

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) <span style="float: right;">FAX PHONE AND FAX ADDRESS</span> <b>JOSE TADEO MAREQUE</b> <div style="background-color: black; width: 200px; height: 40px; margin-top: 5px;"></div>		<b>FILED</b> Los Angeles Superior Court  <b>JAN 19 2010</b>  John A. Clarke, Executive Officer/Clerk BY <i>E. Alvarez</i>
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles</b> STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: Same as above CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: <b>CENTRAL DISTRICT</b>		
ESTATE OF (Name): <b>MICHAEL JOSEPH JACKSON, Deceased</b>		
DECEDENT		
<b>CREDITOR'S CLAIM</b>		CASE NUMBER: <b>BP117321</b>

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the Notice of Administration was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

**WARNING:** Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: **\$4,722.01** *JOSE TADEO MAREQUE*
  - Claimant (name):
    - ☒ an individual
    - ☐ an individual or entity doing business under the fictitious name of (specify):
    - ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
    - ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
    - ☐ other (specify):
  - Address of claimant (specify):
  - Claimant is ☒ the creditor ☐ a person acting on behalf of creditor (state reason):
  - ☒ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
  - I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☐ on reverse ☒ attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

**1. 13. 10**

(TYPE OR PRINT NAME AND TITLE)

*Jose B. Mareque*

(SIGNATURE OF CLAIMANT)

**INSTRUCTIONS TO CLAIMANT**

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the Proof of Mailing or Personal Delivery on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

ESTATE OF (Name): MICHAEL JOSEPH JACKSON, Deceased

CASE NUMBER

DECEDENT

BP117321

## FACTS SUPPORTING THE CREDITOR'S CLAIM

☒ See attachment (if space is insufficient)  
Item and supporting facts

Date of item

Amount claimed

TOTAL \$

4,722.01

PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of filing, I am the creditor.
2. My residence or business address is (specify): [REDACTED]
3. I mailed or personally delivered a copy of this Creditor's Claim to the personal representative as follows (check either a or b below):

a. ☐ Mail. I am a resident of or employed in the county where the mailing occurred.

(1) I enclosed a copy in an envelope AND

(a) ☒ deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.(b) ☐ placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with the business practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.(2) The envelope was addressed and mailed first-class as follows: JOHN BRANCA and JOHN MC CLAIN 90(a) Name of personal representative served: HOFFMAN, SARBAN and WATENMAYER, APC, - PAUL

(b) Address on envelope [REDACTED]

(c) Date of mailing: 1.13.10(d) Place of mailing (city and state): LOS ANGELES, CA.b. ☐ Personal delivery. I personally delivered a copy of the claim to the personal representative as follows:

(1) Name of personal representative served:

(2) Address where delivered:

(3) Date delivered:

(4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 1.13.10JOSE TADEO MAREQUE  
(TYPE OR PRINT NAME OF CLAIMANT)[Signature]  
(SIGNATURE OF CLAIMANT)

1/21/10-03:27:28 PM-P426

INVOICE NO.

4650

**JOSE T. MAREQUE**

PROFESSIONAL CUSTOM FLORAL DESIGNER  
 INTERIOR PLANTSCAPING DESIGNER  
 LANDSCAPING DESIGNER

Date DECEMBER 2006To ATT. CARLOS % JACKSON RESIDENCE

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	PLANTS AND FLOWERS		—
	FOR 100 NO CARDUWOOD =		—
	12.20.08 - SIXTEEN - 8"		—
	RED POINSETTAS IN BASKETS	55	880.00
10	PREMIUM WHITE PHALAENOPSIS		—
	ORCHIDS	55	550.00
10	PREMIUM PURPLE ORCHIDS	55	550.00
2	MEDIUM SIZE EVERGREEN		—
	TREES	150	300.00
6	6" CYCLAMEN PLANTS	20	120.00
	LARGE ARR. IMPORTED ILEX		—
	BERRIES		180.00
	LARGE ARRANG. WHITE		—
	HYDRANGEAS		275.00
3	ARRANG. RED/WHITE TULIPS	125	375.00
	ROSE ARRANG. FOYER		180.00
	ARR. BREAKFAST TABLE		150.00
	ARR. RED GERBERAS AND		—
	WHITE HYDRANGEAS		125.00

