

Exhibit list

Exhibits:

Pages:

Exhibit 2 - Photo

Form I-765: Application for Employment Authorization 1-7

Exhibit 1 - I-765 Application

Photo 2x2 8

Exhibit 3 - Passport

Passport 9-10

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to request EAD, (TESTE) Adyel Felipe Freire, 28097

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to request EAD 11

Passport , (TESTE) Adyel Felipe Freire, 28098

Passport 12

Form I-765: Application for Employment Authorization, (TESTE) Adyel Felipe Freire, 28099

Form I-765: Application for Employment Authorization 13-15

Photo 2x2 , (TESTE) Adyel Felipe Freire, 28100

Photo 2x2 16-19

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to request EAD, (TESTE) Adyel Felipe Freire, 28101

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to 20

request EAD

I-589 (Copy of the first 3 pages), (TESTE) Adyel Felipe Freire, 28102

I-589 (Copy of the first 3 pages)

21-24

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to request EAD, (TESTE) Adyel Felipe Freire, 30547

25-30

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to request EAD, (TESTE) Adyel Felipe Freire, 30548

31-42

Form G-28 (DIFFERENT FROM I-589): Notice of Entry of Appearance as Attorney or Accredited Representative to request EAD, (TESTE) Adyel Felipe Freire, 30549

43-44

Exhibit 2 - Photo



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

| | | | |
|---------------------------------------|--|----------------------|---------------------|
| For USCIS Use Only | <input type="checkbox"/> Authorization/Extension Valid From | Fee Stamp | Action Block |
| | <input type="checkbox"/> Authorization/Extension Valid Through | | |
| | Alien Registration Number A- | <input type="text"/> | |
| | Remarks | | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). | <input checked="" type="checkbox"/> Select this box if Form G-28 is attached. | Attorney or Accredited Representative USCIS Online Account Number (if any) <table border="1" style="width: 100%; text-align: center;"><tr><td>0</td><td>0</td><td>7</td><td>4</td><td>9</td><td>2</td><td>6</td><td>2</td><td>5</td><td>4</td><td>3</td><td>8</td></tr></table> | 0 | 0 | 7 | 4 | 9 | 2 | 6 | 2 | 5 | 4 | 3 | 8 |
| 0 | 0 | 7 | 4 | 9 | 2 | 6 | 2 | 5 | 4 | 3 | 8 | | | |

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
Otavio Haverroth Silva
- 5.b. Street Number and Name **PO Box 90487**
- 5.c. Apt. Ste. Flr. **N/A**
- 5.d. City or Town **San Diego**
- 5.e. State **CA** 5.f. ZIP Code **92169**
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name **265 Roosevelt Ave**
- 7.b. Apt. Ste. Flr. **N/A**
- 7.c. City or Town **Redwood City**
- 7.d. State **CA** 7.e. ZIP Code **94061**

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ **A- N / A**
9. USCIS Online Account Number (if any)
▶ **N / A**
10. Sex Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).

▶ **7 0 0 3 1 4 1 3 6**

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15., Consent for Disclosure**, to receive a card.)

Yes No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

Yes No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name) **GOMES PRADO**
- 16.b. Given Name (First Name) **Paulo Sergio**

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name) **SCATOLINO**
- 17.b. Given Name (First Name) **Joelma**

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country **Brazil**
- 18.b. Country **Brazil**



Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

- 19.a. City/Town/Village of Birth
- 19.b. State/Province of Birth
- 19.c. Country of Birth
- 20. Date of Birth (mm/dd/yyyy)

Information About Your Last Arrival in the United States

- 21.a. Form I-94 Arrival-Departure Record Number (if any)
▶
- 21.b. Passport Number of Your Most Recently Issued Passport
- 21.c. Travel Document Number (if any)
- 21.d. Country That Issued Your Passport or Travel Document
- 21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
- 23. Place of Your Last Arrival Into the United States
- 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
- 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
- 26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N-

Information About Your Eligibility Category

- 27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
- 28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**
 - 28.a. Degree
 - 28.b. Employer's Name as Listed in E-Verify
 - 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
- 29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
▶
- 30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

- 31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.
▶
- 31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

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

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant'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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

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 reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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 application 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 application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

Preparer's Statement


- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

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

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature 
- 8.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. 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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.



Exhibit 1 - I-765 Application

Exhibit 3 - Passport

 For: **PAULO SILVA MELO**



Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 473367410A3

Arrival/Issued Date: 2023 August 02

Class of Admission: B2

Admit Until Date: 2024 February 01

Details provided on the I-94 Information form:

Last/Surname: SILVA MELO

First (Given) Name: PAULO

Birth Date: 1992 November 13

Document Number: FS703133

Country of Citizenship: Brazil

- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 10/31/2025

View Travel History

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

Travel History Results

Document Number: **FS703133**

Document Country of Issuance: **Brazil**

| Row | DATE | TYPE | LOCATION |
|-----|------------|-----------|----------|
| 1 | 2023-08-02 | Arrival | LOS |
| 2 | 2023-04-09 | Departure | WAS |
| 3 | 2023-03-29 | Arrival | NEW |
| 4 | 2019-10-09 | Departure | SFR |
| 5 | 2019-04-17 | Arrival | LOS |

