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) Felipe	Middle Name (if any) N/A	Family Name (Last Name) Queiroz
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 $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: I-130
P.O. Box 21700
Phoenix, AZ 85036-1700

RE: Form I-130, Petition for Alien Relative
Petitioner: Felipe Queiroz (A-214092410)
Beneficiary: Teresa Dinah Portela Santos de Queiroz (Mother).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Teresa Dinah Portela Santos de Queiroz**.

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

- **Felipe Queiroz' Signed Forms**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130, Petition for Alien Relative

- **Teresa Dinah Portela Santos de Queiroz' Signed Form**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

I. Evidence of Petitioner's Felipe Queiroz' U.S. Citizenship
- Felipe Queiroz' U.S. Passport
- Felipe Queiroz' Certificate of Naturalization

II. Evidence of the Parent-Child Relationship Between Petitioner Felipe Queiroz and Beneficiary Teresa Dinah Portela Santos de Queiroz
- Felipe Queiroz' Birth Certificate with English Translation

III. Beneficiary Teresa Dinah Portela Santos de Queiroz' Identity Documents
- Teresa Dinah Portela Santos de Queiroz' Valid Brazilian Passport with U.S. B1/B2 Valid Visa
- Teresa Dinah Portela Santos de Queiroz' Cancelled Passport (2014) with U.S. B1/B2 Expired visa (May 12th, 2025)
- Teresa Dinah Portela Santos de Queiroz' Cancelled Passport (2010) with U.S. B2 Expired visa (March 29th, 2015)
- Teresa Dinah Portela Santos de Queiroz' Cancelled Passport (1978) with U.S. J-1 Expired visa (December 9th, 1977)
- Teresa Dinah Portela Santos de Queiroz' Birth Certificate with English Translation

IV. Petitioner's Parents' Marriage Certificate
- Teresa Dinah Portela Santos de Queiroz' Marriage Certificate (José Edson Dermeval de Queiroz), Including Death Annotation, with English Translation

V. Evidence of Death of Petitioner's Father and Beneficiary's Deceased Husband

- José Edson Dermeval de Queiroz' Death Certificate (Beneficiary's Deceased Husband and Petitioner's Father) with English Translation

VI. Evidence of Current Residence of Petitioner and Beneficiary

- Felipe Queiroz' Proof of Current U.S. Residence
- Teresa Dinah Portela Santos de Queiroz' Proof of Current Residence in Brasília, Brazil, with English Translation

VII. Evidence of Petitioner's Felipe Queiroz' Marriage

- Felipe Queiroz' Marriage Certificate
- Karien Brasil Queiroz' (Felipe's wife) Passport

VIII. Additional Family Relationship Evidence

- André Luiz Portela Santos de Queiroz' Birth Certificate (Beneficiary's Son and Petitioner's Brother) with English Translation

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

Sincerely,



_____ Date: 08/18/2026

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-130

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

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

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

6.a. Family Name (Last Name) QUEIROZ

6.b. Given Name (First Name) Felipe

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- 2 1 4 0 9 2 4 1 0

Client's Contact Information

10. Daytime Telephone Number

9546016097

11. Mobile Telephone Number (if any)

9546016097

12. Email Address (if any)

felipebalboaportela@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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 08/12/2026

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) 08/12/2026

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): QUEIROZ

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

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

- ☐ 201(b) Spouse - IR-1/CR-1
- ☐ 201(b) Child - IR-2/CR-2
- ☐ 201(b) Parent - IR-5
- ☐ 203(a)(1) Unm. S/D - F1-1
- ☐ 203(a)(2)(A) Spouse - F2-1
- ☐ 203(a)(2)(A) Child - F2-2
- ☐ 203(a)(2)(B) Unm. S/D - F2-4
- ☐ 203(a)(3) Married S/D - F3-1
- ☐ 203(a)(4) Brother/Sister - F4-1

Petition was filed on (Priority Date mm/dd/yyyy):

PDR request granted/denied - New priority date (mm/dd/yyyy):

- ☐ Field Investigation
- ☐ Previously Forwarded
- ☐ 203(g) Resolved
- ☐ Personal Interview
- ☐ Pet. A-File Reviewed
- ☐ Ben. A-File Reviewed
- ☐ 204(a)(2)(A) Resolved
- ☐ I-485 Filed Simultaneously
- ☐ 204(g) Resolved

Remarks

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

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

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

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

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

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

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

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- 2 1 4 0 9 2 4 1 0
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 8 4 5 3 5 0 4 5 8

Your Full Name

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

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

Other Names Used (if any)

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

5.a. Family Name (Last Name): PORTELA SANTOS QUEIROZ

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Brasilia

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 11/23/1987

9. Sex ☒ Male ☐ Female

Mailing Address

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

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

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 837 Poinsetta Dr

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: Indian Harbour Beach

12.d. State: FL **12.e.** ZIP Code: 32937

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 01/15/2024

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

Physical Address 2

14.a. Street Number and Name: 119 Coral Way E

14.b. ☒ Apt. ☐ Ste. ☐ Flr. A

14.c. City or Town: Indialantic

14.d. State: FL **14.e.** ZIP Code: 32903

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 08/15/2022

15.b. Date To (mm/dd/yyyy): 01/15/2024

Your Marital Information

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

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 11/12/2013

Place of Your Current Marriage (if married)

19.a. City or Town: Delray Beach

19.b. State: FL

19.c. Province: N/A

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): BRASIL QUEIROZ

20.b. Given Name (First Name): Karien

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): DERMEVAL DE QUEIROZ

24.b. Given Name (First Name): Jose Edson

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 08/17/1938

26. Sex ☒ Male ☐ Female

27. Country of Birth: Brazil

28. City/Town/Village of Residence: Deceased

29. Country of Residence: Deceased

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): PORTELA SANTOS DE QUEIROZ

30.b. Given Name (First Name): Teresa Dinah

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 02/21/1955

32. Sex ☐ Male ☒ Female

33. Country of Birth: Brazil

34. City/Town/Village of Residence: Picos

35. Country of Residence: Brazil

Additional Information About You (Petitioner)

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

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

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

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

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

39.a. Certificate Number: 44977135

39.b. Place of Issuance: Orlando, Florida

39.c. Date of Issuance (mm/dd/yyyy): 08/17/2023

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

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

40.a. Class of Admission

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

Place of Admission

40.c. City or Town

40.d State

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company: Pure Life Martial Arts

43.a. Street Number and Name: 800 N Miramar Avenue

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town: Indialantic

43.d. State: FL **43.e.** ZIP Code: 32903

43.f. Province: N/A

43.g. Postal Code: N/A

43.h. Country: USA

44. Your Occupation: CEO

45.a. Date From (mm/dd/yyyy): 07/01/2019

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

Employer 2

46. Name of Employer/Company: CDR Health

47.a. Street Number and Name: 11740 SW 80th Street

47.b. ☐ Apt. ☒ Ste. ☐ Flr. 102

47.c. City or Town: Miami

47.d. State: FL **47.e.** ZIP Code: 33183

47.f. Province: N/A

47.g. Postal Code: N/A

47.h. Country: USA

48. Your Occupation: Paramedic

49.a. Date From (mm/dd/yyyy): 01/01/2021

49.b. Date To (mm/dd/yyyy): 07/01/2022

Part 3. Biographic Information

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

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

3. Height Feet: 6 Inches: 0

4. Weight Pounds: 1 8 5

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

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

Part 3. Biographic Information (continued)

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

- [x] Bald (No hair)
- [ ] Black
- [ ] Blond
- [ ] Brown
- [ ] Gray
- [ ] Red
- [ ] Sandy
- [ ] White
- [ ] Unknown/Other

Part 4. Information About Beneficiary

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

► **A-** N/A

2. USCIS Online Account Number (if any)

► N/A

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

► N/A

Beneficiary's Full Name

4.a. Family Name (Last Name): PORTELA SANTOS DE QUEIROZ

4.b. Given Name (First Name): Teresa Dinah

4.c. Middle Name: N/A

Other Names Used (if any)

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

5.a. Family Name (Last Name): PORTELA COSTA SANTOS

5.b. Given Name (First Name): Teresa Dinah

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Picos

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 02/21/1955

9. Sex [ ] Male [x] Female

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

[ ] Yes [x] No [ ] Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name: SQS, 0 QD 105, BL B

11.b. [x] Apt. [ ] Ste. [ ] Flr. 305

11.c. City or Town: Brasilia

11.d. State: N/A **11.e.** ZIP Code: N/A

11.f. Province: Distrito Federal

11.g. Postal Code: 70344020

11.h. Country: Brazil

Other Address and Contact Information

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

12.a Street Number and Name: 837 Poinsetta Dr

12.b. [ ] Apt. [ ] Ste. [ ] Flr. N/A

12.c. City or Town: Indian Harbour Beach

12.d. State: FL **12.e.** ZIP Code: 32937

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

13.a. Street Number and Name: SAME

13.b. [ ] Apt. [ ] Ste. [ ] Flr.

13.c. City or Town:

13.d. Province:

13.e. Postal Code:

13.f. Country:

14. Daytime Telephone Number (if any): 5561999614113

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

5561999614113

16. Email Address (if any)

teresa.dpcs@gmail.com

Beneficiary's Marital Information

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

18. Current Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced

☒ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) N/A

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town N/A

20.b. State N/A

20.c. Province N/A

20.d. Country

N/A

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name) DERMEVAL DE QUEIROZ

21.b. Given Name (First Name) Jose Edson

21.c. Middle Name N/A

22. Date Marriage Ended (mm/dd/yyyy) 07/06/2025

Spouse 2

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

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

23.c. Middle Name N/A

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

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name) QUEIROZ

25.b. Given Name (First Name) Felipe

25.c. Middle Name N/A

26. Relationship Child

27. Date of Birth (mm/dd/yyyy) 11/23/1987

28. Country of Birth

Brazil

Person 2

29.a. Family Name (Last Name) PORTELA DOS SANTOS DE QUEIROZ

29.b. Given Name (First Name) Andre Luiz

29.c. Middle Name N/A

30. Relationship Child

31. Date of Birth (mm/dd/yyyy) 05/18/1984

32. Country of Birth

Brazil

Person 3

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

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

33.c. Middle Name N/A

34. Relationship N/A

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

36. Country of Birth

N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

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

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

46.a. He or she arrived as a (Class of Admission): N/A

46.b. Form I-94 Arrival-Departure Record Number ▶ N/A

46.c. Date of Arrival (mm/dd/yyyy): N/A

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

47. Passport Number: FX469369

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 11/18/2028

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Cia Imobiliaria de Brasilia - Terracap

51.b. Street Number and Name: Sam Bloco F, Asa Norte

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: Brasilia

51.e. State: N/A **51.f.** ZIP Code: N/A

51.g. Province: Distrito Federal

51.h. Postal Code: 70620060

51.i. Country: Brazil

52. Date Employment Began (mm/dd/yyyy): 10/10/1979

Additional Information About Beneficiary

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

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town:

55.b. State:

56. Date (mm/dd/yyyy):

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

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

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: N/A

59.d. State: N/A **59.e.** ZIP Code: N/A

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: N/A

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

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

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

61.a. City or Town: N/A

61.b. State: N/A

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

62.a. City or Town: Rio de Janeiro

62.b. Province: Rio de Janeiro

62.c. Country: Brazil

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

Part 5. Other Information

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

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

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

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

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

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

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 9546016097

4. Petitioner's Mobile Telephone Number (if any): 9546016097

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

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) ➡ _____

6.b. Date of Signature (mm/dd/yyyy): 08/12/2026

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

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

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

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
N/A

1.b. Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name (if any)
N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
N/A

5. Interpreter's Mobile Telephone Number (if any)
N/A

6. Interpreter's Email Address (if any)
N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 08/12/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): QUEIROZ

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 2 1 4 0 9 2 4 1 0

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 5a

3.d.
PORTELA SANTOS DE QUEIROZ
Felipe

4.a. Page Number: 2 **4.b.** Part Number: 12 a **4.c.** Item Number: 2

4.d.
895 Rostock Circle NW
Palm Bay
FLORIDA
ZIP code:32907
Period: from 07/15/2018 to 08/15/2022

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

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): PORTELA SANTOS DE QUEIROZ

6.b. Given Name (First Name): Teresa Dinah

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+ 55(61)99961-4113

11. Mobile Telephone Number (if any)

+ 55(61)99961-4113

12. Email Address (if any)

teresa.dpcs@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

➡ Heber Wineh Portela Santos de Queiroz

2.b. Date of Signature (mm/dd/yyyy) 08/12/2026

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) 08/12/2026

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): PORTELA SANTOS DE QUEIROZ

1.b. Given Name (First Name): Teresa Dinah

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Evidence of Petitioner's Felipe Queiroz' U.S. Citizenship	
Felipe Queiroz' U.S. Passport	1-29
Felipe Queiroz' Certificate of Naturalization	30
Exhibit 2 – Evidence of the Parent-Child Relationship Between Petitioner Felipe Queiroz and Beneficiary Teresa Dinah Portela Santos de Queiroz	
Felipe Queiroz' Birth Certificate with English Translation	31-33
Exhibit 3 - Beneficiary Teresa Dinah Portela Santos de Queiroz' Identity Documents	
Teresa Dinah Portela Santos de Queiroz' Valid Brazilian Passport with U.S. B1/B2 Valid Visa	34-52
Teresa Dinah Portela Santos de Queiroz' Cancelled Passport (2014) with U.S. B1/B2 Expired visa (May 12th, 2025)	53-54
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Teresa Dinah Portela Santos de Queiroz' Birth Certificate with English Translation	59-61
Exhibit 4 – Petitioner's Parents' Marriage Certificate	
Teresa Dinah Portela Santos de Queiroz' Marriage Certificate (José Edson Dermeval de Queiroz), Including Death Annotation with English Translation	62-64

Exhibit 5 – Evidence of Death of Petitioner's Father and Beneficiary’s Deceased Husband

José Edson Dermeval de Queiroz' Death Certificate (Beneficiary’s Deceased Husband and Petitioner’s Father) with English Translation	65-67

Exhibit 6 - Evidence of Current Residence of Petitioner and Beneficiary

Felipe Queiroz' Proof of Current U.S. Residence	68-71
Teresa Dinah Portela Santos de Queiroz' Proof of Current Residence in Brasília, Brazil, with English Translation	72-74

Exhibit 7 – Evidence of Petitioner's Felipe Queiroz' Marriage

Felipe Queiroz' Marriage Certificate	75
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Exhibit 8 – Additional Family Relationship Evidence

André Luiz Portela Santos de Queiroz' Birth Certificate (Beneficiary’s Son and Petitioner’s Brother) with English Translation	77-79

Exhibit 1 - Evidence of Petitioner's Felipe Queiroz' U.S. Citizenship

PASSPORT



United States of America

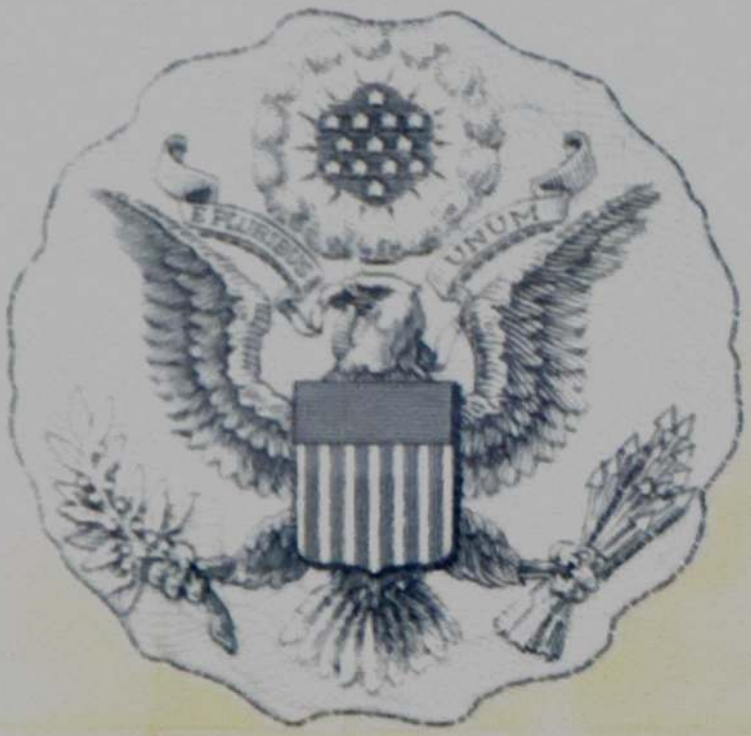
O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave?