SUBTOTAL = 3635.00

INVOICE NO. 4651

**JOSE T. MAREQUE**

PROFESSIONAL CUSTOM FLORAL DESIGNER  
 INTERIOR PLANTSCAPING DESIGNER  
 LANDSCAPING DESIGNER

Date DECEMBER 2008

To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	SUBTOTAL FROM INVOICE # 4650		3635 00
	ROSE ARRANG. - UPSIDES		120 00
	12.22.08 =		—
2	EVERGREEN TREES	200	400 00
2	FRESH WREATHS DECORATED	185	370 00
11	PREMIUM WHITE ORCHIDS	55	605 00
3	CENTERPIECES OF RED AND WHITE TULIPS	180	540 00
2	LARGE ARR. RED-WHITE ROSES - DINING RM	250	500 00
	ARR. WHITE HYDRANGEAS AND RED ANHYLLIS DYNINGRM		300 00
2	PURPLE MINI ORCHID PLANTER	150	300 00
6	YELLOW ORCHID PLANTER	55	330 00
6	MINI ORCHID PLANTER	45	270 00
12	8" RED POINSETIA PLANTS IN BASKETS	55	660 00
	SUBTOTAL		8030 00

JOSE T MARENGO III

Date DECEMBER 2008

2

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	SUBTOTAL FROM INVOICE # 4651		8030.00
	12.23.08 =		—
	LARGE PAPYRUS PALM		400.00
12	PREMIUM ORCHIDS	55	660.00
	LARGE BED BOW BEDDING		—
	GUEST RM		125.00
2	SMALL BEDDING, ROSES	80	160.00
	ADJ. BED BEDDINGS AND		—
	GREAT CAMPBELL'S ORCHIDS		125.00
2	LARGE BEDDING - LINEN		—
	RM - FIBERGLASS SLIDES -	250	500.00
	SUBTOTAL		10050.00
	8 1/2 % TAX		829.13
	TOTAL		10879.13
	Thank you		

INVOICE NO. 4653

# JOSE T. MAREQUE

PROFESSIONAL CUSTOM FLORAL DESIGNER  
INTERIOR PLANTSCAPING DESIGNER  
LANDSCAPING DESIGNER

Date DECEMBER 2008

To ATTN. CARLOS % JACKSON RESIDENCE

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	FLOWERS FOR 100 NO		—
	CAROLWOOD =		
	12.26.08. ARRANG. PRANO		200.00
2	LARGE ROSE ARR. FOYER	250	500.00
	LARGE ARRANG. CHEST		—
	KITCHEN HALL		225.00
2	MEDIUM ROSE ARR. LIVING		—
	FOYER	125	250.00
	12.29.08 - TWO LARGE		—
	ROSE ARRANG - FOYER	250	500.00
	LARGE SNOWFLOWER ARR.		—
	KITCHEN HALL		175.00
5	ROSES CENTERPIECES - FOR		—
	DINING TABLE	85	425.00
	LARGE ROSE ARRANG.		—
	SIDEBOARD DINING RM		450.00
2	TALL ARRANG. LIVING RM	200	400.00
2	TULIPS ARRANG - LIVING & FOYER		200.00
	<u>SUBTOTAL</u>		3325.00



**INVOICE NO. 4654**

**JOSE T. MAREQUE**

**PROFESSIONAL CUSTOM FLORAL DESIGNER  
INTERIOR PLANTSCAPING DESIGNER  
LANDSCAPING DESIGNER**

Date DECEMBER 2008

To \_\_\_\_\_

**Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	SUBTOTAL FROM INVOICE # 4653		3325 00
	ROSS ADDING FOR DRAHLINE		-
	CHEST		225 00
	SUBTOTAL		3550 00
	8 1/4 % TAX		292 88
	TOTAL		3842 88
	Thank you		

INVOICES # 4650-51-52  
FROM DECEMBER 2009,  
TOTAL AMOUNT \$ 10,879.13

INVOICES # 4653-54.