OMB No. 1651-0111 Expiration Date: 10/31/2025

**Form G-28 (DIFFERENT
FROM I-589): Notice of
Entry of Appearance as
Attorney or Accredited
Representative to request
EAD, (TESTE) Adyel
Felipe Freire, 28097**

**Passport , (TESTE) Adyel
Felipe Freire, 28098**

**Form I-765: Application
for Employment
Authorization, (TESTE)
Adyel Felipe Freire, 28099**



Federative Republic of Brazil
Civil Register of Natural Persons
Marriage Certificate

| Names | CPF |
|--------------------------------|-----------------------|
| PAULO NATHAN SILVA MELO | 091.742.686-00 |
| PAULA SCATOLINO PRADO | 083.663.376-85 |

Registration
104810 01 55 2022 2 00203 198 0033329 84

Full Maiden Names, Dates and Places of Birth, Nationality, and Parents' Names of the Spouses:

Spouse PAULO NATHAN SILVA MELO - born on 11/13/1992, born in Varginha - MG, Brazilian nationality, single, son of **PAULO SERGIO DE MELO** and **MARIA BEATRIZ DA SILVA MELO**;

Spouse PAULA SCATOLINO PRADO - born on 04/07/1995, born in Varginha - MG, Brazilian nationality, single, daughter of **PAULO SERGIO GOMES PRADO** and **JOELMA SCATOLINO**

| Marriage registration date in full | Day | Month | Year |
|---|-----|-------|------|
| December seventh, two thousand and twenty-two | 07 | 12 | 2022 |

Marriage Property System

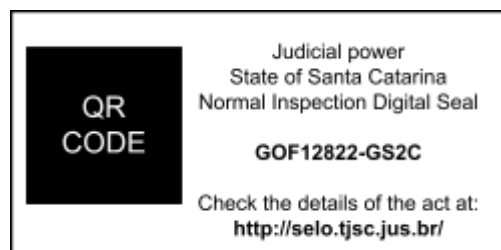
Partial Community of Property

Annotations/Notes to be added

There are no observations and/or annotations

OFFICE NAME:
Civil Registration Office
REGISTRATION OFFICER:
SONIA MARY BRAGA VARELA
MUNICIPALITY/COUNTY/STATE: Blumenau - SC
ADDRESS:
Rua XV de Novembro, 759, 2nd floor, rooms 40/46, Downtown - Zip
Code: 89010-902
www.registrocivilblumenau.com.br

Typed by: Josiane Montibeller Dalfovo
Fees
1 Registration - Exempt
1 Inspection Stamp Paid = 3.11 (GOF12822-GS2C)



The content of the certificate is true. I certify.
Blumenau SC, December 7, 2022.

-----//signature//-----
Josiane Montibeller Dalfovo
Substitute Clerk

ARPEN BRASIL - BA 016692203 BRP
 Association of Civil Registrars of Natural Persons

I, Marina Viana Silva, certify that I am competent to translate from Portuguese to English and that the above is a faithful extract/summary of the relevant information of the attached document in Portuguese.

Marina Viana

Date: January 12th, 2024



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

NOMES

PAULO NATHAN SILVA MELO

CPF

091.742.686-00

PAULA SCATOLINO PRADO

CPF

083.663.376-85

MATRÍCULA:

104810 01 55 2022 2 00203 198 0033329 84

Nome completos de solteiro, datas de nascimento, naturalidade, nacionalidade e filiação dos cônjuges

Cônjuge **PAULO NATHAN SILVA MELO** - nascido em 13/11/1992, natural de Varginha - MG, de nacionalidade brasileira, solteiro, filho de **PAULO SERGIO DE MELO e MARIA BEATRIZ DA SILVA MELO**;

cônjuge **PAULA SCATOLINO PRADO** - nascida em 07/04/1995, natural de Varginha - MG, de nacionalidade brasileira, solteira, filha de **PAULO SERGIO GOMES PRADO e JOELMA SCATOLINO**.

DATA DO REGISTRO DO CASAMENTO (POR EXTENSO)

Sete de dezembro de dois mil e vinte e dois

DIA

07

MÊS

12

ANO

2022

REGIME DE BENS DO CASAMENTO

Comunhão Parcial de Bens

AVERBAÇÕES/ANOTAÇÕES A ACRESCEM

Não há observações e/ou averbações.

NOME DO OFÍCIO:

Ofício de Registro Civil

OFICIAL REGISTRADOR:

SÔNIA MARY BRAGA VARELA

MUNICÍPIO/COMARCA/UF: Blumenau - SC

ENDEREÇO:

Rua XV de Novembro, 759, 2º piso, salas 40/46, Centro - CEP: 89010-902

- www.registrocivilblumenau.com.br

Digitado por: Josiane Montibeller Dalfovo

Emolumentos

1 Registro - Isento

1 Selo de Fiscalização Pago = 3,11 (GOF12822-GS2C)



Poder Judiciário
Estado de Santa Catarina
Selo Digital de Fiscalização
Normal

GOF12822-GS2C

Confira os dados do ato em:
<http://selo.tjsc.jus.br/>

O conteúdo da certidão é verdadeiro. Dou fé.
Blumenau - SC, 07 de dezembro de 2022.