THE UNITED STATES OF AMERICA

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

—ABRAHAM LINCOLN



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

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

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

A26602569

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A26602569

USA



Surname/Nom/Apellidos
QUEIROZ

Given names/Prénoms/Nombres
FELIPE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
23 NOV 1987

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date de délivrance/Fecha de expedición
23 SEP 2023

Date of expiration/Date d'expiration/Fecha de caducidad
22 SEP 2033

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAQUEIROZ<<FELIPE<<<<<<<<<<<<<<<<<<<<<<<<<<

A26602569 8USA8711234M3309221623214365<582328

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE

The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE

An image of the document holder is printed over security artwork.



MICROTEXT

"United States of America" is printed in microtext behind the Bearer's image.



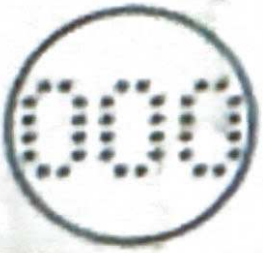
WATERMARK

The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER

The passport number is perforated throughout the passport.



COLOR-SHIFTING INK

"USA" shifts from gold to green when the document is tilted.



PERSONAL DATA AND EMERGENCY CONTACT

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

BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRÓNICO DEL TITULAR:

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

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

EN CASO DE EMERGENCIA: NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS, DEPARTAMENTO DE ESTADO, AL TELEFONO 202-647-5225, Y A LA PERSONA QUE USTED INDIQUE A CONTINUACION:

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Telephone/Telefono:

Email/Courriel électronique/Correo electronico:

A26602569

IMPORTANT INFORMATION



IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit **travel.state.gov**.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at **travel.state.gov**

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at **step.state.gov**.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.



IMPORTANT INFORMATION

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

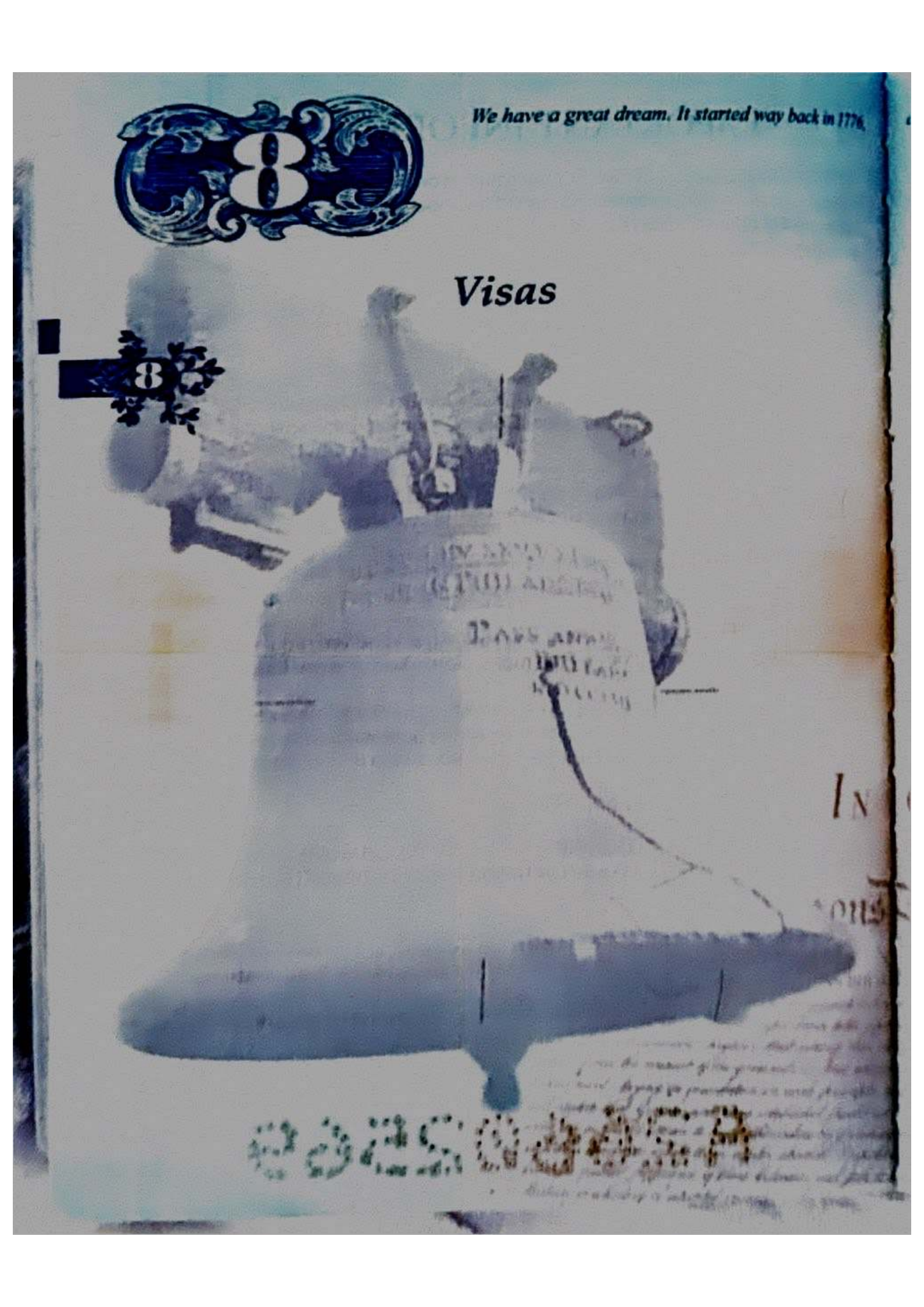
SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT *TRAVEL.STATE.GOV/PASSPORTINFO* FOR UP-TO-DATE INFORMATION

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

If your passport expires within six months of your date of departure, you may be denied entry into some countries.

A26602564



8 Visas

and God grant that America will be true to her dream.
Martin Luther King, Jr.

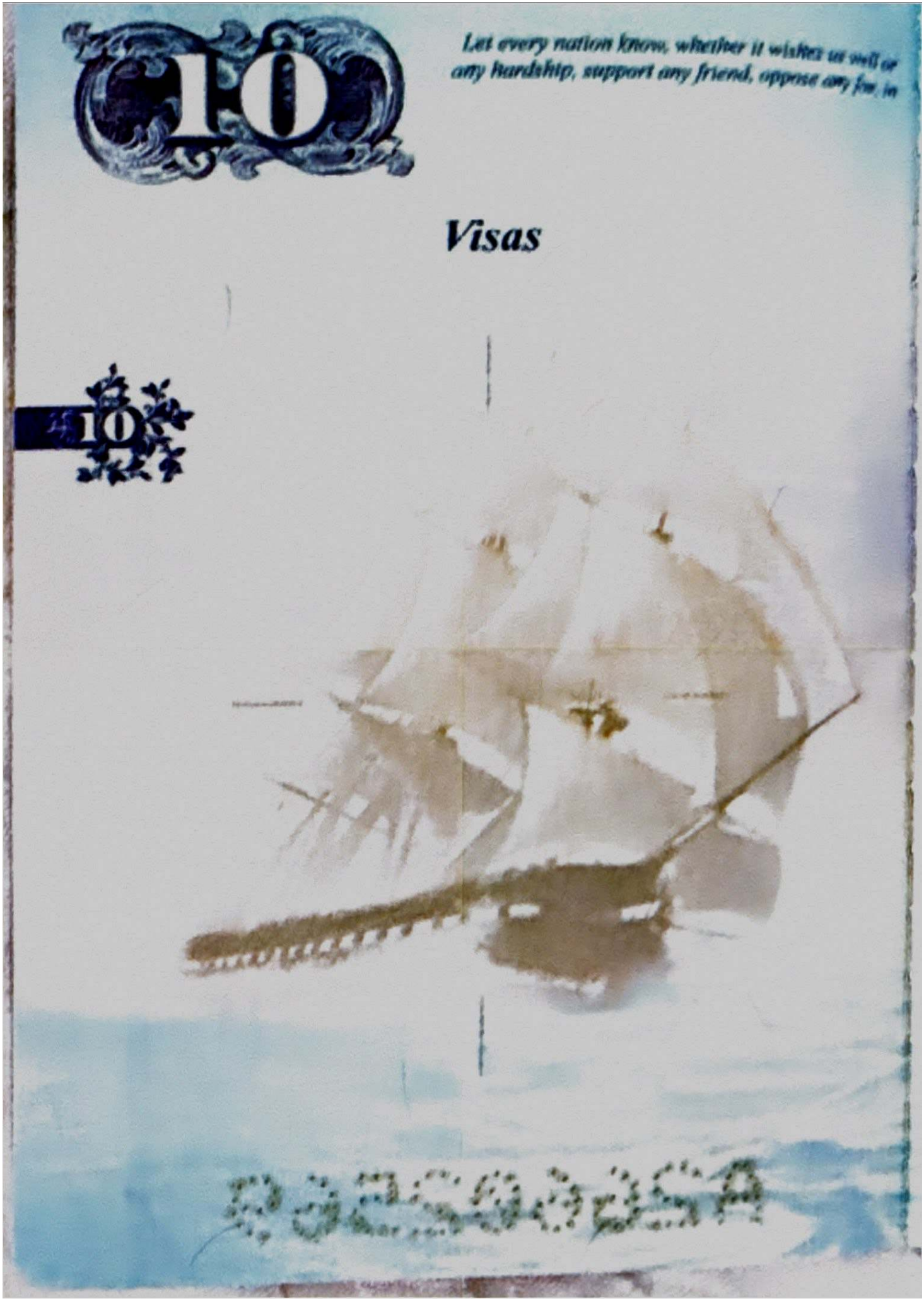
9

Visas



CONGRESS. JULY 4. 1776.

The Declaration of the thirteen united States of America


10
Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, in
Visas
10

ill. that we shall pay any price, bear any burden, meet order to assure the survival and the success of liberty.
John F. Kennedy



