



RECEIPT NUMBER WAC-11-904-13977		CASE TYPE I130 IMMIGRANT PETITION FOR RELATIVE, FIANCE(E), OR ORPHAN
RECEIPT DATE May 18, 2011	PRIORITY DATE May 16, 2011	PETITIONER BEKKER, AMANDA M.
NOTICE DATE August 30, 2011	PAGE 1 of 1	BENEFICIARY A200 321 236 BEKKER, STEFAN J.
AMANDA M. BEKKER 21501 CIRCLE DR TEHACHAPI CA 93561		Notice Type: Approval Notice Section: Husband or wife of U.S. Citizen, 201(b) INA

Courtesy Copy: Original sent to: GORMAN, RICHARD J

This courtesy notice is to advise you of action taken on this case. The official notice has been mailed to the attorney or representative indicated above. Any relevant documentation included in the notice was also mailed as part of the official notice.

The above petition has been approved. We have sent the original visa petition to the Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909. NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. NVC will then forward the approved petition to that consulate.

The NVC will contact the person for whom you are petitioning (beneficiary) concerning further immigrant visa processing steps.

You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at [NVCINQUIRY@state.gov](mailto:NVCINQUIRY@state.gov). You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

This courtesy copy may not be used in lieu of official notification to demonstrate the filing or processing action taken on this case.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NATIONAL BENEFITS CENTER