Josiane Montibeller Dalfovo
Escrevente Substituta

Photo 2x2 , (TESTE)
Adyel Felipe Freire, 28100



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

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

Address of Attorney or Accredited Representative

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

3.b. Apt. Ste. Flr. **N/A**

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

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

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

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

3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**

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

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

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

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

HS Law Corp

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

2.b. Name of Recognized Organization

N/A

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

N/A

3. I am associated with

N/A,

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-131 I-485 I-765

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) SCATOLINO PRADO

6.b. Given Name (First Name) Paula

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 +16699778896

11. Mobile Telephone Number (if any) +16699778896

12. Email Address (if any) paulonathan_silva@yahoo.com.br

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)

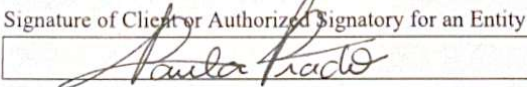
Options Regarding Receipt of USCIS Notices and Documents

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.

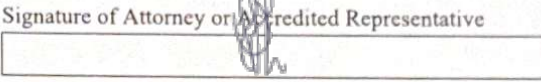
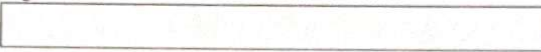
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel 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
➔ 
- 2.b. Date of Signature (mm/dd/yyyy)

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)
- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



**Form G-28 (DIFFERENT
FROM I-589): Notice of
Entry of Appearance as
Attorney or Accredited
Representative to request
EAD, (TESTE) Adyel
Felipe Freire, 28101**

**I-589 (Copy of the first 3
pages), (TESTE) Adyel
Felipe Freire, 28102**

Dear Hericles Fagundes Galle and Maria Luísa da Silva Moreno,

As you are aware, your I-140 petition for the EB-1 category (case No. IOE0927855996), filed on September 24, 2024, was denied on December 1, 2025. Before this decision, as a preventive measure, we filed a new I-140 petition (case No. IOE0934557669) and requested that your pending Adjustment of Status (Form I-485) applications be transferred to this new petition in order to protect your situation and mitigate the accrual of unlawful presence. However, it is important to note that this does not guarantee the preservation of your status, and there are inherent risks involved.

At this time, it is not entirely clear whether USCIS has effectively completed this transfer and properly linked your Adjustment of Status (Form I-485) to the new underlying I-140, as USCIS does not have a formal notification procedure to confirm when or whether such transfers have been processed.

As previously explained, an Adjustment of Status (Form I-485) is not, by itself, an immigration “status,” but rather an authorization to remain in the United States while the application is pending. It depends on a valid, pending, or approved underlying immigrant petition. It is possible that USCIS will accept our transfer request and treat the new I-140 as the underlying petition for your pending Adjustment of Status (Form I-485); however, USCIS does not have a formal notification procedure to confirm if or when such a transfer has been effected, so we may not receive any express confirmation of this.

When an I-140 that serves as the basis for an Adjustment of Status (Form I-485) is denied, the corresponding Adjustment of Status (Form I-485) can lose its legal foundation and may be denied by USCIS, even if it still appears as “pending” in the system. In a scenario where USCIS has not correctly transferred the new I-140 as the basis for your Adjustment of Status (Form I-485), there is a risk that your current Adjustment of Status (Form I-485) may be denied and that unlawful presence could begin to accrue if you do not depart the United States after such a denial, which may lead to severe consequences.

You were also advised that any international travel and attempted reentry to the United States under these circumstances carries risk, even with a valid Advance Parole. U.S. Customs and Border Protection (CBP) officers have full discretion to admit or refuse entry. Given the denial of the prior I-140 and the uncertainty regarding the effective transfer of your Adjustment of Status (Form I-485) to the new petition, CBP may closely scrutinize your immigration history and deny reentry.

In light of the above, you should carefully weigh the risks of remaining in the United States and/or traveling internationally while your Adjustment of Status (Form I-485) remains

pending under these uncertain conditions. Depending on how USCIS ultimately treats the linkage between your Adjustment of Status (Form I-485) and the new I-140, should your Adjustment of Status (Form I-485) be denied, the safest legal course may be to depart the United States and await the approval of a future immigrant petition, completing the process through consular processing at the U.S. Embassy or Consulate in Brazil. You have been informed of these risks and understand that your current situation does not constitute a clear, recognized lawful nonimmigrant or permanent resident status, and that continued presence in the U.S. and international travel may result in significant immigration consequences.

Please let us know how you would like to move forward, and we will guide you through the next steps accordingly.