Visas





A126085E63



This is a new nation, based on a mighty

Visas







continent, of boundless possibilities.
Theodore Roosevelt



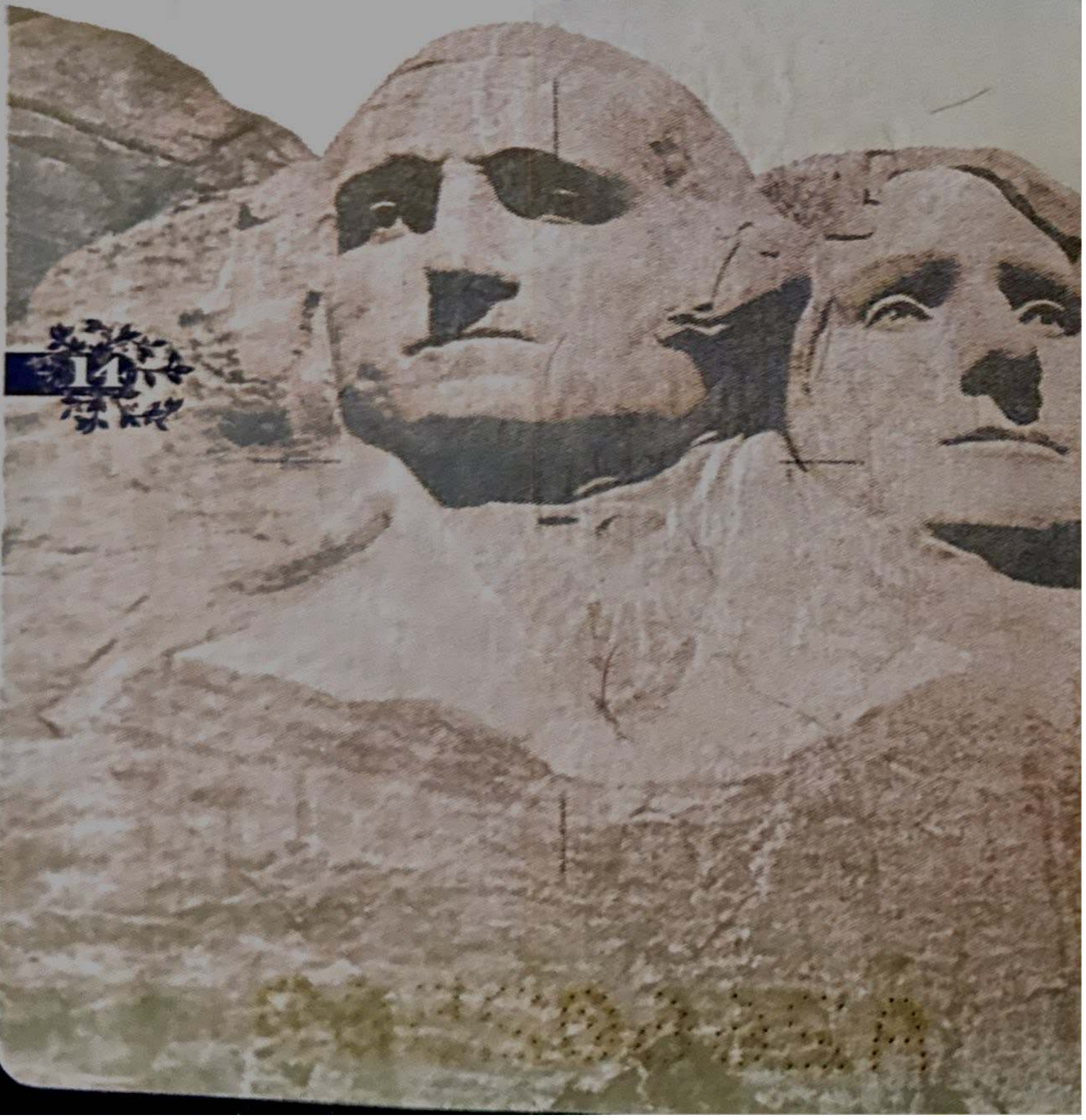
Visas





A2660256

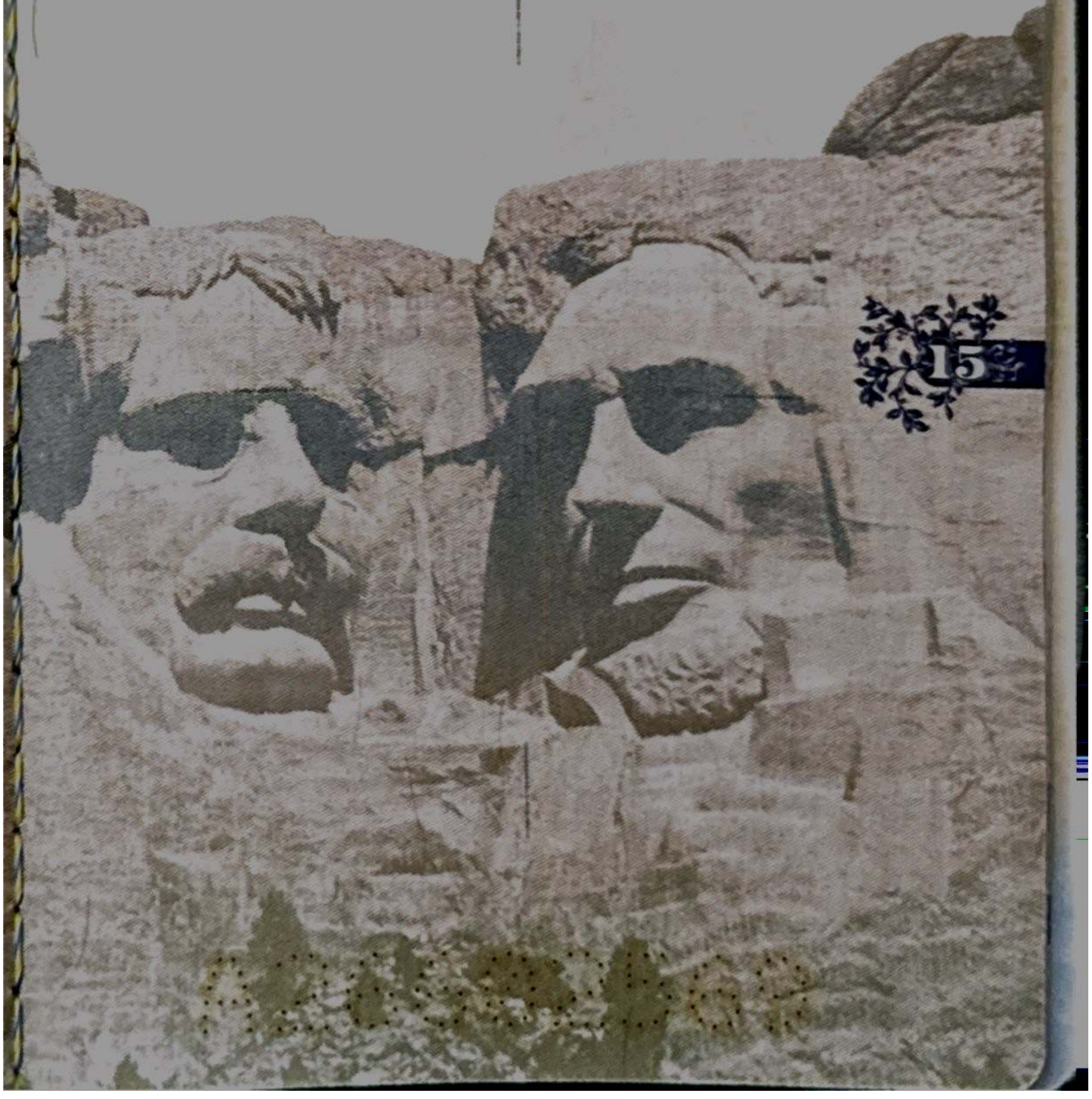
Visas

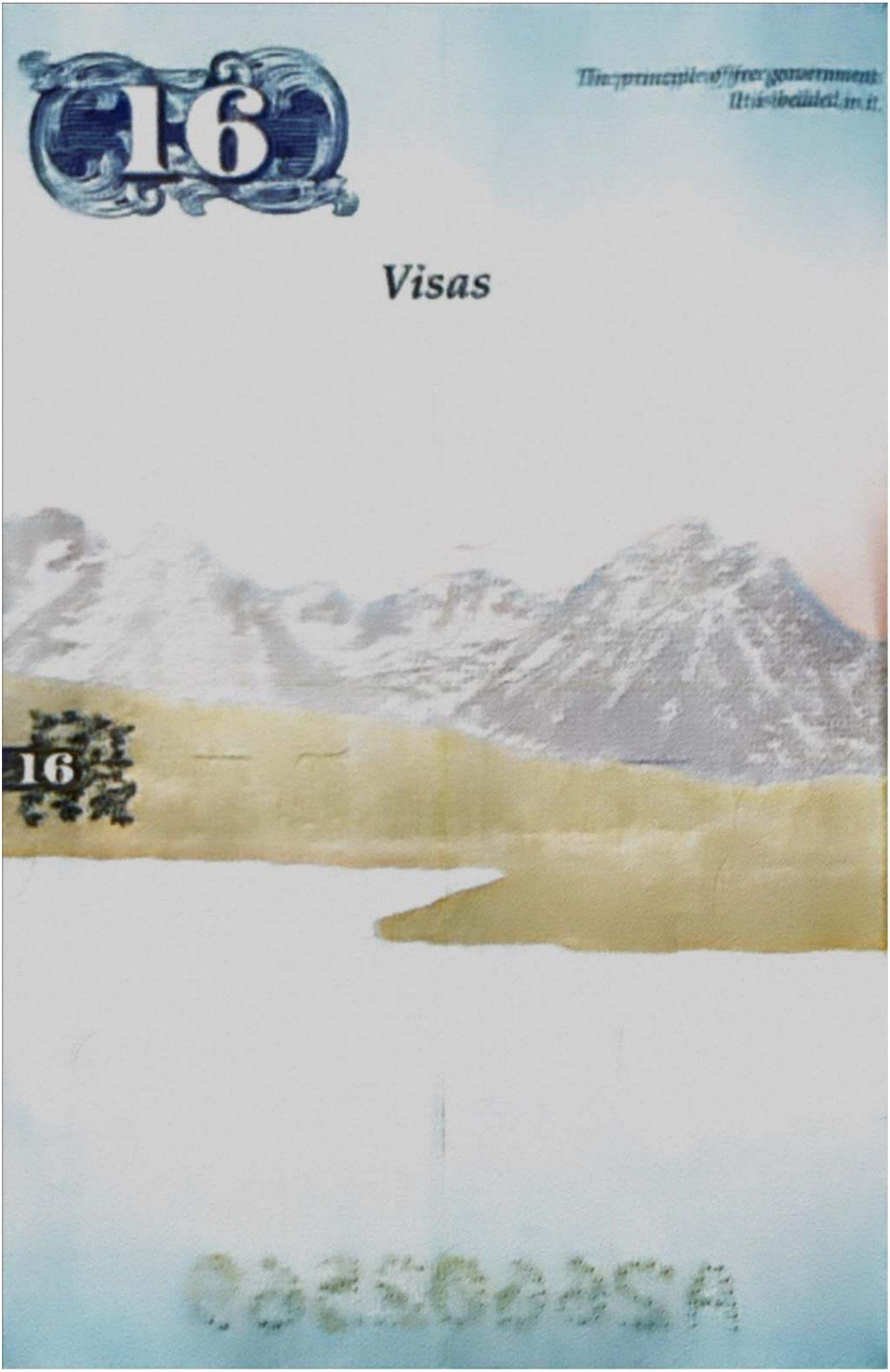


the wise and honest can repair...
George Washington



Visas




16
Visas
16

aliens to the American soil.
immovable as its mountains.
Daniel Webster

17

Visas



17

A26602569



Whatever America hopes to bring to pass in the

Visas



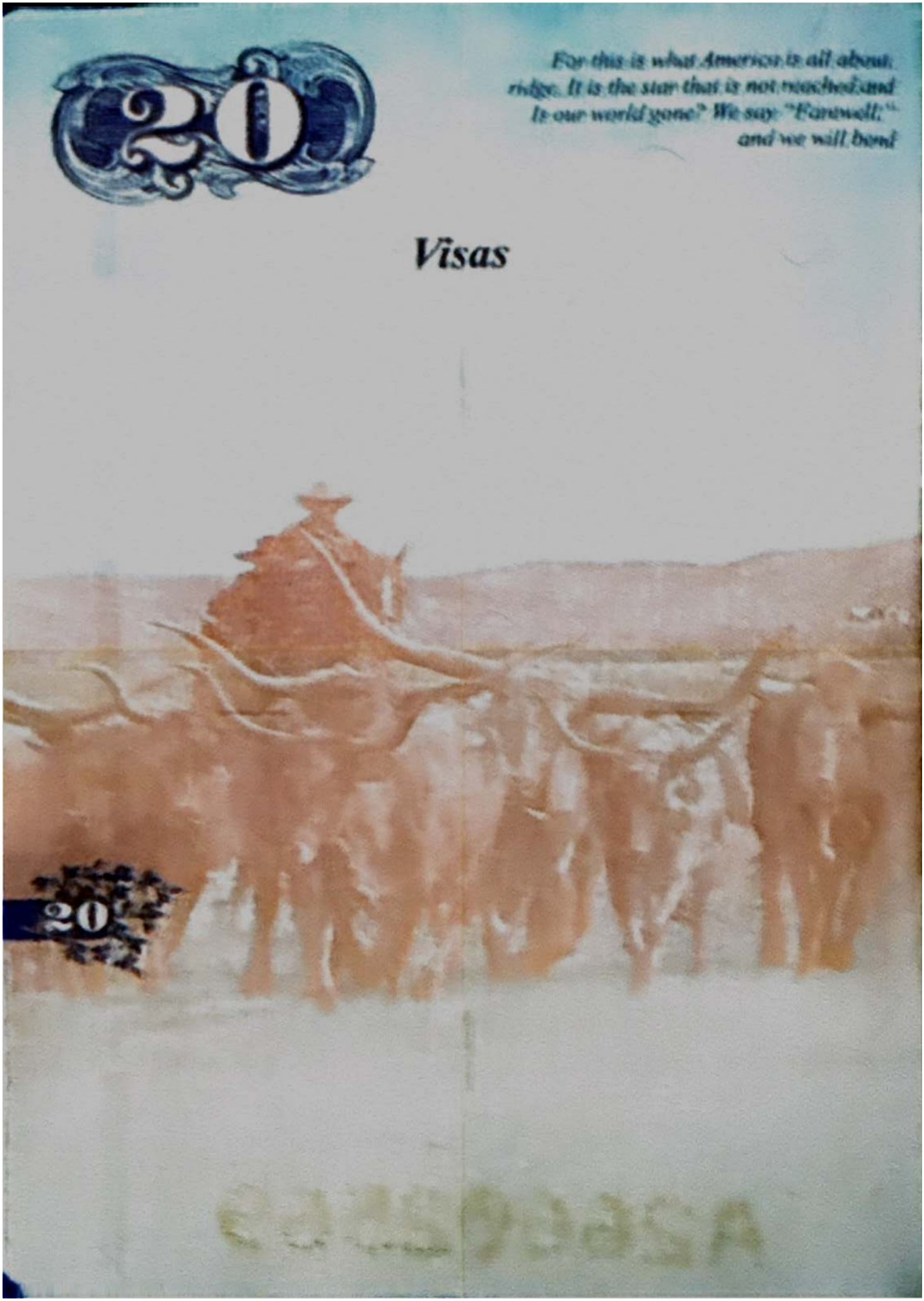
world must first come to pass in the heart of America.
Dwight D. Eisenhower



Visas

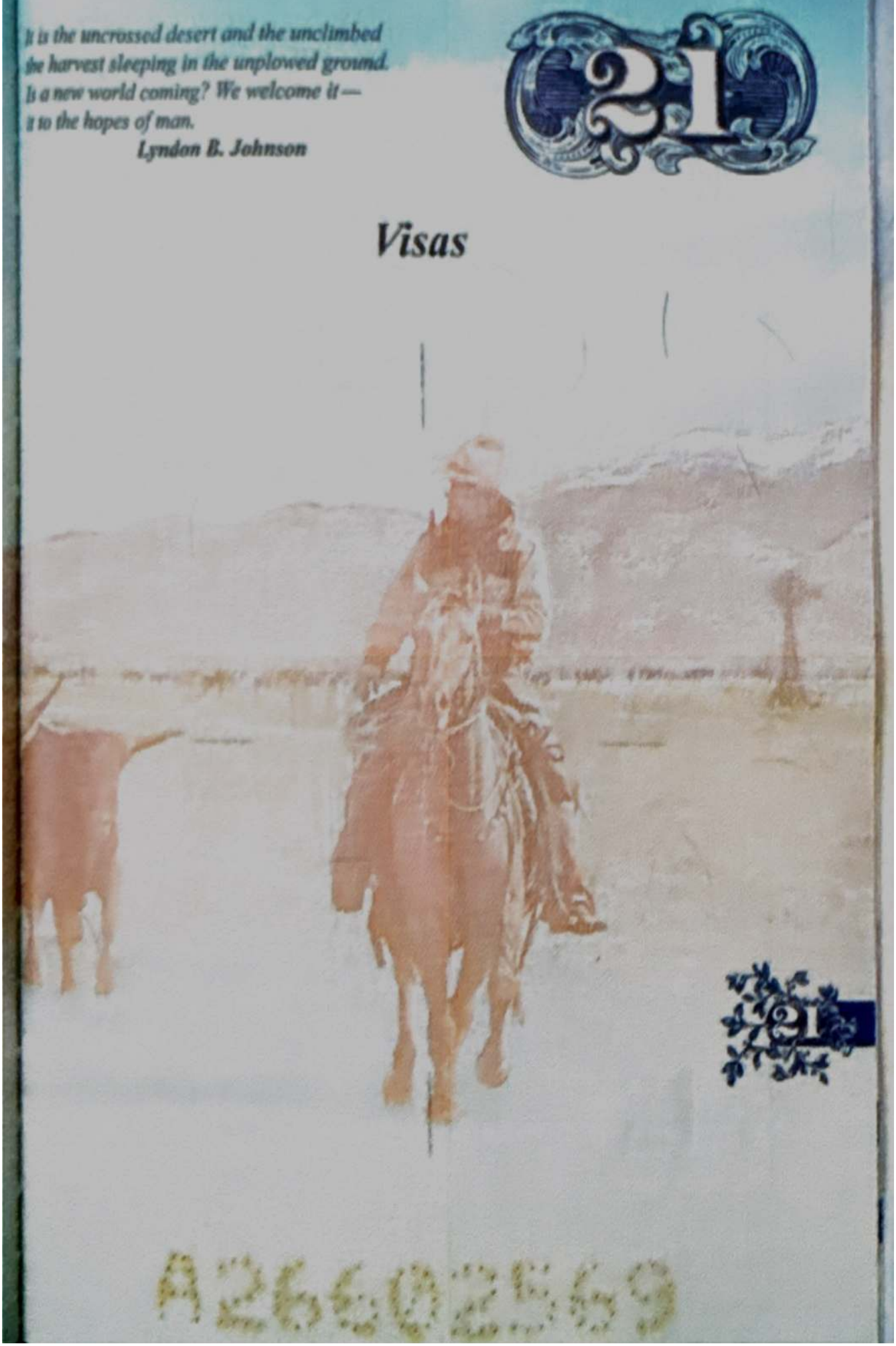


A2660259


20
For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell,"
and we will bond
Visas
20

It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
it to the hopes of man.