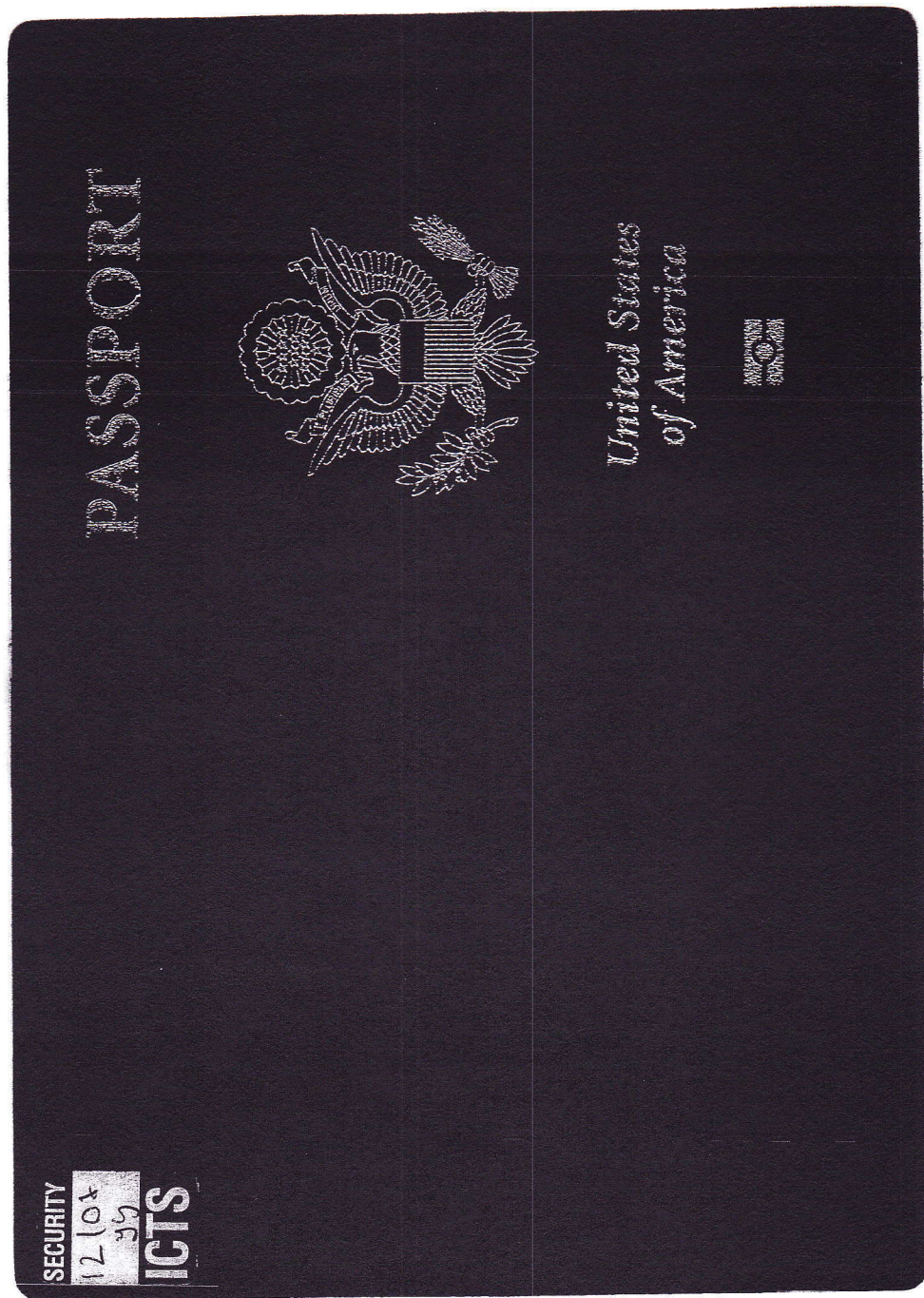
USCIS, DHS

P.O. BOX #648004

LEE'S SUMMIT MO 64064

Customer Service Telephone: (800) 375-5283





Proof of Petitioner's U.S. Citizenship

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*



USA



P<USALOVENGUTH<<AMANDA<MARIE<<<<<<<<<<<<<<<<  
4586659641USA8410054F1908055319504980<901614

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

4 2011 15000296

### LICENSE AND CERTIFICATE OF MARRIAGE

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

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A FIRST NAME <b>AMANDA</b>		1B MIDDLE <b>MARIE</b>	
1C CURRENT LAST <b>LOVENGUTH</b>		1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) -	
2 DATE OF BIRTH (MM/DD/CCYY) <b>10/05/1984</b>	3 STATE/COUNTRY OF BIRTH <b>CA</b>	4 # PREV. MARRIAGES/SROP <b>0</b>	5A LAST MARRIAGE/SROP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SROP <input checked="" type="checkbox"/> N/A
6 ADDRESS <b>22751 LAKE DRIVE</b>		7 CITY <b>TEHACHAPI</b>	8 STATE/COUNTRY <b>CA</b>
9 ZIP CODE <b>93561</b>			
10A FULL BIRTH NAME OF FATHER/PARENT <b>DESMOND LINTON LOVENGUTH</b>		10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
11A FULL BIRTH NAME OF MOTHER/PARENT <b>SHERRY B. CATTUZZO</b>		11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
12A FIRST NAME <b>STEFAN</b>		12B MIDDLE <b>JAQUES</b>	
12C CURRENT LAST <b>BEKKER</b>		12D LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) -	
13 DATE OF BIRTH (MM/DD/CCYY) <b>10/07/1988</b>	14 STATE/COUNTRY OF BIRTH <b>SOUTH AFRICA</b>	15 # PREV. MARRIAGES/SROP <b>0</b>	16A LAST MARRIAGE/SROP ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SROP <input checked="" type="checkbox"/> N/A
17 ADDRESS <b>21831 BROOK DRIVE</b>		18 CITY <b>TEHACHAPI</b>	19 STATE/COUNTRY <b>CA</b>
20 ZIP CODE <b>93561</b>			
21A FULL BIRTH NAME OF FATHER/PARENT <b>CHRISTIAAN BEKKER</b>		21B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>SOUTH AFRICA</b>	
22A FULL BIRTH NAME OF MOTHER/PARENT <b>CHRISTA KATHARINA LABAGHNE</b>		22B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>SOUTH AFRICA</b>	
<p>WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.</p>			
23 SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D <i>Amanda Lovenguth</i>		24 SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>Stefan Bekker</i>	
<p>1. THE UNDERSIGNED DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.</p>			
25A ISSUE DATE (MM/DD/CCYY) <b>12/20/2010</b>		25B EXPIRES AFTER (MM/DD/CCYY) <b>03/20/2011</b>	
25C NAME OF COUNTY CLERK <b>ANN K. BARNETT</b>		25D SIGNATURE OF CLERK OR DEPUTY CLERK <i>Ann K. Barnett</i>	
25E MARRIAGE LICENSE NUMBER <b>B-4201015003786</b>		25F COUNTY OF ISSUE <b>KERN</b>	
25G RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) <b>1655 CHESTER AVE., BAKERSFIELD, CA, 93301</b>			
26A SIGNATURE OF WITNESS <i>Michael A. Russell</i>		26B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>MICHAEL A. RUSSELL</b>	
26C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>21831 BROOK DR. TEHACHAPI, CA, 93561</b>			
27A SIGNATURE OF WITNESS <i>Cameron Russell</i>		27B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Cameron Russell</b>	
27C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>21831 Brook dr. Tehachapi, CA 93561</b>			
<p>1. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.</p>			
28A DATE OF MARRIAGE (MM/DD/CCYY) <b>12/31/2010</b>		28B CITY/TOWN OF MARRIAGE <b>Tehachapi</b>	
28C COUNTY OF MARRIAGE <b>Kern</b>			
29A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>Annette Trotter</i>		29B RELIGIOUS DESIGNATION (IF CLERGY) <b>Christian</b>	
29C NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Annette Trotter</b>		29D OFFICIAL TITLE <b>Minister</b>	
29E ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>20400 Oak Knoll, Palmdale, CA Kern 93561</b>			
<p>NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)</p>			
30A. FIRST - MUST BE SAME AS 1A <b>AMANDA</b>		30B. MIDDLE <b>MARIE LOVENGUTH</b>	
30C. LAST <b>BEKKER</b>			
<p>NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)</p>			
31A. FIRST - MUST BE SAME AS 12A -		31B. MIDDLE -	
31C. LAST -			
32A NAME OF LOCAL REGISTRAR <b>JAMES W. FITCH</b>		32B SIGNATURE OF CLERK OR DEPUTY CLERK <i>James W. Fitch</i>	
32C DATE ACCEPTED FOR REGISTRATION <b>02/14/2011</b>			