Sincerely,



Otávio Haverroth Silva
California Bar #343468

Acknowledgment:

We, Hericles Fagundes Galle and Maria Luísa da Silva Moreno, acknowledge that we have been informed about the denial of the I-140 petition (case No. IOE0927855996), the uncertainty regarding the transfer of our pending Adjustment of Status (Form I-485) to the new EB-1 petition (case No. IOE0934557669), and the risks this situation creates for our stay in the United States and for any international travel. We understand that an Adjustment of Status (Form I-485) is not, by itself, an immigration status and that, if our Adjustment of Status (Form I-485) is denied, the safest legal course is to depart the United States and await the result of any future petition from abroad.

Hericles Fagundes Galle – Signature: _____

Maria Luísa da Silva Moreno – Signature: _____

Please note that even if this document is not physically signed, its delivery and access by you constitute acknowledgment that you were informed of the above risks.

Dear Hericles Fagundes Galle and Maria Luísa da Silva Moreno,

As you are aware, your I-140 petition for the EB-1 category (case No. IOE0927855996), filed on September 24, 2024, was denied on December 1, 2025. Before this decision, as a preventive measure, we filed a new I-140 petition (case No. IOE0934557669) and requested that your pending Adjustment of Status (Form I-485) applications be transferred to this new petition in order to protect your situation and mitigate the accrual of unlawful presence. However, it is important to note that this does not guarantee the preservation of your status, and there are inherent risks involved.

At this time, it is not entirely clear whether USCIS has effectively completed this transfer and properly linked your Adjustment of Status (Form I-485) to the new underlying I-140, as USCIS does not have a formal notification procedure to confirm when or whether such transfers have been processed.

As previously explained, an Adjustment of Status (Form I-485) is not, by itself, an immigration “status,” but rather an authorization to remain in the United States while the application is pending. It depends on a valid, pending, or approved underlying immigrant petition. It is possible that USCIS will accept our transfer request and treat the new I-140 as the underlying petition for your pending Adjustment of Status (Form I-485); however, USCIS does not have a formal notification procedure to confirm if or when such a transfer has been effected, so we may not receive any express confirmation of this.

When an I-140 that serves as the basis for an Adjustment of Status (Form I-485) is denied, the corresponding Adjustment of Status (Form I-485) can lose its legal foundation and may be denied by USCIS, even if it still appears as “pending” in the system. In a scenario where USCIS has not correctly transferred the new I-140 as the basis for your Adjustment of Status (Form I-485), there is a risk that your current Adjustment of Status (Form I-485) may be denied and that unlawful presence could begin to accrue if you do not depart the United States after such a denial, which may lead to severe consequences.

You were also advised that any international travel and attempted reentry to the United States under these circumstances carries risk, even with a valid Advance Parole. U.S. Customs and Border Protection (CBP) officers have full discretion to admit or refuse entry. Given the denial of the prior I-140 and the uncertainty regarding the effective transfer of your Adjustment of Status (Form I-485) to the new petition, CBP may closely scrutinize your immigration history and deny reentry.

In light of the above, you should carefully weigh the risks of remaining in the United States and/or traveling internationally while your Adjustment of Status (Form I-485) remains

pending under these uncertain conditions. Depending on how USCIS ultimately treats the linkage between your Adjustment of Status (Form I-485) and the new I-140, should your Adjustment of Status (Form I-485) be denied, the safest legal course may be to depart the United States and await the approval of a future immigrant petition, completing the process through consular processing at the U.S. Embassy or Consulate in Brazil. You have been informed of these risks and understand that your current situation does not constitute a clear, recognized lawful nonimmigrant or permanent resident status, and that continued presence in the U.S. and international travel may result in significant immigration consequences.

Please let us know how you would like to move forward, and we will guide you through the next steps accordingly.

Sincerely,



Otávio Haverroth Silva
California Bar #343468

**Form G-28 (DIFFERENT
FROM I-589): Notice of
Entry of Appearance as
Attorney or Accredited
Representative to request
EAD, (TESTE) Adyel
Felipe Freire, 30547**

1 Santanna Law
Natalia Vieira Santanna (337502)
2 Po Box 7528 Oakland, CA 94601
3 510-922-0154
natalia@santannalaw.com
4

5 Attorney for Jaime David Pablo Jose
6

7
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **FOR THE COUNTY OF ALAMEDA**

10 _____)
11 GUARDIANSHIP OF THE PERSON OF) Case N.:
12 **Jaime David Pablo Jose**)
13) DEATH CERTIFICATE IN SUPPORT OF
14) GUARDIANSHIP OF THE PERSON AND
SPECIAL IMMIGRANT JUVENILE FINDINGS
15)

16 NOW COMES the Petitioner, by and through the Petitioner's attorney, and hereby
17 submits the following Death Certificate of María Luisa Ramírez Gómez in support of
guardianship of the person and special immigrant juvenile findings.