Lyndon B. Johnson



Visas

A26602569


22
Every generation has the obligation
to look out from a higher
Visas
22

to free men's minds for a look at new worlds...
plateau than the last generation
Ellison S. Onizuka

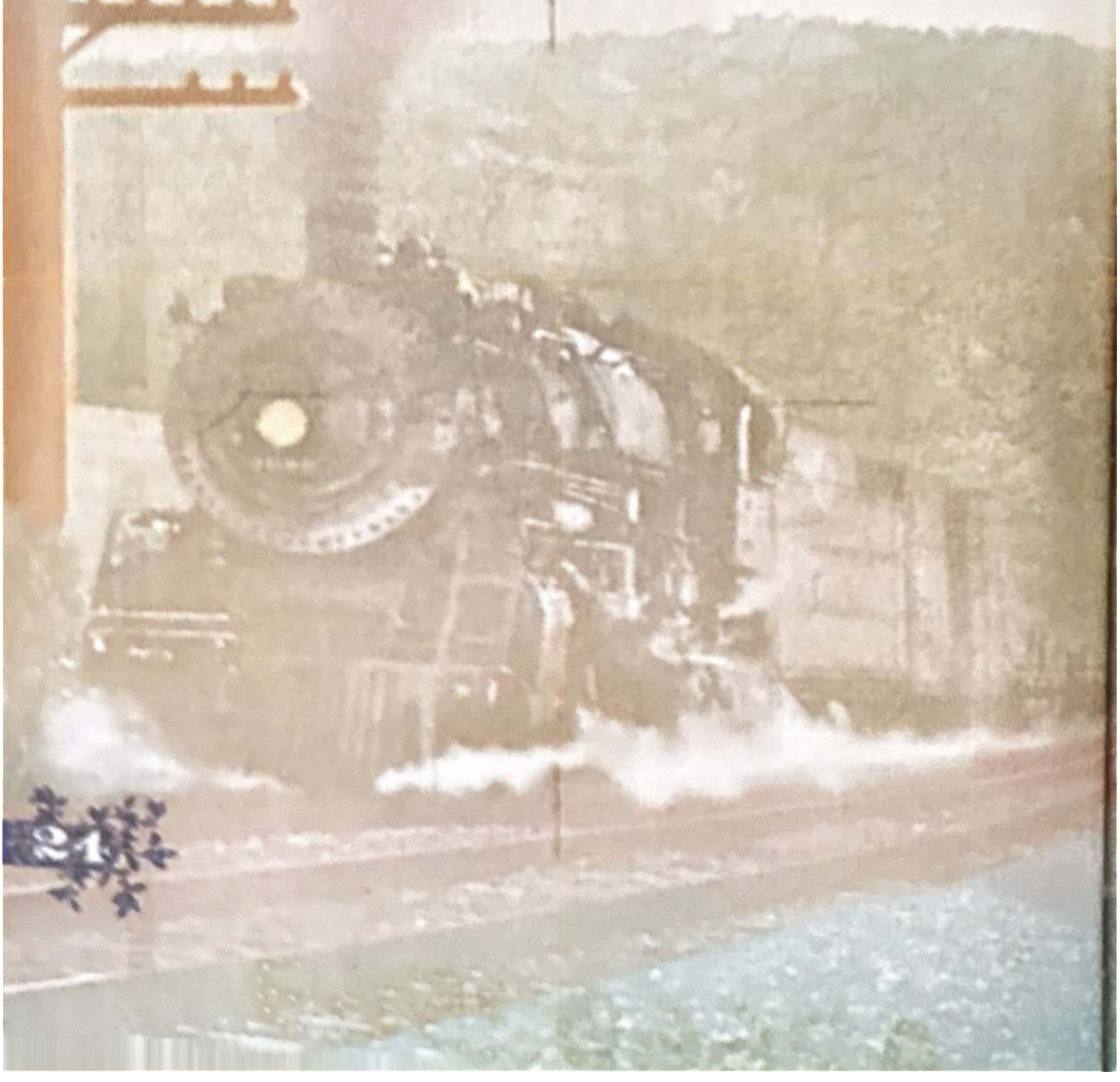


Visas

A26613569

May God continue the unity of our country as this

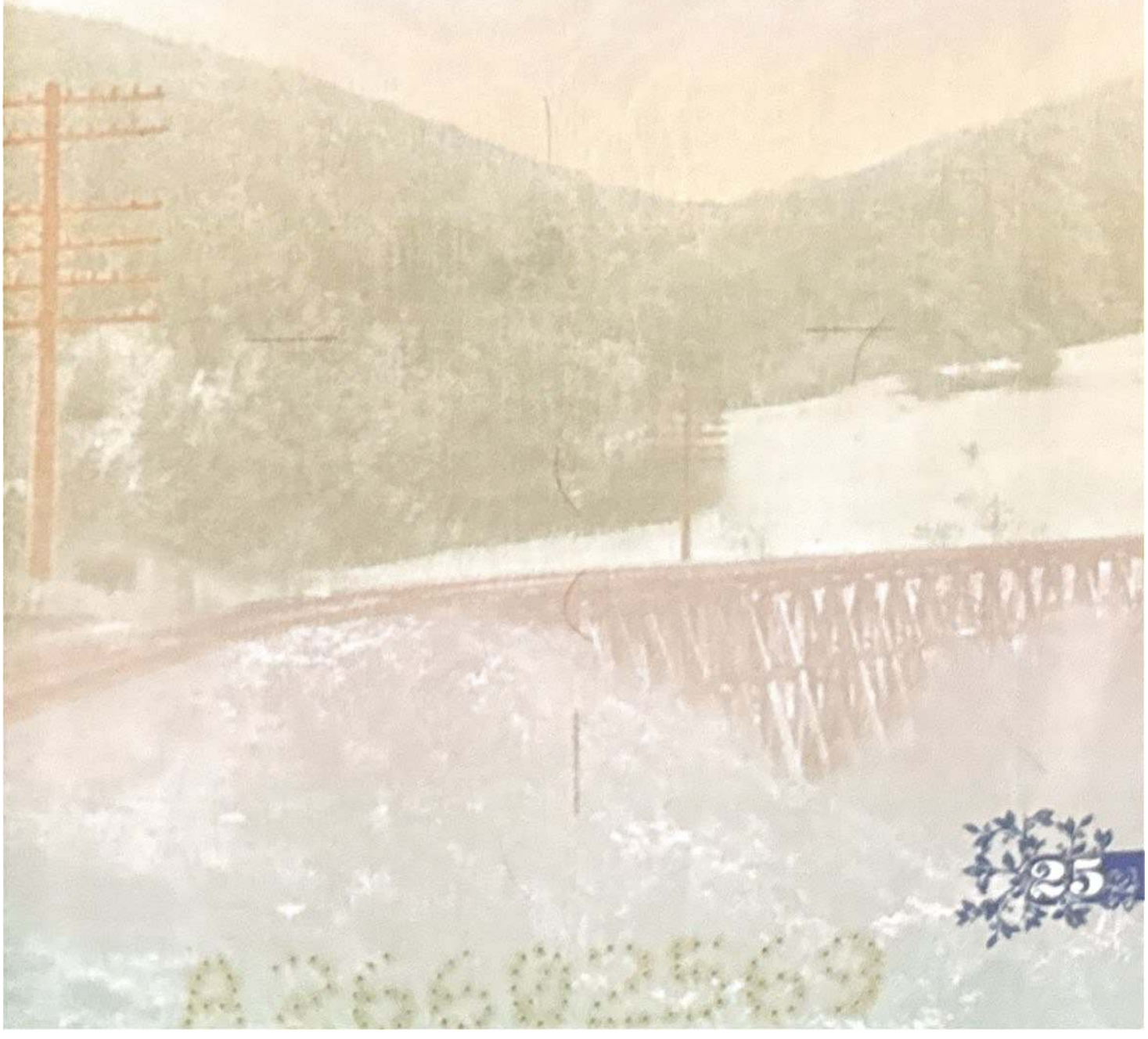
Visas



railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869



Visas



26

Visas





The cause of freedom is not the cause of a race or a sect, a party or a class– it is the cause of humankind, the very birthright of humanity.

–Anna Julia Cooper

A26602569

THE UNITED STATES OF AMERICA

No. 44977135

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: NOVEMBER 23, 1987

Sex: MALE

Height: 6 feet 00 inches

Marital status: MARRIED

Country of former nationality: BRAZIL



USCIS Registration No. A214 092 410

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: ORLANDO, FLORIDA

The Secretary having found that:

FELIPE QUEIROZ

residing at:

INDIALANTIC, FLORIDA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: ORLANDO, FLORIDA *on:* AUGUST 17, 2023

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OF THIS DOCUMENT IS A FEDERAL OFFENSE PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/17)

Exhibit 2 – Evidence of the Parent-Child Relationship Between Petitioner Felipe Queiroz and Beneficiary Teresa Dinah Portela Santos de Queiroz

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name
FELIPE PORTELA SANTOS DE QUEIROZ

CPF
no record

Registration
021253 01 55 1987 1 00169 506 0106663 18

Date of Birth	Day	Month	Year
On the twenty-third day of the month of November, in the year nineteen eighty-seven	23	11	1987

Time of Birth	City of Birth	State
12:05 PM	Brasília	Federal District

Place of Birth	City of Birth	State	Sex
Golden Garde Hospital	Brasília	Federal District	Male

Parent's Name	City of Birth	State
José Edson Dermeval de Queiroz	Santa Rita	Paraíba

Respective Grandparent(s)
Edson de Queiroz Melo; Maria Lúcia de Mendonca Melo

Parent's Name	City of Birth	State
Teresa Dinah Portela Costa Santos	Picos	Piauí

Respective Grandparent(s)
Antônio Rodrigues Santos; Marilva Portela Costa Santos

Twins
NO RECORD

Date of registration	Number of live birth certificate
On the third day of the month of December, in the year nineteen eighty-seven	no record

Notes/Annotations
Witnesses were waived pursuant to Normative Act No. 01 of 1984 of the Public Records Court of the Federal District.

Voluntary Notes
NO RECORD

CNS No. 02125-3
2nd Civil Registry Office of Natural Persons,
Titles and Documents, and Legal Entities of Brasília
Jesse Pereira Alves
Civil Registrar
CRS 504, Block A, Store 08
ZIP Code: 70331-515 Brasília - Federal District

The content of this certificate is true. I certify.
Brasília - Federal District, September 1, 2025.

----//signature//----

Vânia Carvalho de Oliveira da Luz
Authorized Clerk

Digital Seal: TJDFT20250220067905BKWM
Consult at www.tjdft.jus.br

IA 009951964

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 7, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome

FELIPE PORTELA SANTOS DE QUEIROZ

Número do CPF

não informado

Matrícula

021253 01 55 1987 1 00169 506 0106663 18

Data de Nascimento	Dia	Mês	Ano
Aos vinte e três dias do mês de novembro do ano de um mil e novecentos e oitenta e sete	23	11	1987

Horário de Nascimento	Município da Naturalidade	UF
12:05	Brasília	DF

Local de Nascimento	Município de Nascimento	UF	Sexo
Hospital Golden Garde	Brasília	DF	masculino

Nome do(a) Genitor(a)	Município de Nascimento	UF
José Edson Dermeval de Queiroz	Santa Rita	PB

Avô(ó)(s) Respectivo(s)

Edson de Queiroz Melo; Maria Lúcia de Mendonça Melo

Nome do(a) Genitor(a)	Município de Nascimento	UF
Teresa Dinah Portela Costa Santos	Picos	PI

Avô(ó) Respectivo(s)

Antônio Rodrigues Santos; Marilva Portela Costa Santos

Gêmeos

NÃO CONSTA

Data do Registro	DNV
Aos três dias do mês de dezembro do ano de um mil e novecentos e oitenta e sete	não informado

Anotações / Averbações

Testemunhas dispensadas conforme Ato Normativo nº 01 de 1984 da Vara de Registros Públicos do Distrito Federal

Anotações Voluntárias

NÃO CONSTA

CNS nº 02125-3
2° Of. de Registro Civil de Pessoas Naturais,
Títulos e Documentos e PJ de Brasília
Jesse Pereira Alves
Oficial de Registro Civil
CRS 504, Bloco A, Loja 08
CEP: 70331-515 Brasília - DF

O conteúdo da certidão é verdadeiro. Dou fé.
Brasília - DF, 01 de setembro de 2025.

