

Respondent mcbm

Page ___ of ___

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

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 an 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.

INITIALS

Petitioner pm

Respondent msm

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

Page ___ of ___

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

4-2020-41-001531
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER					
FIRST PERSON DATA <input type="checkbox"/> Common <input type="checkbox"/> Bride	1A FIRST NAME PETER	1B MIDDLE STANFORD	1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) MURRAY		
	1C CURRENT LAST MURRAY	3 STATE/COUNTRY OF BIRTH CALIFORNIA		4 # PREV MARRIAGES/SRDP 02	5B DATE ENDED (MM/DD/CCYY) 09/10/2020
	2 DATE OF BIRTH (MM/DD/CCYY) 07/26/1983	6 ADDRESS 125 ROCK HARBOR LANE		7 CITY FOSTER CITY	8 STATE/COUNTRY CA
	10A FULL BIRTH NAME OF FATHER/PARENT STAN HAROLD MURRAY		10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CALIFORNIA		
	11A FULL BIRTH NAME OF MOTHER/PARENT DEELIA ANN DIDION		11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CALIFORNIA		
SECOND PERSON DATA <input type="checkbox"/> Common <input type="checkbox"/> Bride	12A FIRST NAME MARAISSA	12B MIDDLE CRISTINA	12D LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) DE SOUZA		
	12C CURRENT LAST DE SOUZA	14 STATE/COUNTRY OF BIRTH BRAZIL		15 # PREV MARRIAGES/SRDP 01	16B DATE ENDED (MM/DD/CCYY) 08/08/2010
	13 DATE OF BIRTH (MM/DD/CCYY) 06/06/1984	17 ADDRESS 125 ROCK HARBOR LANE		18 CITY FOSTER CITY	19 STATE/COUNTRY CA
	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 356 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.					
23 SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D <i>Mark Church</i>			24 SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>MaraiSSa Cristina de Souza</i>		
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 PROVIDED 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) 10/19/2020		25B EXPIRES AFTER (MM/DD/CCYY) 01/16/2021		25C NAME OF COUNTY CLERK MARK CHURCH	
25E MARRIAGE LICENSE NUMBER SM011962		25F COUNTY OF ISSUE SAN MATEO		25G RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) 555 COUNTY CENTER, REDWOOD CITY, CA 94063	
26A SIGNATURE OF WITNESS <i>Travis Daniel Armstrong</i>			26B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TRAVIS DANIEL ARMSTRONG		
26C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 360 Statest OREM UT 84058			27B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)		
27A SIGNATURE OF WITNESS			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) 11-08-2020		28B CITY/TOWN OF MARRIAGE Foster City		28C COUNTY OF MARRIAGE San Mateo	
29A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>Randy Taylor</i>		29B RELIGIOUS DENOMINATION (IF CLERGY) Non-Denominational		29D OFFICIAL TITLE Minister	
29C NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) Randy Taylor		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 MARAISSA		31B MIDDLE CRISTINA		31C LAST DE SOUZA MURRAY	
32A NAME OF LOCAL REGISTRAR MARK CHURCH		32B SIGNATURE OF CLERK OR DEPUTY CLERK <i>Mark Church</i>		32C DATE ACCEPTED FOR REGISTRATION 11/21/2020	

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

VS-117 (01/01/2010)



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

Mark Church
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

By CASANRAT02, Deputy DATE ISSUED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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



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 D^ª. CLEUSA APARECIDA SOBRINHO SOUZA, com 18 anos de idade, nacionalidade brasileiros, profissões lavrador e doméstica, naturais respectivamente do M. de Anicuns-GO e deste Município, casados nesta Cidade, residentes e domiciliados nesta Cidade. São avós paternos JOSÉ RODRIGUES DE SOUZA e D^ª. MARIA DOS PASSOS DE SOUZA e maternos JOAQUIM CASSIANO SOBRINHO e D^ª. NAIR PEREIRA SOBRINHO. Nada Mais declarou. Lido e achado conforme, assina o declarante e as testemunhas Augustinho Pimentel de Moraes, 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 Moraes. 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 ACRESCEM 1^ª) 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 ESCRIVENTE
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 Nery, nº 698, Cj. Av. 24 de Outubro, nº 156 Campinas,
Goiânia-GO, CEP: 74515-020 - Fone: (62) 3233-0955 | 98416-0970
www.cartorioantoniodoprado.com.br

Reconheço por SEMELHANÇA o(s) sinal publico(s) de

(0072011123303212860255) - DEBORA RENATA CARDOSO DA FONSECA - Suboficial e Escrevente

Em testemunho da verdade,

Goiânia-GO 18 de Novembro de 2020 às 12:21:59 horas

RHYAN MARCELO RODRIGUES - SUBOFICIAL E
ESCRIVENTE
Selo 060720111631963094C104S



CARTÓRIO ANTÔNIO DO PRADO

Rua Geraldo Nery, nº 698, Cj. Av. 24 de Outubro, nº 156 Campinas,
Goiânia-GO, CEP: 74515-020 - Fone: (62) 3233-0955 | 98416-0970
www.cartorioantoniodoprado.com.br

APOSTILAMENTO

O presente ato foi realizado nos termos da Resolução nº 228 de 22/06/2016, do CNJ. Selo nº 0007201112795116840087) Dou fé
Goiânia-GO 18/11/2020 às 12:21:29 horas

RHYAN MARCELO RODRIGUES - SUBOFICIAL E
ESCRIVENTE



AA 019489080 BRP
ARPENBRASIL

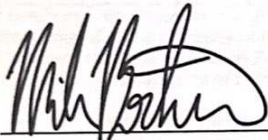
Certification of Translation Accuracy

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

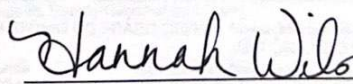
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United States



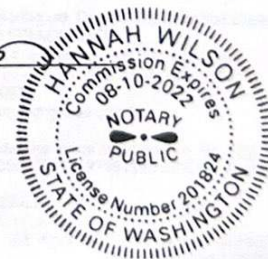
State of Washington
County of King

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



[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.

02863001551984100001265000276250

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 Goiás, 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 Moraes, 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 Moraes. 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: cartorioregistrosdeitaguaru@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 Goiás
Electronic Tax Stamp
03052011034028312860000
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]

Judicial Branch of the State of Goiás
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

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MARGINAL NOTE

This procedure was performed under the terms of Resolution No. 228 of 06/22/2016, of the CNJ. Stamp: 0007201112795116840081. 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

Order #96445-9388987

Page 2 of 3

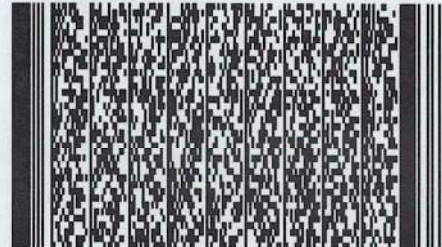
**Exhibit 5 - Maraisa
Cristina de Souza
Franklin's Form I-751
Petition to Remove
Conditions on
Residence - Receipt
Notice**

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



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