18 Date:

19 Respectfully submitted,
20

21 DATED:

Natalia Vieira Santanna
22
23
24
25
26
27
28



National Registry of Persons

Registration Number: I0002503621052025

VERIFIER: 629828B5F938

**Civil Registry of Persons
Death Certificate**

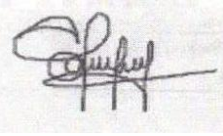
The Undersigned Civil Registrar of Persons of the National Registry of Persons of the Municipality of Concepción Huista, Department of Huehuetenango,

CERTIFIES

that on November third, two thousand and twenty-three, in the Civil Registry of the Municipality of CONCEPCIÓN HUISTA, Department of HUEHUETENANGO, death registration No. 943 was registered for:

Deceased's Information

| | | | |
|---|---|----------------|---------------------------|
| - María Luisa, Ramírez Gómez - | | | |
| Names and Surnames of the Deceased | | | |
| | 1819555201322 | | Female |
| | ID | | Sex |
| | 81 Years and 4 Months old | Single | Household employee |
| | Age | Marital Status | Occupation |
| | GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | |
| | Birthplace | | |
| -- | | | |
| Names and Surnames of Spouse | | | |
| Death information | | | |
| September twenty-third, two thousand twenty-three | | | 01:30 a.m. |
| Date of Death | | | Time of Death |
| GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | | |
| Place of Death | | | |
| Diabetic Ketoacidosis | | | |
| Cause A | | | |
| Diabetes Mellitus | | | |
| Cause B | | | |
| Cause C | | | |
| Cause D | | | |
| | | 2246326630101 | CIVIL REGISTRY OF PERSONS |
| | | 05/21/2025 | RENAP |
| | | 10:46:54 a.m. | .../illegible/... |
| | | 001AA070E1C1 | Office No. 36 |
| | | | Concepción Huista |
| | | | Huehuetenango |
| Page 1 of 2 | AE962F2085659B5D4E8DE68C69926B862283DC65 | | |

| | | | |
|---|---|-----------------------|---|
| Mother's Information | | | Father's Information |
| - Dominga, José - | Picture not available | Picture not available | - Esteban, Juan - |
| Mother's Names and Surnames | | | Father's Names and Surnames |
| Remarks | | | |
| Reason: This Late Registration is made based on Payment Note No. 829010020128 and Receipt No. 44515833. | | | |
| Issued on May twenty-first, two thousand twenty-five by the Civil Registrar of Persons, and authenticated as a true copy of the original. | | | |
| ----- | LAST LINE | | ----- |
| I certify |  Ana Lucía, Hernández Sáenz DEPUTY CIVIL REGISTRAR OF PERSONS RENAP | | CIVIL REGISTRY OF PERSONS RENAP ,,,/ illegible/.... Office No. 36 Concepción Huista Huehuetenango |
| This certificate was printed in bond paper on May twenty-first, two thousand and twenty-five and is valid for six months or three QR code verifications. For the uses convenient to the interested party, its authenticity must be verified through the link https://www.renap.gob.gt/verificacion-de-certificado or calling 1516. | | | |
| Page 2 of 2 | | | |

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: October 9, 2025.



Registro Civil de las Personas
Certificado de Defunción

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Concepción Huista, Departamento de Huehuetenango, CERTIFICA que con fecha tres de noviembre de dos mil veintitrés, en el Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrita la Defunción No. 943 de:

Datos del Difunto

- María Luisa , Ramírez Gómez -

Nombres y Apellidos del Difunto

1819555201322

Femenino



DPI

Sexo

81 Años 4 Meses

Soltero

Domésticos

Edad

Estado Civil

Profesión

GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA

Lugar de Nacimiento

Nombres y Apellidos del Cónyuge

Datos de la Defunción

veintitrés de septiembre de dos mil veintitrés

01:30

Fecha de Defunción

Hora de Defunción

GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA, Aldea Orlej

Lugar de Defunción

Ceto Acidosis Diabética

Causa A

Diabetes Mellitus

Causa B

Causa C

Causa D



Datos de la Madre

- Dominga , José -

Nombres y Apellidos de la Madre

| | |
|--------------------------------|--------------------------------|
| Fotografía no disponible | Fotografía no disponible |
|--------------------------------|--------------------------------|

Datos del Padre

- Esteban , Juan -

Nombres y Apellidos del Padre

Observaciones

Razón: La presente Inscripción Extemporánea se realiza con base a la Nota de Pago No. 829010020128 y Recibo No. 44515833

Extendida el día veintiuno de mayo de dos mil veinticinco por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

-----ULTIMA LÍNEA-----

Doy fe

Ana Lucía , Hernández Sáenz
REGISTRADOR CIVIL DE LAS PERSONAS EN FUNCIONES



Este certificado fue impreso en papel bond el día veintiuno de mayo del dos mil veinticinco y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: <https://www.renap.gov.gt/verificacion-de-certificado> o bien llamando al 1516.