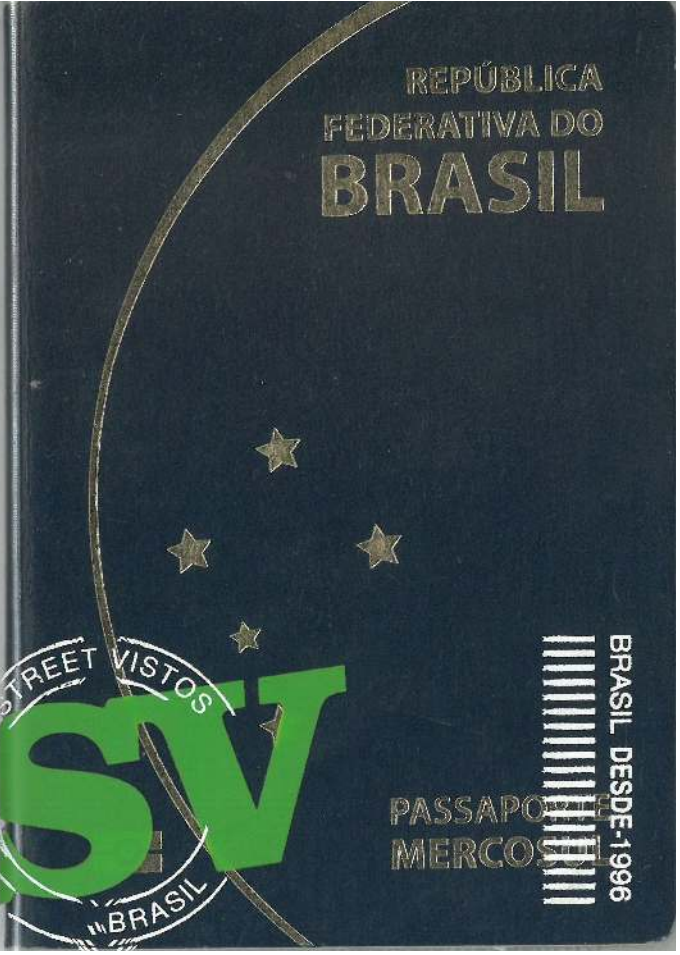
Vânia Carvalho de Oliveira da Luz
Escrevente Autorizada

Selo Digital: TJDFT20250220067905BKWM
Consulte em www.tjdft.jus.br

IA 009951964

Impresso em Gráfica Brasília Rio

Exhibit 3 - Beneficiary Teresa Dinah Portela Santos de Queiroz' Identity Documents


REPÚBLICA
FEDERATIVA DO
BRASIL
STREET VISTOS
SV
BRASIL
PASSAPO
MERCOS
BRASIL DESDE-1996

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

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

FX469369

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: FX469369

SOBRENOME / SURNAME
PORTELA SANTOS DE QUEIROZ

NOME / GIVEN NAMES
TERESA DINAH

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
21 FEV/FEB 1955

IDENTIDADE Nº / PERSONAL No

SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: PICOS/PI

FILIAÇÃO / FILIATION
ANTONIO RODRIGUES SANTOS

MARILVA PORTELA COSTA SANTOS

DATA DE EXPEDIÇÃO / DATE OF ISSUE
19 NOV/NOV 2018

AUTORIDADE / AUTHORITY
SR/DPF/DF

VALIDO ATÉ / DATE OF EXPIRY
18 NOV/NOV 2028

P<BRAPORTELA<SANTOS<DE<QUEIROZ<<TERESA<DINAH
FX469369<9BRA5502211F2811187<<<<<<<<<<<<<<00

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

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

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

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

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

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

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

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

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

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

VISTOS 6 VISAS

VISTOS 7 VISAS


VISA
Issuing Post Name
SAO PAULO
Control Number
20183402550007
Surname
PORTELA SANTOS DE QUEIROZ
Given Name
TERESA DINAH
Visa Type /Class
R B1/B2
Passport Number
FX469369
Sex
F
Birth Date
21FEB1955
Nationality
BRZL
Entries
M
Issue Date
10DEC2018
Expiration Date
05DEC2028
Annotation
0101
N7043831
VNUSAPORTELA<SANTOS<DE<QUEIROZ<<TERESA<DINAH
FX469369<9BRA5502211F2812058B3SPL2Z4YF153946

VISTOS 10 VISAS

VISTOS 11 VISAS

VISTOS 12 VISAS

VISTOS 13 VISAS

VISTOS 16 VISAS

VISTOS 17 VISAS

VISTOS 18 VISAS

VISTOS 19 VISAS

VISTOS 20 VISAS

VISTOS 21 VISAS

VISTOS 22 VISAS

VISTOS 23 VISAS

VISTOS 24 VISAS

VISTOS 25 VISAS

VISTOS 26 VISAS

VISTOS 27 VISAS

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

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

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

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

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

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

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

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

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL


AA0085BOG
PORTELA SANTOS DE QUEIROZ, T.
B1/B2
Brasilia
CSRA
FX469369
CSRA ID: 1029498723
EMBARQUE OK

REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE
MERCOSUL



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

FL308483

CANCELADO

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
FL308483

SOBRENOME / SURNAME
PORTELA COSTA SANTOS

NOME / GIVEN NAMES
TERESA DINAH

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
21/Feb/1955

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
PICOS/PI

DATA DE EXPEDIÇÃO / DATE OF ISSUE
05/Nov/2014

AUTORIDADE / AUTHORITY
SR/DPF/DF

VALIDO ATÉ / DATE OF EXPIRY
04/Nov/2019

P<BRAPORTELA<COSTA<SANTOS<<TERESA<DINAH<<<<<
FL308483<4BRA5502211F1911046<<<<<<<<<<<<<<06


VISTOS
VISAS
AUG 14 2015
B2
13FEB2016
MAR 17 2006
B1/B2
SEP 17 2016
VISA
UNITED STATES OF AMERICA
Issuing Post Name
BRASILIA
Control Number
20151335660006
Surname
PORTELA COSTA SANTOS
Given Name
TERESA DINAH
Visa Type /Class
R B1/B2
Passport Number
FL308483
Sex
F
Birth Date
21FEB1955
Nationality
BRZL
Entries
M
Issue Date
14MAY2015
Expiration Date
12MAY2025
Annotation
1001
K3535163
VNUSAPORTELA<COSTA<SANTOS<<TERESA<DINAH<<<<<
FL308483<4BRA5502211F2505129B3BRAOHSLK753986



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

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

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

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

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

CZ844255

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE N.º / PASSPORT No.: CZ844255
SOBRENOME / SURNAME: PORTELA COSTA SANTOS
NOME / GIVEN NAMES: TERESA DINAH
NACIONALIDADE / NATIONALITY: BRASILEIRA
DATA DE NASCIMENTO / DATE OF BIRTH: 21/Feb/1955
IDENTIDADE N.º / PERSONAL No.:
SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: PICOS/PI
DATA DE EXPEDIÇÃO / DATE OF ISSUE: 11/Feb/2010
AUTORIDADE / AUTHORITY: SR/DPF/DF
VÁLIDO ATÉ / DATE OF EXPIRY: 10/Feb/2015

P<BRAPORTELA<COSTA<SANTOS<<TERESA<DINAH<<<<<
CZ844255<9BRA5502211F1502109<<<<<<<<<<<<<<04


ADMITTED
MIA
DEC 2 8 2012
Class
Until
ADMITTED
ATL
SEP 29 2011
Class
Until
VISTOS
VISAS
VISA
UNITED STATES OF AMERICA
Issuing Post Name
BRASILIA
Surname
PORTELA COSTA SANTOS
Given Name
TERESA DINAH
Passport Number
CZ844255
Entries
M
Annotation
Control Number
20100894010002
Visa Type /Class
R B2
Sex
F
Birth Date
21FEB1955
Nationality
BRZL
Issue Date
31MAR2010
Expiration Date
29MAR2015
0101
C4175682
CANCELLED WITHOUT PREJUDICE
VNUSAPORTELA<COSTA<SANTOS<<TERESA<DINAH<<<<<
CZ844255<9BRA5502211F1503298B2BRA0573Y553906

NACIONALIDADE BRASILEIRA NATIONALITÉ BRÉSILIENNE BRAZILIAN CITIZEN

Nome
Nom
Name: Teresa Dinah Portela Costa Santos

Sexo
Sexe
Sex: Fem.

Lugar e data do nascimento
Lieu et date de naissance
Place and date of birth: Picos - Pi. 21 Fevereiro 1955.

Filiação
Noms des parents
Fathers and mothers name: Antônio Rodrigues Santos e Orindiva Portela Costa Santos.

Repartição expedidora – Délivré par – Issued by
SR/DPF/PE - SERVIÇO DE POLÍCIA MARÍTIMA, AÉREA E DE FRONTEIRAS.
R E C I F E

Válido até – Valable jusqu'au – Valid until
01 / Dez. / 1978

Data da expedição – Délivré le – Issued on
02 / Dez. / 1976



Valmir Nogueira
Chefe SPMAF/DPF/SR/PE

Nome e cargo do funcionário que o concedeu
Nom et qualité de l'agent expéditeur
Name and function of the issuing authority

Para as autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities

Apresentou Taxa de Recolhimento
N.º 000589 , de 29/11/76, de
acôrdo com o art. 1º item II
do dec. 1470 de 04-06-76.

6

RCF Nº 000712

CONSULATE
OF THE UNITED STATES
OF AMERICA

NONIMMIGRANT VISA

J-1 DEC 1976
CLASSIFICATION DATE
PRESENTED BEFORE
DEC. 1977
MULTIPLE APPLICATIONS FOR
ADMISSION INTO THE UNITED STATES
ISSUED TO TERESA DINAH
PORTELA COSTA -
GRATIS
CONSULAR OFFICER

CANCELED

P-3-4692

VISTOS - VISAS

7

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME
TERESA DINAH PORTELA COSTA SANTOS

REGISTRATION

079590 01 55 1955 1 00085 119 0000058-11

(**BOOK A**: 85 **ENTRY**: 58 **PAGE**: 119V)

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
ON THE TWENTY-FIRST DAY OF THE MONTH OF FEBRUARY, IN THE YEAR NINETEEN FIFTY-FIVE	21	02	1955

TIME OF BIRTH	CITY OF BIRTH AND STATE
12:05 PM	PICOS/PIAUÍ

CITY OF REGISTRATION AND STATE	PLACE OF BIRTH	SEX
PICOS/PIAUÍ	RESIDENCE OF HER PARENTS	FEMALE

FILIATION

MARILVA PORTELA COSTA SANTOS
ANTONIO RODRIGUES SANTOS

GRANDPARENTS

MARIA DO SOCORRO PORTELA COSTA
ABRAÃO CONRADO COSTA
LUIZA RODRIGUES DOS SANTOS
MANUEL DE SOUSA SANTOS

TWIN	NAME AND REGISTRATION NUMBER OF TWIN(S)
NO	NO RECORD

DATE OF REGISTRATION	NUMBER OF LIVE BIRTH CERTIFICATE
ON THE TWENTY-FIRST DAY OF THE MONTH OF FEBRUARY, IN THE YEAR NINETEEN FIFTY-FIVE	NO RECORD

NOTES/ANNOTATIONS

NO RECORD

NAME OF REGISTRY OFFICE: 1ST CIVIL REGISTRY OFFICE AND 4TH NOTARY OFFICE
REGISTRAR: JOSÉ GOMES DO RÊGO NETO
CITY: PICOS - PIAUÍ
ADDRESS: TRAVESSA FIRMINO RODRIGUES No. 311 CENTRO

The content of this certificate is true. I certify.
Date and place: PICOS, PIAUÍ, March 19, 2018.

----//signature//----

Signature of the Registrar

Fees paid	Registry Office	Fermojupi	Seal	Total R$
2nd Copy of birth certificate, including record search	16.39	3.28	0.25	19.92
Document filing	8.98	1.80	0.25	11.03
Opening of Protocol	8.98	1.80	0.25	10.78
Tax on Services of Any Nature ISSQN 5.00%	0.00	0.00	0.25	2.09

**Fermojupi: Special Fund for the Modernization and Improvement of the Judiciary of the State of Piauí.*

2nd COPY



AA 07941838 BRP
ARPENBRASIL
NATIONAL ASSOCIATION OF NATURAL PERSONS REGISTRARS

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 7, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME
TERESA DINAH PORTELA COSTA SANTOS

MATRÍCULA
079590 01 55 1955 1 00085 119 0000058- 11

(LIVRO A: 85 **TERMO:** 58 **FOLHA:** 119V)

DATA DE NASCIMENTO POR EXTENSO	DIA	MÊS	ANO
VINTE E UM DO MÊS DE FEVEREIRO DO ANO DE UM MIL, NOVECENTOS E CINQÜENTA E CINCO	21	02	1955

HORA	MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
12:05	PICOS/PI

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL DE NASCIMENTO	SEXO
PICOS-PI	RESIDÊNCIA DE SEUS PAIS	FEMININO

FILIAÇÃO
MARILVA PORTELA COSTA SANTOS
ANTONIO RODRIGUES SANTOS

AVÓS
MARIA DO SOCORRO PORTELA COSTA
ABRAÃO CONRADO COSTA
LUIZA RODRIGUES DOS SANTOS
MANUEL DE SOUSA SANTOS

GÊMEO	NOME E MATRÍCULA DO(S) GÊMEO(S)
NÃO	SEM INFORMAÇÃO

DATA DO REGISTRO POR EXTENSO	Nº DA DECLARAÇÃO DE NASCIDO VIVO
VINTE E UM DO MÊS DE FEVEREIRO DO ANO DE UM MIL, NOVECENTOS E CINQÜENTA E CINCO	SEM INFORMAÇÃO

OBSERVAÇÕES/AVERBAÇÕES
SEM INFORMAÇÃO

NOME DO OFÍCIO: 1º OFÍCIO DO REGISTRO CIVIL E 4º OFÍCIO DE NOTAS
ORCIAL(A): JOSÉ GOMES DO RÊGO NETO
MUNICÍPIO: PICOS-PI
ENDEREÇO: TRAVESSA FIRMINO RODRIGUES Nº 311 CENTRO

O conteúdo da certidão é verdadeiro. Dou fé.
Data e local: PICOS, PI, 19 de Março de 2018.