FROM DECEMBER  
2009, TOTAL

AMOUNT \$ 3,842.88

GRAND TOTAL \$ 14,722.01

AMOUNT PAID

CHECK # 010443 \$ 10,000.00

BALANCE DUE \$ 4,722.01

ENCHANTED KINGDOM LLC

Jose T. Mareque

Date 3/27/2009 Type Bill Reference 4652

CHECK 331.09 (A. aduccion)

Original Amt. 10,000.00

Balance Due 10,000.00

3/27/2009 Discount Check Amount

Payment 10,000.00

010443

UBC - 6823

Payment of Invoices 4650-4654

10,000.00



# NOTICE OF ADMINISTRATION OF THE ESTATE OF

MICHAEL JOSEPH JACKSON, Deceased

(NAME)

DECEDENT

## NOTICE TO CREDITORS

1. (Name): John Branca and John McClain, Special Administrators  
(Address): c/o HOFFMAN, SABBAN & WATENMAKER, APC., - Paul Gordon Hoffman & Jeryll S. Cohen  
10880 Wilshire Boulevard, Suite 2200  
Los Angeles, CA 90024

(Telephone): [REDACTED] Facsimile: [REDACTED]

is the personal representative of the ESTATE OF (name): MICHAEL JOSEPH JACKSON

, who is deceased.

2. The personal representative HAS BEGUN ADMINISTRATION of the decedent's estate in the

a. SUPERIOR COURT OF CALIFORNIA, COUNTY OF (specify): LOS ANGELES

STREET ADDRESS: 111 North Hill Street

MAILING ADDRESS: Same as above

CITY AND ZIP CODE: Los Angeles, CA 90012

BRANCH NAME: CENTRAL DISTRICT

b. Case number (specify): BP117321

3. You must FILE YOUR CLAIM with the court clerk (address in item 2a) AND mail or deliver a copy to the personal representative before the later of the following times as provided in Probate Code section 9100:

a. four months after (date): October 15, 2009, the date letters (authority to act for the estate) were first issued to the personal representative, OR

b. sixty days after (date): December 22, 2009, the date this notice was mailed or personally delivered to you.

4. LATE CLAIMS: If you do not file your claim before it is due, you must file a petition with the court for permission to file a late claim as provided in Probate Code section 9103.

**WHERE TO GET A CREDITOR'S CLAIM FORM:** If a *Creditor's Claim* (form DE-172) did not accompany this notice, you may obtain a copy from any superior court clerk or from the person who sent you this notice. A letter to the court stating your claim is not sufficient.

**FAILURE TO FILE A CLAIM:** Failure to file a claim with the court and serve a copy of the claim on the personal representative will in most instances invalidate your claim.

**IF YOU MAIL YOUR CLAIM:** If you use the mail to file your claim with the court, for your protection you should send your claim by certified mail, with return receipt requested. If you use the mail to serve a copy of your claim on the personal representative, you should also use certified mail.

**Note:** To assist the creditor and the court, please send a copy of the *Creditor's Claim* form with this notice.

(Proof of Service on reverse)

[Optional]

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify):  
[REDACTED]


3. I served the foregoing *Notice of Administration to Creditors* ☒ and a blank *Creditor's Claim* form \* on each person named below by enclosing a copy in an envelope addressed as shown below AND
  - a. ☐ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b. ☒ placing the envelope for collection and mailing on the date and at the place shown in Item 4 following our ordinary business practices. I am readily familiar with the business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date of deposit: December 22, 2009 b. Place of deposit (city and state): Los Angeles, CA

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: December 22, 2009

Eather S. Zipernan (TYPE OR PRINT NAME)

  
(SIGNATURE OF DECLARANT)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**  
**SEE ATTACHED SERVICE LIST**

TIMZ

☒ List of names and addressees continued in attachment.

**\*NOTE:** To assist the creditor and the court, please send a copy of the *Creditor's Claim* (form DE-172) with the notice.

DE-157 (Rev. January 1, 1992)

**NOTICE OF ADMINISTRATION TO CREDITORS**  
(Probate)

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