**Form G-28 (DIFFERENT
FROM I-589): Notice of
Entry of Appearance as
Attorney or Accredited
Representative to request
EAD, (TESTE) Adyel
Felipe Freire, 30548**

1 Santanna Law
Natalia Vieira Santanna (337502)
2 Po Box 7528 Oakland, CA 94601
3 510-922-0154
natalia@santannalaw.com
4

5 Attorney for Jaime David Pablo Jose
6

7
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **FOR THE COUNTY OF ALAMEDA**

10 _____)
11 GUARDIANSHIP OF THE PERSON OF)
12 **Jaime David Pablo Jose**)
13)
14 _____)

Case N.:

**DEATH CERTIFICATE IN SUPPORT
OF GUARDIANSHIP OF THE PERSON
AND SPECIAL IMMIGRANT
SPECIAL IMMIGRANT JUVENILE
FINDINGS.**

15
16 NOW COMES the Petitioner, by and through the Petitioner's attorney, and hereby
17 submits the following Death Certificate of Esteban Juan José in support of guardianship
of the person and special immigrant juvenile findings.

18 Date:

19 Respectfully submitted,
20

21 DATED:

Natalia Vieira Santanna
22
23
24
25
26
27
28



National Registry of Persons

Registration Number: I0002403621052025

VERIFIER: 2091EA1EA9AD



**Civil Registry of Persons
Death Certificate**

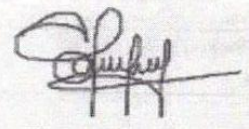
The Undersigned Civil Registrar of Persons of the National Registry of Persons of the Municipality of Concepción Huista, Department of Huehuetenango,

CERTIFIES

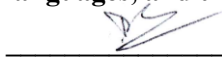
that on November third, two thousand and twenty-three, in the Civil Registry of the Municipality of CONCEPCIÓN HUISTA, Department of HUEHUETENANGO, death registration No. 944 was registered for:

Deceased's Information

| | | | |
|--|---|--|---|
| - Esteban, Juan José - | | | |
| Names and Surnames of the Deceased | | | |
|  | 1819555121322 | | Male |
| | ID | | Sex |
| | 84 Years and 1 Month old | Single | Farmer |
| | Age | Marital Status | Occupation |
| | GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | |
| Birthplace | | | |
| -- | | | |
| Names and Surnames of Spouse | | | |
| Death information | | | |
| June second, two thousand twenty-three | | | 06 p.m. |
| Date of Death | | | Time of Death |
| GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | | |
| Place of Death | | | |
| Cause A | | | |
| Acute Myocardial Infarction | | | |
| Cause B | | | |
| Cause C | | | |
| Cause D | | | |
| |  | 2246326630101 05/21/2025 10:43:36 a.m. 001AA070E1C1 | CIVIL REGISTRY OF PERSONS RENAP ,,/illegible/.... Office No. 36 Concepción Huista Huehuetenango |
| Page 1 of 2 | A7DA9A7223B6E163B7EA49F9EDCA73912670873E | | |

| | | | |
|---|--|-----------------------|--|
| Mother's Information | Picture not available | Picture not available | Father's Information |
| - María, Gómez - | | | - Cesario, Ramírez - |
| Mother's Names and Surnames | | | Father's Names and Surnames |
| Remarks | | | |
| NO ANNOTATION RECORDED | | | |
| Issued on May twenty-first, two thousand twenty-five by the Civil Registrar of Persons, and authenticated as a true copy of the original. | | | |
| ----- | LAST LINE | | ----- |
| I certify |  Ana Lucía, Hernández Sáenz DEPUTY CIVIL REGISTRAR OF PERSONS | | CIVIL REGISTRY OF PERSONS RENAP ,,,/ illegible/... Office No. 36 Concepción Huista Huehuetenango |
| | RENAP | | |
| This certificate was printed in bond paper on May twenty-first, two thousand and twenty-five and is valid for six months or three QR code verifications. For the uses convenient to the interested party, its authenticity must be verified through the link https://www.renap.gob.gt/verificacion-de-certificado or calling 1516. | | | |
| Page 2 of 2 | | | |

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: October 9, 2025.



Registro Civil de las Personas
Certificado de Defunción

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Concepción Huista, Departamento de Huehuetenango, CERTIFICA que con fecha tres de noviembre de dos mil veintitrés, en el Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrita la Defunción No. 944 de:

Datos del Difunto

- Esteban , Juan José -

Nombres y Apellidos del Difunto

1819555121322

Masculino

DPI

Sexo

84 Años 1 Mes

Soltero

Agricultor

Edad

Estado Civil

Profesión

GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA

Lugar de Nacimiento

Nombres y Apellidos del Cónyuge



Datos de la Defunción

dos de junio de dos mil veintitrés

18:00

Fecha de Defunción

Hora de Defunción

GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA, Aldea Onlaj

Lugar de Defunción

Causa A

Infarto Agudo del Miocardio

Causa B

Causa C

Causa D



Datos de la Madre

- María , Gómez -

Nombres y Apellidos de la Madre

| | |
|--------------------------------|--------------------------------|
| Fotografía no disponible | Fotografía no disponible |
|--------------------------------|--------------------------------|

Datos del Padre

- Cesario , Ramírez -

Nombres y Apellidos del Padre

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintiuno de mayo de dos mil veinticinco por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

-----ULTIMA LÍNEA-----

Doy fe

Ana Lucía , Hernández Sáenz
REGISTRADOR CIVIL DE LAS PERSONAS EN FUNCIONES



Este certificado fue impreso en papel bond el día veintiuno de mayo del dos mil veinticinco y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: <https://www.renap.gov.gt/verificacion-de-certificado> o bien llamando al 1516.