Fredinho Rui O. Leopoldo
Assinatura do Oficial

Emolumentos pagos	Cartório	Fermojupi	Selo	Total R$
2ª Via de nascimento, além da busca	16,39	3,28	0,25	19,92
Arquivamento de documentos	8,98	1,80	0,25	11,03
Abertura de Protocolo	8,98	1,80	0,00	10,78
Imposto Sobre Serviços de Qualquer Natureza ISSQN 5,00%	0,00	0,00	0,00	2,09

2ª VIA

Selo de Fiscalização e Autenticidade
Poder Judiciário Estado do Piauí
Atos de Notas, Registro e Judiciais
CERTIDÃO
AAJ 31762

Selo de Fiscalização e Autenticidade
Poder Judiciário Estado do Piauí
Atos de Notas, Registro e Judiciais
ARQUIVAMENTO
AAE 07057

REGISTRO CIVIL com selo de autenticidade

ARPENBRASIL AA 00794183 BRP
ASSOCIAÇÃO NACIONAL DOS REGISTRADORES DE PESSOAS NATURAIS

Exhibit 4 – Petitioner's Parents' Marriage Certificate

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

NAMES	CPF
JOSÉ EDSON DERMEVAL DE QUEIROZ	**076.825.651-87**
TERESA DINAH PORTELA SANTOS DE QUEIROZ	**150.150.684-68**

REGISTRATION
021238 01 55 2018 2 00124 243 0043144 41

Names, dates of birth, place of birth, nationality of the 1st spouse

JOSÉ EDSON DERMEVAL DE QUEIROZ, Brazilian, single, born on August 17, 1938, in Santa Rita - Paraíba.

Filiation of the 1st spouse

Edson de Queiroz Melo; Maria Lucia de Mendonça Melo

Names, dates of birth, place of birth, nationality of the 2nd spouse

TERESA DINAH PORTELA COSTA SANTOS, Brazilian, single, born on February 21, 1955, in Picos - Piauí.

Filiation of the 2nd spouse

Antonio Rodrigues Santos; Marilva Portela Costa Santos

DATE OF MARRIAGE CEREMONY (IN FULL)	DAY	MONTH	YEAR
ON THE THIRTIETH DAY OF THE MONTH OF APRIL, IN THE YEAR TWO THOUSAND EIGHTEEN	30	04	2018

MARITAL PROPERTY REGIME

Separation of property

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

TERESA DINAH PORTELA SANTOS DE QUEIROZ

DATE OF MARRIAGE REGISTRATION (IN FULL)	DAY	MONTH	YEAR
ON THE THIRTIETH DAY OF THE MONTH OF APRIL, IN THE YEAR TWO THOUSAND EIGHTEEN	30	04	2018

ANNOTATIONS / NOTES TO BE INCLUDED

ANNOTATION-01 Pursuant to Administrative Rule No. 63/2017, Article 6, § 2, this annotation is made to record the CPF Registration under No. 076.825.651-87 of JOSÉ EDSON DERMEVAL DE QUEIROZ and CPF Registration under No. 150.150.684-68 of TERESA DINAH PORTELA SANTOS DE QUEIROZ. The above is true and I certify it. Brasília-Federal District, 07/18/2025. I, Henrique Soares, typed it.
ANNOTATION-02 According to the communication received from the 1st Civil Registry Office of Natural Persons of Picos-Piauí, the male spouse passed away on 07/06/2025, and his death was recorded in Book C-08, Page 22, under No. 2326, on 07/06/2025. The above is true and I certify it. Brasília-Federal District, 07/18/2025. I, Henrique Soares, typed it.

REGISTRATION NOTES

Property regime established pursuant to Article 1641, Section II, of the Brazilian Civil Code (CCB).

CNS No. 02123-8
1st Civil Registry Office of Natural Persons
Brasília / Federal District
MARCELO CAETANO RIBAS
Civil Registrar
SCS Square 08, Block B-60, Room 140/E - Venâncio 2000 Building
Phone: (61) 3224-4026
ZIP Code: 70333-900

Seal No. TJDFT20250210056257ZYMK
To verify, visit: www.tjdft.jus.br

The content of this certificate is true. I certify.
Brasília/Federal District, July 18, 2025

----//signature//----

Registrar

1ST CIVIL
REGISTRY OFFICE
Maria Célia Caetano Burle
Clerk I
BRASÍLIA FEDERAL DISTRICT

IA 005241575

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 7, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

NOMES

	CPF
JOSÉ EDSON DERMEVAL DE QUEIROZ	076.825.651-87
TERESA DINAH PORTELA SANTOS DE QUEIROZ	150.150.684-68

MATRÍCULA
021238 01 55 2018 2 00124 243 0043144 41

Nome, data de nascimento, naturalidade, nacionalidade do 1º cônjuge
JOSÉ EDSON DERMEVAL DE QUEIROZ, de nacionalidade brasileira, solteiro, nascido(a) aos 17 de agosto de 1938, natural de Santa Rita-PB.

Filiação do 1º cônjuge
Edson de Queiroz Melo; Maria Lucia de Mendonça Melo

Nome, data de nascimento, naturalidade, nacionalidade do 2º cônjuge
TERESA DINAH PORTELA COSTA SANTOS, de nacionalidade brasileira, solteira, nascido(a) aos 21 de fevereiro de 1955, natural de Picos-PI.

Filiação do 2º cônjuge
Antonio Rodrigues Santos; Marilva Portela Costa Santos

DATA DA CELEBRAÇÃO DO CASAMENTO (POR EXTENSO)	DIA	MÊS	ANO
AOS TRINTA DIAS DO MÊS DE ABRIL DO ANO DE DOIS MIL E DEZOITO	30	04	2018

REGIMENTO DE BENS DO CASAMENTO
separação de bens

NOME QUE CADA UM DOS CONJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)
TERESA DINAH PORTELA SANTOS DE QUEIROZ

DATA DO REGISTRO DO CASAMENTO (POR EXTENSO)	DIA	MÊS	ANO
AOS TRINTA DIAS DO MÊS DE ABRIL DO ANO DE DOIS MIL E DEZOITO	30	04	2018

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
AV-01 De acordo com o Provimento nº 63/2017, Art. 6º, § 2º, procede-se à averbação da inscrição do CPF de nº 076.825.651-87 de JOSÉ EDSON DERMEVAL DE QUEIROZ, e de nº 150.150.684-68 de TERESA DINAH PORTELA COSTA SANTOS. O referido é verdade e dá fé. Brasília - DF, 18/07/2025. Eu, Henrique Soares, digitei.
AV-02 Conforme a comunicação do Cartório da 1ª Zona de Registro Civil das Pessoas Naturais de Picos – PI, o cônjuge masculino acima faleceu em 06/07/2025 e tem seu óbito, lavrado no Livro C-08, Fls. 22, sob o N° 2326, inscrito em 06/07/2025. O referido é verdade e dá fé. Brasília - DF, 18/07/2025. Eu, Henrique Soares, digitei.

ANOTAÇÕES DE CADASTRO
Regime de bens feito de acordo com o artigo 1641, inciso II do CCB.

CNS nº 02123-8
1° Ofício de Registro Civil das Pessoas Naturais
Brasília / DF
MARCELO CAETANO RIBAS
Oficial Registrador
SCS Qd. 08 - Bl B-60 Sl 140/E - Ed.Venâncio 2000
Telefone: (61) 3224-4026
CEP: 70333-900

Selo nº TJDFT20250210056257ZYMK
Para consultar acesse www.tjdft.jus.br

O conteúdo da certidão é verdadeiro. Dou Fé.
Brasília/DF, 18 de julho de 2025.

Oficial

CARTÓRIO DE 1º OFÍCIO DE REGISTRO CIVIL
Maria Célia Caetano Burle
BRASÍLIA Escrevente I DF

IA 005241575

Exhibit 5 – Evidence of Death of Petitioner's Father and Beneficiary’s Deceased Husband

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

DEATH CERTIFICATE

NAME

JOSÉ EDSON DERMEVAL DE QUEIROZ

CPF NUMBER
076.825.651-87

REGISTRATION:
079582 01 55 2025 4 00008 226 0002326 85

DATE OF DEATH	DAY	MONTH	YEAR	TIME OF DEATH
JULY SIXTH, THOUSAND TWENTY-FIVE	06	07	2025	2:30 AM

PLACE OF DEATH	CITY OF DEATH	STATE
CHÁCARA MANGUEIRA, No. 00, RURAL AREA OF PICOS	PICOS	PIAUÍ

SEX	MARITAL STATUS	NAME OF THE LAST SPOUSE OR PARTNER
MALE	MARRIED	TERESA DINAH PORTELA SANTOS DE QUEIROZ

AGE	DAY	MONTH	YEAR	CITY OF BIRTH	STATE
86 YEARS OLD	17	08	1938	SANTA RITA	PARAÍBA

FILIATION
MARIA LUCIA DE MENDONÇA MELO; EDSON DE QUEIROZ MELO

CAUSE OF DEATH
NATURAL; ACUTE MYOCARDIAL INFARCTION, CONGESTIVE HEART FAILURE, SYSTEMIC ARTERIAL HYPERTENSION

NAME OF THE DOCTOR WHO CERTIFIED THE DEATH OR, IF APPLICABLE, THE WITNESSES	DOCUMENT NUMBER
ELTON PORTELA SANTOS BEZERRA	5518/PI

BURIAL/CREMATION	CITY	STATE
CAMPO DA ESPERANÇA CEMITERY	BRASÍLIA	FEDERAL DISTRICT

REGISTRATION DATE	DAY	MONTH	YEAR
JULY SIXTH, THOUSAND TWENTY-FIVE	06	07	2025

DECLARANT'S NAME	EXISTENCE OF ASSETS	EXISTENCE OF CHILDREN
ALEXANDRE EDSON AMORIM DE QUEIROZ	YES	ALEXANDRE EDSON AMORIM DE QUEIROZ 50 YEARS OLD, ANDRÉ PORTELA SANTOS DE QUEIROZ 41 YEARS OLD, FELIPE PORTELA SANTOS DE QUEIROZ 37 YEARS OLD, TÚLLIO CÉSAR AMORIM DE QUEIROZ 45 YEARS OLD

NOTES/ ANNOTATIONS

CNS No.: 07.958-2
NAME OF REGISTRY OFFICE: 1ST EXTRAJUDICIAL REGISTRY OFFICE OF REAL ESTATE, REGISTRY OF TITLES AND DOCUMENTS, AND CIVIL REGISTRY OF NATURAL PERSONS
REGISTRAR: LUANA LIMA LUZ MAGALHÃES
CITY: PICOS - PIAUÍ
ADDRESS: RUA SAO JOSE, No. 75, CENTRO, 64600-00
PHONE: (89)22220-340
EMAIL: cartorio1oficiopicos@gmail.com

The content of this certificate is true. I certify.
PICOS-PIAUÍ, JULY 6, 2025

----//signature//----

LUANA LIMA LUZ MAGALHÃES
Registrar

Luana Teresa do Nascimento Moura Santana
Deputy Clerk
1st Extrajudicial Registry Office of
Real Estate, Civil and Titles and Documents
Picos-Piauí
1st COPY

Costs / Fees	Registry Office	Fermojupi	MP	FMAPEP	FEAD	Seal	Total R$
1st Copy of Death Certificate	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Fermojupi: Special Fund for the Modernization and Improvement of the Judiciary of the State of Piauí.*
MP: Public Prosecutor's Office
FMAPEP: Special Fund for the Amortization of the State Pension Deficit
FEAD: State Court-Appointed Advocacy Fund

1st Extrajudicial Registry Office of Real Estate, Registry of Titles and Documents,
And Civil Registry of Natural Persons and Interdictions - 1st District
Rua São José, 75, Ground Floor, Centro, Picos/Piauí
ZIP Code: 64600-008 - (89) 2222-0340
Email: Cartorio1oficiopicos@gmail.com
Instagram: @cartorio1oficiodepicos

Judiciary
State of Piauí
Electronic Inspection Seal
Certificate
EXEMPT
AAS47673 - E0MN
Check the records of this act at:
www.tjpi.jus.br/portalextra

HA 00177316S

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 8, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE ÓBITO

NOME

JOSÉ EDSON DERMEVAL DE QUEIROZ

NÚMERO DO CPF
076.825.651-87

MATRÍCULA

079582 01 55 2025 4 00008 226 0002326 85

DATA DO FALECIMENTO	DIA	MÊS	ANO	HORÁRIO DO FALECIMENTO
SEIS DO MÊS DE JULHO DO ANO DE DOIS MIL E VINTE E CINCO	06	07	2025	02:30 HORAS

LOCAL DE FALECIMENTO	MUNICÍPIO DE FALECIMENTO	UF
, CHÁCARA MANGUEIRA, Nº 00, ÁREA RURAL DE PICOS	PICOS	PI

SEXO	ESTADO CIVIL	NOME DO ÚLTIMO CÔNJUGE OU CONVENIENTE
MASCULINO	CASADO(A)	TERESA DINAH PORTELA SANTOS DE QUEIROZ

IDADE	DIA	MÊS	ANO	MUNICÍPIO DA NATURALIDADE	UF
86 ANO(S)	17	08	1938	SANTA RITA	PB

GENITOR(ES)
MARIA LUCIA DE MENDONÇA MELO; EDSON DE QUEIROZ MELO

CAUSA DA MORTE
NATURAL;INFARTO AGUDO DO MIOCARDIO, INSUFICIÊNCIA CARDIACA COGESTIVA, HIPERTENSÃO ARTERIAL SISTEMICA

NOME DO MÉDICO QUE ATESTOU OU, SE FOR O CASO, DAS TESTEMUNHAS	NÚMERO DO DOCUMENTO
ELTON PORTELA SANTOS BEZERRA	5518/PI

LOCAL DO SEPULTAMENTO/CREMAÇÃO	MUNICÍPIO	UF
CEMITÉRIO CAMPO DA ESPERANÇA	BRASÍLIA	DF

DATA DE REGISTRO	DIA	MÊS	ANO
SEIS DO MÊS DE JULHO DO ANO DE DOIS MIL E VINTE E CINCO	06	07	2025

NOME DO DECLARANTE	EXISTÊNCIA DE BENS	EXISTÊNCIA DE FILHOS
ALEXANDRE EDSON AMORIM DE QUEIROZ	SIM	ALEXANDRE EDSON AMORIM DE QUEIROZ 50 ANO(S), ANDRÉ PORTELA SANTOS DE QUEIROZ 41 ANO(S), FELIPE PORTELA SANTOS DE QUEIROZ 37 ANO(S), TÚLLIO CÉSAR AMORIM DE QUEIROZ 45 ANO(S)

ANOTAÇÕES/AVERBAÇÕES

CNS Nº: 07.958-2
NOME DO OFÍCIO: 1 SERVENTIA EXTRAJUDICIAL DE REGISTRO DE IMOVEIS, REGISTRO DE TITULOS E DOCUMENTOS E CIVIL DAS PESSOAS NATURAIS
OFICIAL: LUANA LIMA LUZ MAGALHÃES
MUNICÍPIO/UF: PICOS-PI
ENDEREÇO: R SAO JOSE , Nº 75 , CENTRO , 64600-00
TELEFONE: (89) 22220-340
EMAIL: cartorio1oficiopicos@gmail.com

O conteúdo da certidão é verdadeiro. Dou fé.
PICOS-PI, 06 DE JULHO DE 2025

LUANA LIMA LUZ MAGALHÃES
Oficial

Luana Teresa do Nascimento Moura Santana
Escrevente Substituta
1ª Serventia Extrajudicial de Registro de Imóveis, Civil e Títulos e Documentos
Picos-PI

1ª VIA

Custas/Emolumentos	Cartorio	Fet...	...p.	MP	FMADEP	FEA	DISelo	Total
1ª Via de Certidão de Óbito	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00

Poder Judiciário
Estado do Piauí
Selo Digital de Fiscalização
Certidão
ISENTO
AAS47673 - E0MN
Confira os dados do ato em:
www.tjpi.jus.br/portalextra

1ª Serventia Extrajudicial de Registro de Imóveis, Registros de Títulos e Documentos Registro Civil das Pessoas Jurídicas e Naturais e Interdições–1ª Zona
Rua São José, 75, Térreo, Centro, Picos/PI
CEP: 64.600-008 - (89) 2222-0340
Email: Cartorio1oficiopicos@gmail.com
Instagram:@cartorio1oficiodepicos

HA 001773165

Exhibit 6 - Evidence of Current Residence of Petitioner and Beneficiary

June 2026

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

New Balance
$662.07
Minimum Payment Due
$40.00
Payment Due Date
06/07/26

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to $40.00 and your APRs may be subject to increase to a maximum Penalty APR of 29.99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	21 months	$835

If you would like information about credit counseling services, call 1-866-797-2885.

CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	5,152
+ 1% (1 Pt)/$1 earned on all purchases	663
Total points available for redemption	**5,815**

Start redeeming today. Visit Ultimate Rewards® at www.ultimaterewards.com

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to $1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT SUMMARY

Account Number: XXXX XXXX XXXX 7584

Previous Balance	$714.19
Payment, Credits	-$714.19
Purchases	+$662.07
Cash Advances	$0.00
Balance Transfers	$0.00
Fees Charged	$0.00
Interest Charged	$0.00
New Balance	**$662.07**
Opening/Closing Date	04/11/26 - 05/10/26
Credit Access Line	$7,500
Available Credit	$6,837
Cash Access Line	$1,500
Available for Cash	$1,500
Past Due Amount	**$0.00**
Balance over the Credit Access Line	**$0.00**

YOUR ACCOUNT MESSAGES

Your next AutoPayment for $662.07 will be deducted from your account and credited on your due date (previous day if your due date falls on a Saturday). Any payment or other credit posted to your account prior to your AutoPay payment being processed will be deducted from the AutoPayment amount identified above.

0000001 FIS33339 D 3 0404 Y 9 10 26/05/10 Page 1 of 2 06615 MA MA 74711 13010000030007471101

freedom®

4266841520327584000004000000662070000000008

P.O. BOX 15123
WILMINGTON, DE 19850-5123
For Undeliverable Mail Only

AUTOPAY IS ON
See Your Account Messages for details.

Payment Due Date:	**06/07/26**
New Balance:	**$662.07**
Minimum Payment Due:	**$40.00**

Account number: XXXX XXXX XXXX 7584

$_____.____ Amount Enclosed
Make/Mail to Chase Card Services at the address below:

74711 BEX 9 13026 D
FELIPE P QUEIROZ
837 POINSETTA DR
INDIAN HARBOUR BEACH FL 32937-3548

CARDMEMBER SERVICE
PO BOX 1423
CHARLOTTE NC 28201-1423

⑆50001602811⑆203152032758461⑈

To contact us regarding your account:

Call Customer Service:
In U.S. 1-800-524-3880
Spanish 1-888-446-3308
Pay by phone 1-800-436-7958
International 1-302-594-8200
We accept operator relay calls

Send Inquiries to:
P.O. Box 15298
Wilmington, DE 19850-5298

Mail Payments to:
P.O. Box 1423
Charlotte, NC 28201-1423

Visit Our Website:
www.chase.com/cardhelp

Information About Your Account

Making Your Payments:
The amount of your payment should be at least your minimum payment due, payable in U.S. dollars and drawn on or payable through a U.S. financial institution or the U.S. branch of a foreign financial institution. You can pay down balances faster by paying more than the minimum payment or the total unpaid balance on your account.

You may make payments electronically through our website or by one of our customer service phone numbers above. In using any of these channels, you are authorizing us to withdraw funds as a one-time electronic funds transfer from your bank account. In our automated phone system, this authorization is provided via entry of a personal identification number. You may revoke this authorization by cancelling your payment through our website or customer service telephone numbers prior to the payment processing. If we receive your completed payment request through one of these channels by 11:59 p.m. Eastern Time, we will credit your payment as of that day. If we receive your request after 11:59 p.m. Eastern Time, we will credit your payment as of the next calendar day. If you specify a future date in your request we will credit your payment as of that day.

If you pay by regular U.S. mail to the Payments address shown on this statement, write your account number on your check or money order and include the payment coupon in the envelope. Do not send more than one payment or coupon per envelope. Do not staple, clip or tape the documents. Do not include correspondence. Do not send cash. If we receive your properly prepared payment on any day by 5 p.m. local time at our Payments address on this statement, we will credit to your account that day. If your payment is received after 5 p.m. local time at our Payments address on this statement, we will credit it to your account as of the next calendar day.

For all other payments or for any payment type above for which you do not follow our payment instructions, crediting of your payments may be delayed for up to 5 days.

Account Information Reported To Credit Bureau:
We may report information about your Account to credit bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report. If you think we have reported inaccurate information to a credit bureau, please write to us at Chase Card Services P.O. Box 15369, Wilmington, DE 19850-5369.

Authorization To Convert Your Check To An Electronic Transfer Debit:
When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check. Your bank account may be debited as soon as the same day we receive your payment. You will not receive your check back from your institution.

Conditional Payments:
Any payment check or other form of payment that you send us for less than the full balance due that is marked "paid in full" or contains a similar notation, or that you otherwise tender in full satisfaction of a disputed amount, must be sent to Card Services, P.O. Box 15049, Wilmington, DE 19850-5049. We reserve all our rights regarding these payments (e.g., if it is determined there is no valid dispute or if any such check is received at any other address, we may accept the check and you still owe any remaining balance). We may refuse to accept any such payment by returning it to you, not cashing it or destroying it. All other payments that you make should be sent to the regular Payment address shown on this statement.

Annual Renewal Notice:
If your Account Agreement has an annual membership fee, you are responsible for it every year your Account is open. We will add your annual membership fee to your monthly billing statement once a year, whether or not you use your account. Your annual membership fee will be added to your purchase balance and may incur interest. The annual membership fee is non-refundable unless you notify us that you wish to close your account within 30 days or one billing cycle (whichever is less) after we provide the statement on which the annual membership fee is billed. Your payment of the annual membership fee does not affect our rights to close your Account and to limit your right to make transactions on your Account. If your Account is closed by you or us, the annual membership fee will no longer be billed to your Account.

Calculation Of Balance Subject To Interest:
To figure your periodic interest charges for each billing cycle when a daily periodic rate(s) applies, we use the daily balance method (including new transactions). To figure your periodic interest charges for each billing cycle when a monthly periodic rate(s) applies, we use the average daily balance method (including new transactions). For an explanation of either method, or questions about a particular interest charge calculation on your statement, please call us at the toll free customer service phone number listed above.

We calculate periodic interest charges separately for each feature (for example, purchases (including Chase Pay Over Time plans created at checkout with select merchants), balance transfers, cash advances, My Chase Loan or overdraft advances). These calculations may combine different categories with the same periodic rates. Variable rates will vary with the market based on the Prime Rate or such index described in your Account Agreement. There is a transaction fee for each balance transfer, cash advance, or check transaction in the amount stated in your Account Agreement. There is a foreign transaction fee of 3% of the U.S. dollar amount of any foreign transaction for some accounts. For fee-based Chase Pay Over Time plans, there is a fixed monthly fee of up to 1.72% of the amount of each eligible purchase transaction or amount you select to pay over time with no interest. Please see your Account Agreement for information about these fees.

We add transactions and fees to your daily balance no earlier than:

1. the date of the transaction - for new purchases (including Chase Pay Over Time plans created at checkout with select merchants), balance transfers, cash advances, or My Chase Loans;
2. the date the payee deposits the check - for new cash advance checks or balance transfer checks;
3. the date of a related transaction, the date they are posted to your account, or the last day of the billing cycle, whichever we may choose - for fees

How To Avoid Paying Interest On Purchases:
Your due date will be a minimum of 21 days after the close of each billing cycle. If you pay your account (or Interest Saving Balance) in full each billing period by the date and time due, no interest is charged on new purchases month to month. Also, we will not impose interest charges on any portion of a purchase balance you repay while that balance is subject to an interest-free period. Subject to any interest-free period for new purchases, we will begin charging interest from the date a transaction (including any balance transfer, cash advance or overdraft advance), fee or interest charge is added to your daily balance until your account is paid in full. Because we apply payments in excess of your minimum payment first to higher rate balances, you may not be able to avoid interest charges on new purchases if you have another balance at a higher interest rate unless you pay your balance (or Interest Saving Balance) in full each month.

Credit Limit:
If you want to inquire about your options to help prevent your account from exceeding your credit limit, please call the number on the back of your card.

What To Do If You Think You Find A Mistake On Your Statement:
If you think there is an error on your statement, write to us on a separate sheet at Customer Service, P.O. Box 15299, Wilmington, DE 19850-5299.

In your letter, give us the following information:

- Account information: Your name and Account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases:
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use the right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card Account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at Customer Service, P.O. Box 15299, Wilmington, DE 19850-5299.

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

MA04012024

To manage your account, including card payments, alerts, and change of address, visit **www.chase.com/cardhelp** or call the customer service number which appears on your account statement.

YOUR ACCOUNT MESSAGES (CONTINUED)

You are enrolled in Interest Saving Balance AutoPay; however, because you don't currently have any outstanding flexible financing offers contributing to an Interest Saving Balance, your AutoPayment will be your Statement Balance (as shown on the monthly statement as New Balance), as agreed to in the Automatic Payment Agreement.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	$ Amount
PAYMENTS AND OTHER CREDITS		
05/07	AUTOMATIC PAYMENT - THANK YOU	-714.19
PURCHASE		
04/11	CAZADORES MEXICAN RESTAU INDIAN HARBOU FL	51.71
04/12	SUNPASS*ACC19769260 888-865-5352 FL	10.00
04/14	WALGREENS #4815 MELBOURNE FL	23.99
04/16	CINTAS F63 800-2468271 FL	269.86
04/17	TROPICAL SMOOTHIE CAFE FL INDN HBR BCH FL	26.20
04/25	Spectrum Mobile 855-707-7328 MO	76.45
04/30	SQ *POKE FIN SATELLITE BE Satellite Bea FL	21.96
05/04	SUNPASS*ACC19769260 888-865-5352 FL	10.00
05/04	DOLLAR-GENERAL #3588 INDIALANTIC FL	43.34
05/06	PUBLIX #1214 SATELLITE BEA FL	18.19
05/07	PUBLIX #1688 INDIALANTIC FL	30.37
05/07	CATALYST MELBOURNE BEACH MELBOURNE BCH FL	80.00

2026 Totals Year-to-Date	
Total fees charged in 2026	$0.00
Total interest charged in 2026	$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	26.49%(v)(d)	- 0 -	- 0 -
CASH ADVANCES			
Cash Advances	28.49%(v)(d)	- 0 -	- 0 -
BALANCE TRANSFERS / MY CHASE LOAN			
Balance Transfers	26.49%(v)(d)	- 0 -	- 0 -
My Chase Loan	26.49%(v)(d)	- 0 -	- 0 -

30 Days in Billing Period

(v) = Variable Rate
(d) = Daily Balance Method (including new transactions)
(a) = Average Daily Balance Method (including new transactions)
Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



Claro

TERESA DINAH PORTELA COSTA SANTOS
SQS, 0 SQ 105, BLOCK B, APT. 305
ASA SUL
70344-020 BRASÍLIA, DF

Code
040/049197600

Due Date
05/10/2026

Amount Due
973.07

CPF/CNPJ
150.150.684-68

Payment Method
AUTOMATIC DEBIT

FOR A COPY OF YOUR BILL, INFORMATION ABOUT AUTOMATIC DEBIT, OR CUSTOMER SUPPORT, VISIT MINHACLARO.COM.BR

Important

Please keep your email address and telephone numbers up to date. Visit claro.com.br/minha-claro, log in to your account, or create one.

Attention: Cancellation of your CLARO services during the minimum commitment period will be subject to a contractual termination fee.

Minha Claro

Download our app from Google Play and the App Store.

Saldo de pontos em 20/04/26
Pontos resgatados em 04/26

Claro clube
Points balance as of 04/20/2026 3,346
Points redeemed in 04/2026 0

description	total
Internet	144.90
TV & Streaming	254.70
Mobile	573.47

Total Amount Due
973.07

Internet

Internet Monthly Charges

04/01/26 to 04/30/26 CLARO BROADBAND MULTI 750 MEGA + APPS BUNDLE OFFER	114.90
Offer code: CRR202500000238 | Offer commitment period valid until: 01/17/2027	
Internet Monthly Charges Subtotal	114.90
Other Charges	
WI-FI EXTENDER MONTHLY FEE	10.00
WI-FI EXTENDER MONTHLY FEE	10.00
WI-FI EXTENDER MONTHLY FEE	10.00
Other Charges Subtotal	30.00
Total Internet	**144.90**

TV & Streaming

TV Service Monthly Charges

04/01/2026 TO 04/30/2026 ACTIVATED EQUIPMENT RENTAL	10.00
Offer Code: CRR202500000536 | Offer commitment period valid until: 01/17/2027	
04/01/2026 TO 04/30/2026 ACTIVATED EQUIPMENT RENTAL	10.00
Offer Code: CRR202500000536 | Offer commitment period valid until: 01/17/2027	
04/01/2026 TO 04/30/2026 ACTIVATED EQUIPMENT RENTAL	10.00
Offer Code: CRR202500000536 | Offer commitment period valid until: 01/17/2027	
04/01/2026 TO 04/30/2026 ACTIVATED EQUIPMENT RENTAL	10.00
Offer Code: CRR202500000536 | Offer commitment period valid until: 01/17/2027	
04/01/2026 TO 04/30/2026 CLARO TV+ SELECTION – TV MONTHLY FEE	99.90
Offer Code: CRR202500000536 | Offer commitment period valid until: 01/17/2027	
TV Service Monthly Charges Subtotal	139.90
À La Carte	
04/01/2026 TO 04/30/2026 HBO HD À LA CARTE CHANNEL MONTHLY FEE	44.90
Offer without a commitment period (no minimum-term agreement)	
04/01/2026 TO 04/30/2026 COMBATE HD À LA CARTE CHANNEL MONTHLY FEE	69.90
Offer without a commitment period (no minimum-term agreement)	
À La Carte Subtotal	114.80

Total TV & Streaming	**254.70**

Mobile

Claro Monthly Charges	573.47
Total Mobile	**573.47**

For in-person assistance, please consult the address of the nearest store at claro.com.br/encontre-uma-loja.
Default Suspension Rule – RGC 765/2023, Articles 70 to 73: After 15 days from notification, service suspension may occur. After 60 days of suspension, the contract may be terminated, and the outstanding debt may be reported to credit protection agencies.