1 Santanna Law
2 Natalia Vieira Santanna (337502)
3 Po Box 7528 Oakland, CA 94601
4 510-922-0154
5 natalia@santannalaw.com

6 Attorney for Jaime David Pablo Jose

ELECTRONICALLY FILED
Superior Court of California,
County of Alameda
01/07/2026 at 10:37:02 AM
By: Xian-xii Bowie,
Deputy Clerk

7
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **FOR THE COUNTY OF ALAMEDA**

10 _____)
11 GUARDIANSHIP OF THE PERSON OF)
12 **Jaime David Pablo Jose**)
13 _____)
14 _____)

Case N.: **26PR163128**
DEATH CERTIFICATE IN SUPPORT
OF GUARDIANSHIP OF THE PERSON
AND SPECIAL IMMIGRANT
SPECIAL IMMIGRANT JUVENILE
FINDINGS.

15
16 NOW COMES the Petitioner, by and through the Petitioner’s attorney, and hereby
17 submits the following Death Certificate of Esteban Juan José in support of guardianship
of the person and special immigrant juvenile findings.

18 Date:

19 Respectfully submitted,

20
21 DATED: 1/7/26



Natalia Vieira Santanna



National Registry of Persons

Registration Number: I0002403621052025

VERIFIER: 2091EA1EA9AD

**Civil Registry of Persons
Death Certificate**

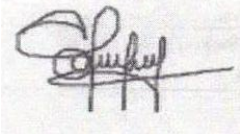
The Undersigned Civil Registrar of Persons of the National Registry of Persons of the Municipality of Concepción Huista, Department of Huehuetenango,

CERTIFIES


that on November third, two thousand and twenty-three, in the Civil Registry of the Municipality of CONCEPCIÓN HUISTA, Department of HUEHUETENANGO, death registration No. 944 was registered for:

Deceased's Information

| | | | |
|---|---|--|---|
| - Esteban, Juan José - | | | |
| Names and Surnames of the Deceased | | | |
| | 1819555121322 | | Male |
| | ID | | Sex |
| | 84 Years and 1 Month old | Single | Farmer |
| | Age | Marital Status | Occupation |
| | GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | |
| Birthplace | | | |
| -- | | | |
| Names and Surnames of Spouse | | | |
| Death information | | | |
| June second, two thousand twenty-three | | | 06 p.m. |
| Date of Death | | | Time of Death |
| GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | | |
| Place of Death | | | |
| Cause A | | | |
| Acute Myocardial Infarction | | | |
| Cause B | | | |
| Cause C | | | |
| Cause D | | | |
| | | 2246326630101 05/21/2025 10:43:36 a.m. 001AA070E1C1 | CIVIL REGISTRY OF PERSONS RENAP ,,/illegible/.... Office No. 36 Concepción Huista Huehuetenango |
| Page 1 of 2 | A7DA9A7223B6E163B7EA49F9EDCA73912670873E | | |

| | | | |
|---|---|-----------------------|---|
| Mother's Information | Picture not available | Picture not available | Father's Information |
| - María, Gómez - | | | - Cesario, Ramírez - |
| Mother's Names and Surnames | | | Father's Names and Surnames |
| Remarks | | | |
| NO ANNOTATION RECORDED | | | |
| Issued on May twenty-first, two thousand twenty-five by the Civil Registrar of Persons, and authenticated as a true copy of the original. | | | |
| ----- | LAST LINE | | ----- |
| I certify |  Ana Lucía, Hernández Sáenz DEPUTY CIVIL REGISTRAR OF PERSONS RENAP | | CIVIL REGISTRY OF PERSONS RENAP ,,,/ illegible/.... Office No. 36 Concepción Huista Huehuetenango |
| This certificate was printed in bond paper on May twenty-first, two thousand and twenty-five and is valid for six months or three QR code verifications. For the uses convenient to the interested party, its authenticity must be verified through the link https://www.renap.gob.gt/verificacion-de-certificado or calling 1516. | | | |
| Page 2 of 2 | | | |

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: October 9, 2025.

**Registro Civil de las Personas
 Certificado de Defunción**

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Concepción Huista, Departamento de Huehuetenango, CERTIFICA que con fecha tres de noviembre de dos mil veintitrés, en el Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrita la Defunción No. 944 de:

Datos del Difunto

- Esteban , Juan José -



| | | |
|---|--------------|------------|
| Nombres y Apellidos del Difunto | | Masculino |
| 1819555121322 | | Sexo |
| DPI | | |
| 84 Años 1 Mes | Soltero | Agricultor |
| Edad | Estado Civil | Profesión |
| GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA | | |
| Lugar de Nacimiento | | |
| Nombres y Apellidos del Cónyuge | | |

Datos de la Defunción

| | |
|--|-------------------|
| dos de junio de dos mil veintitrés | 18:00 |
| Fecha de Defunción | Hora de Defunción |
| GUATEMALA, HUEHUETENANGO, CONCEPCIÓN HUISTA, Aldea Onlaj | |
| Lugar de Defunción | |
| Causa A | |
| Infarto Agudo del Miocardio | |
| Causa B | |
| Causa C | |
| Causa D | |