If payment is made before contract termination, services will be restored within 24 hours of payment posting.
For payments made after the due date, a daily interest charge of 0.033% and a late fee of 2% will apply.
If services have been rendered but not yet billed, those charges will be included on future invoices.

For hearing-impaired or deaf customers, visit claro.com.br/minha-claro.
Call 10621 for information, technical support, billing assistance, service purchases, complaints, or cancellations (toll-free call). Ombudsman: 0800 701 0180

SERVICE RECORDS
040267060029003,
040257002946844,
040245609764298,
040245609764249,
040245609753853

Mechanical Authentication

AUTHORIZED DEBIT – BANCO DO BRASIL S.A.

ATTENTION! THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY. If the debit is not processed from your checking account, please visit one of the affiliated banks listed below or access claro.com.br/minha-claro, log in, and make the payment.

Please make your payments through one of the following affiliated banks: Banco Bradesco S.A.; Banco Cooperativo do Brasil S.A.; Banco Cooperativo Sicredi S.A.; Banco de Brasília S.A.; Banco do Brasil S.A.; Banco do Estado do Pará; Banco Inter S.A.; Banco Itaú S.A.; Banco Mercantil do Brasil S.A.; Banco Original S.A.; Banco Safra S.A.; Banco Santander; Banco Triângulo S.A.; Banese; Banrisul; Caixa Econômica Federal; Citibank; C6 Bank; Fatloj; Multipagos; Nubank S.A.; PicPay.

Customer	Debit Identification	Billing Period	Due Date	Amount Due
TERESA DINAH PORTELA COSTA SANTOS	NET SERVIÇOS 0400491976003	April/2026	05/10/2026	973.07

84640000009-3 73070162202-1 60510040000-7 00404441891-3

Pay with **Pix** Click Here

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: July 28, 2026

Claro

TERESA DINAH PORTELA COSTA SANTOS
SQS, 0 QD 105 BL B APT 305
ASA SUL
70344-020 BRASILIA DF

Código
040/049197600

CPF/CNPJ
150.150.684-68

Vencimento
10/05/2026

Valor
973,07

Forma de Pagamento
DÉBITO AUTOMÁTICO

PARA 2a VIA DA FATURA, DÉBITO AUTOMÁTICO E DÚVIDAS, ACESSE MINHACLARO.COM.BR

Importante

Mantenha seu e-mail e telefones sempre atualizados. Acesse claro.com.br/minha-claro, faça seu login ou cadastre-se.

Atenção: o cancelamento de seus serviços CLARO, durante o período de permanência mínima, estará sujeito à cobrança de multa contratual.

Minha Claro

Baixe nosso aplicativo no Google Play e na App Store

Claro clube

Saldo de pontos em 20/04/26	3.346
Pontos resgatados em 04/26	0

descrição	total
Internet	144,90
TV & Streaming	254,70
Celular	573,47

Valor total **973,07**

Internet

Mensalidade Internet

01/04/26 A 30/04/26 OFERTA CONJUNTA CLARO BANDA LARGA MULTI 750 MEGA + APLICATIVOS	114,90
Código da sua oferta:CRR202500000238 | Fidelidade da oferta até: 17/01/2027	
Sub-Total Mensalidade Internet	**114,90**

Outros

MENSALIDADE EXTENSOR WIFI	10,00
MENSALIDADE EXTENSOR WIFI	10,00
MENSALIDADE EXTENSOR WIFI	10,00
Sub-Total Outros	**30,00**
Total Internet	**144,90**

TV & Streaming

Mensalidade Serviços TV

01/04/26 A 30/04/26 ALUGUEL DE EQUIP HABILITADO	10,00
Código da sua oferta:CRR202500000536 | Fidelidade da oferta até: 17/01/2027	
01/04/26 A 30/04/26 ALUGUEL DE EQUIP HABILITADO	10,00
Código da sua oferta:CRR202500000536 | Fidelidade da oferta até: 17/01/2027	
01/04/26 A 30/04/26 ALUGUEL DE EQUIP HABILITADO	10,00
Código da sua oferta:CRR202500000536 | Fidelidade da oferta até: 17/01/2027	
01/04/26 A 30/04/26 ALUGUEL DE EQUIP HABILITADO	10,00
Código da sua oferta:CRR202500000536 | Fidelidade da oferta até: 17/01/2027	
01/04/26 A 30/04/26 MENSALIDADE TV PRINCIPAL SELEÇÃO CLARO TV+	99,90
Código da sua oferta:CRR202500000536 | Fidelidade da oferta até: 17/01/2027	
Sub-Total Mensalidade Serviços TV	**139,90**

A La Carte

01/04/26 A 30/04/26 MENSALIDADE CANAL A LA CARTE HBO HD	44,90
Oferta sem fidelização (prazo de permanência)	
01/04/26 A 30/04/26 MENSALIDADE CANAL A LA CARTE COMBATE HD	69,90
Oferta sem fidelização (prazo de permanência)	
Sub-Total A La Carte	**114,80**

Total TV & Streaming	**254,70**

Celular

Mensalidade Claro	573,47
Total Celular	**573,47**

Para atendimento presencial, consulte o endereço da loja mais próxima em claro.com.br/encontre-uma-loja.
Regra de bloqueio da inadimplência RGC 765/2023, Art. 70 a 73: Após 15 dias da notificação poderá ocorrer a suspensão.
Após 60 dias da suspensão o contrato poderá ser rescindido e poderá ocorrer a inclusão do registro do débito junto aos órgãos de proteção ao crédito.

Havendo pagamento antes da rescisão o restabelecimento dos serviços ocorrerá em até 24 hs após a baixa.
Para pagamentos após o vencimento serão cobrados juros diários de 0,033% e multa de 2%.
Caso existam serviços prestados e não cobrados, esses serão inclusos nas suas próximas faturas.

Deficiente auditivo ou surdo acesse claro.com.br/minha-claro.
Ligue 10621 para informações, atendimento técnico, financeiro, compra de serviços, reclamações ou cancelamentos (ligação gratuita). Ouvidoria 08007010180

REGISTROS DE ATENDIMENTO:
040267060029003,
040257002946844,
040245609764298,
040245609764249,
040245609753853

Autenticação Mecânica

DÉBITO AUTORIZADO - BANCO DO BRASIL S.A.

ATENÇÃO! ESTE EXTRATO É APENAS INFORMATIVO. Caso não ocorra o débito em sua conta corrente, dirija-se a um dos bancos conveniados abaixo ou acesse claro.com.br/minha-claro, faça seu login e efetue o pagamento.

Atenção efetue seus pagamentos nos bancos conveniados a seguir: BANCO BRADESCO S.A., BANCO COOPERATIVO DO BRASIL SA, BANCO COOPERATIVO SICREDI S/A, BANCO DE BRASILIA SA., BANCO DO BRASIL S.A., BANCO DO ESTADO DO PARA, BANCO INTER S.A., BANCO ITAU S.A., BANCO MERCANTIL DO BRASIL S.A., BANCO ORIGINAL S.A., BANCO SAFRA S/A, BANCO SANTANDER, BANCO TRIANGULO S.A., BANESE, BANRISUL, CAIXA ECONOMICA FEDERAL, CITIBANK, C6 BANK, FATLOJ, MULTIPAGOS, NUBANK S.A., PICPAY

Cliente	Identificação para Débito	Mês Referência	Vencimento	Valor
TERESA DINAH PORTELA COSTA SANTOS	NET SERVICOS 0400491976003	Abril/2026	10/05/2026	973,07

84640000009-3 73070162202-1 60510040000-7 00404441891-3

Pague com **Pix** Clique Aqui

Exhibit 7 – Evidence of Petitioner's Felipe Queiroz' Marriage

Department of Health ◆ Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2013MLS002379
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
FELIPE PORTELA SANTOS QUEIROZ			NOV-23-1987
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
DELRAY BEACH	PALM BEACH	FL	BRAZIL
5a. BRIDE'S NAME (First, Middle, Last)	5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year)
KARIEN BORBA BRASIL			AUG-23-1988
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country
DELRAY BEACH	PALM BEACH	FL	BRAZIL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) ▶	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV-07-2013
11. TITLE OF OFFICIAL Deputy Clerk	12. SIGNATURE OF OFFICIAL (Use black ink) ▶
13. SIGNATURE OF BRIDE (Sign full name using black ink) ▶	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV-07-2013
15. TITLE OF OFFICIAL Deputy Clerk	16. SIGNATURE OF OFFICIAL (Use black ink) ▶

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
Palm Beach County	NOV-07-2013	NOV-10-2013	JAN-09-2014

20a. SIGNATURE OF COURT CLERK OR JUDGE ▶	20b. TITLE	20c. BY D.C.
	Clerk of Court	KH

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
11.13.13	DELRAY BEACH, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) ▶	23c. ADDRESS (Of person performing ceremony) 200 W. Atlantic Avenue, Delray Beach, FL 33444
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) TANEISHA EDWARDS Deputy Clerk	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
GROOM	845350458	WHITE	[X] No [ ] Yes	1		
	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
BRIDE	676876570	WHITE	[X] No [ ] Yes	1		

DH Form 743,April 98 (Replaces Feb. 91 edition)

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Tipo/Tipo	Code/Code/Código	Passport No./No. de Passeport/No. de Pasaporte
P	USA	A30374422

USA



Surname/Nom/Apellidos
QUEIROZ

Given names/Prénoms/Nombres
KARIEN BRASIL

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
23 AUG 1988

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date d'émission/Fecha de expedición
07 FEB 2024

Date of expiry/Date d'expiration/Fecha de caducidad
06 FEB 2034

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAQUEIROZ<<KARIEN<BRASIL<<<<<<<<<<<<<<<<<<<<

A303744221USA8808235F3402063174999997<716732

Exhibit 8 – Additional Family Relationship Evidence

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

ANDRÉ LUIZ PORTELA SANTOS DE QUEIROZ

CPF Number

002.655.501-81

Registration

021238 01 55 1984 1 00139 172 0082544 21

Date of birth	Day	Month	Year
MAY EIGHTEENTH, NINETEEN EIGHTY-FOUR	18	05	1984

Time of birth	City of birth	State
8:51 PM	BRASÍLIA	FEDERAL DISTRICT

Place of birth	City of birth	State	Sex
MATERNIDADE E MEDICINA INFANTIL LTDA, BRASÍLIA - FEDERAL DISTRICT	BRASÍLIA	FEDERAL DISTRICT	male

Parent's name	City of birth	State
José Edson Dermeval de Queiroz	Santa Rita	PARAIBA

Respective grandparent(s)

Edson de Queiroz Melo; Maria Lucia de Mendonça Melo

Parent's name	City of birth	State
Teresa Dinah Portela Costa Santos	Picos	PIAUÍ

Respective grandparent(s)

Antonio Rodrigues Santos; Marilva Portela Costa Santos

Twin

Date of registration	Number of Live Birth Certificate
JUNE SIXTH, NINETEEN EIGHTY-FOUR	No record

Notes/Annotations

No record.

CNS No. 02.123-8
1st Civil Registry Office of Natural Persons
Brasília / Federal District
MARCELO CAETANO RIBAS
Registrar:
SCS Square 08 - Block B-60 Room 140/E - Venâncio Building 2000
Phone: (61) 3224-4026
ZIP Code: 70333-900 Brasília / Federal District

The content of this certificate is true. I certify.
Brasília / Federal District, October 6, 2025.

----//signature//---- 1st CIVIL
REGISTRY OFFICE
Francimeire Oliveira da Silva
Deputy Clerk
BRASÍLIA DF

Seal No. TJDFT20250210076939NJNM
To verify, access www.tjdft.jus.br

IA 009324695

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: August 6, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome

ANDRÉ LUIZ PORTELA SANTOS DE QUEIROZ

Número do CPF
002.655.501-81

Matrícula
021238 01 55 1984 1 00139 172 0082544 21

Data de nascimento: DEZOITO DE MAIO DE UM MIL E NOVECENTOS E OITENTA E QUATRO | Dia: 18 | Mês: 05 | Ano: 1984

Horário de nascimento: 20:15 | Município da naturalidade: BRASÍLIA | UF: DF

Local de nascimento: MATERNIDADE E MEDICINA INFANTIL LTDA, BRASÍLIA - DF | Município de nascimento: BRASÍLIA | UF: DF | Sexo: masculino

Nome do(a) Genitor(a): José Edson Dermeval de Queiroz | Município de nascimento: Santa Rita | UF: PB

Avô(ó)(s) respectivo(s): Edson de Queiroz Melo;Maria Lucia de Mendonça Melo

Genitor(a): Teresa Dinah Portela Costa Santos | Município de nascimento: Picos | UF: PI

Avô(ó)(s) respectivo(s): Antonio Rodrigues Santos;Marilva Portela Costa Santos

Gêmeo: ----------

Data de registro: SEIS DE JUNHO DE UM MIL E NOVECENTOS E OITENTA E QUATRO | DNV: Não Informado

ANOTAÇÕES/AVERBAÇÕES
Nada consta.

Anotações voluntárias de cadastro
Nada consta.

CNS nº 02.123-8
1º Ofício de Registro Civil de Pessoas Naturais
Brasília / DF
MARCELO CAETANO RIBAS
Oficial Registrador:
SCS Qd. 08 - Bl B-60 Sl 140/E - Ed.Venâncio 2000
Telefone: (61) 3224-4026
CEP:70333-900 Brasília / DF

O conteúdo da certidão é verdadeiro. Dou Fé.
Brasília/DF, 06 de outubro de 2025.

CARTÓRIO 1º OFÍCIO DE REGISTRO CIVIL
Francimeire Oliveira da Silva
Escrevente Substituto
BRASILIA DF

Selo nº TJDFT20250210076939NJNM
Para consultar acesse www.tjdft.jus.br

IA 009324695

Industria Gráfica Brasileira Ltda