2246326630101
 21/05/2025 10:43:36
 001AA070E1C1

Datos de la Madre

- María , Gómez -

Nombres y Apellidos de la Madre

| | |
|--------------------------------|--------------------------------|
| Fotografía no disponible | Fotografía no disponible |
|--------------------------------|--------------------------------|

Datos del Padre

- Cesario , Ramírez -

Nombres y Apellidos del Padre

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintiuno de mayo de dos mil veinticinco por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

-----ULTIMA LÍNEA-----

Doy fe

Ana Lucía , Hernández Sáenz

REGISTRADOR CIVIL DE LAS PERSONAS EN FUNCIONES



Este certificado fue impreso en papel bond el día veintiuno de mayo del dos mil veinticinco y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: <https://www.renap.gov.gt/verificacion-de-certificado> o bien llamando al 1516.

**Form G-28 (DIFFERENT
FROM I-589): Notice of
Entry of Appearance as
Attorney or Accredited
Representative to request
EAD, (TESTE) Adyel
Felipe Freire, 30549**

1 Santanna Law
2 Natalia Vieira Santanna (337502)
3 Po Box 7528 Oakland, CA 94601
4 510-922-0154
5 natalia@santannalaw.com

6 Attorney for Jaime David Pablo Jose

7
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **FOR THE COUNTY OF ALAMEDA**

10 _____)
11 GUARDIANSHIP OF THE PERSON OF) Case N.:
12 **Jaime David Pablo Jose**) PROOF OF ADDRESS IN SUPPORT OF GUARDIANSHIP
13) OF THE PERSON AND SPECIAL IMMIGRANT JUVENILE
14) FINDINGS
15)

16 NOW COMES the Proposed Guardian, by and through the Proposed Guardian’s attorney,
17 and hereby submits the following Proof of Address in support of guardianship of the
18 person and special immigrant juvenile findings.

19 Date:

20 Respectfully submitted,

21 DATED:

22 _____
23 Natalia Vieira Santanna
24
25
26
27
28



EAST BAY MUNICIPAL UTILITY DISTRICT

1-866-40-EBMUD

YOUR ACCOUNT NUMBER:

24795700001

Next Read Date is 12/30/2025

Your Payment is Due by 11/17/2025

Act now to prepare for emergencies - sign up for safety alerts, store emergency water for your household, pack go-bags with essentials and create a family evacuation plan. Taking small steps today will help ensure you'll be ready to protect yourself, your loved ones and your community when it matters most. Learn more at ebmud.com/emergency-preparedness



Sotero Pablo
2313 SEMINARY AVE
OAKLAND, CA 94605-1319

Bill Date: 10/31/25

| Billing Period (60 Days) | |
|--------------------------|----------|
| From | To |
| 8/28/25 | 10/27/25 |

- [EBMUD Home Page](#)
- [View Newsletter](#)
- [Bill FAQs](#)
- [Rates & Charges](#)
- [Contact Info](#)

For: 2313 Seminary Ave
Private Residence

PREVIOUS CHARGES AND CREDITS

| | AMOUNT | TOTAL |
|--|---------|---------------|
| PREVIOUS AMOUNT DUE | 283.22 | |
| FULL PAYMENT - 10/01/25 | -283.22 | 0.00 |
| EBMUD - WATER CHARGES | | |
| WATER SERVICE CHARGE | 53.70 | |
| WATER FLOW CHARGE 9 UNITS @7.89 | 71.01 | 124.71 |
| EBMUD - WASTEWATER CHARGES | | |
| WASTEWATER TREATMENT CHARGE | 57.52 | |
| SF BAY POLLUTION PREVENTION FEE | 0.40 | 57.92 |
| PASS THROUGH CHARGES FOR THE CITY OF OAKLAND SEWER SERVICES | | 92.60 |
| | | 275.23 |

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

| METER SIZE | ELEV. Band | METER READINGS | | UNITS | CONSUMPTION INFORMATION | | |
|------------|------------|----------------|----------|-------|-------------------------|------|---------|
| | | Current | Previous | | Gallons | Days | Gal/Day |
| 5/8 inch | 1 | 851 | 842 | 9 | 6,732 | 60 | 112 |
| | | LAST | YEAR | 12 | 8,976 | 62 | 144 |

PLEASE DETACH AND RETURN THIS PAYMENT STUB WITH CHECK OR MONEY ORDER PAYABLE TO EBMUD

2313 Seminary Ave, Oakland, CA 946051319 8/28/25 10/27/25 ACCOUNT NO.: 24795700001

Pay by credit/ATM/e-check for a fee.
Call 1-888-963-0909

Mail payment to:

TOTAL PREVIOUS 0.00
TOTAL CURRENT 275.23

EBMUD PAYMENT CENTER
PO BOX 51191
LOS ANGELES CA 90051-5491

275.23

2479570000180000275230000000000007