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

VS-117 (01/01/2010)

### Marriage Certificate

CERTIFIED COPY OF VITAL RECORDS

\*000672732\*

STATE OF CALIFORNIA  
COUNTY OF KERN

DATE ISSUED

FEB 15 2011

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER.

133

James W. Fitch  
ASSESSOR RECORDER

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

# G-325A, Biographic Information

(Family Name) <b>Bekker</b>	(First Name) <b>Amanda</b>	(Middle Name) <b>Marie</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) <b>10/05/1984</b>	Citizenship/Nationality <b>USA</b>	File Number <b>A</b>
All Other Names Used (include names by previous marriages) <b>Amanda Marie Lovenguth</b>			City and Country of Birth <b>Hanford, USA</b>		U.S. Social Security # (if any) <b>545 91 3240</b>	
Family Name <b>Father Lovenguth</b> <b>Mother Cattuzzo</b> (Maiden Name)	First Name <b>Desmond</b> <b>Sherry</b>	Date of Birth (mm/dd/yyyy) <b>08/01/1958</b> <b>07/09/1963</b>	City, and Country of Birth (if known) <b>Fresno, USA</b> <b>Santa Ana, USA</b>		City and Country of Residence <b>Tehachapi, USA</b> <b>Lamar, USA</b>	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) <b>Bekker</b>	First Name <b>Stefan</b>	Date of Birth (mm/dd/yyyy) <b>10/07/1988</b>	City and Country of Birth <b>Pretoria,</b> <b>South Africa</b>	Date of Marriage <b>12/31/2010</b>	Place of Marriage <b>Tehachapi, Ca</b>	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) <b>None</b>	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From Month Year	To Month Year
21501 Circle Drive	Tehachapi	CA	USA	04 2011	Present Time
21831 Brooke Drive	Tehachapi	CA	USA	08 2010	04 2011
22751 Lake Drive	Tehachapi	CA	USA	02 1996	08 2010

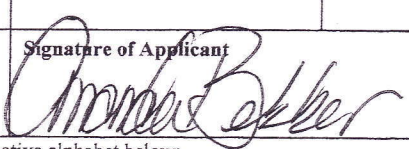
Applicant's last address outside the United States of more than 1 year.

Street and Number	City	Province or State	Country	From Month Year	To Month Year
N/A					

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From Month Year	To Month Year
Safe 1 Credit Union 20141 Valley Blvd	Member Service Officer	06 2005	Present Time

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for:		Signature of Applicant	Date
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Other (Specify):		8/30/2011
<input type="checkbox"/> Status as Permanent Resident			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
<b>Bekker</b>	<b>Amanda</b>	<b>Marie</b>	<b>A</b>

Keep this stub with your personal records. The other side contains important information.

Please note: The date we issued this card is shown below the signature line.



AMANDA MARIE BEKKER  
22751 LAKE DR  
TEHACHAPI CA 93561-8256

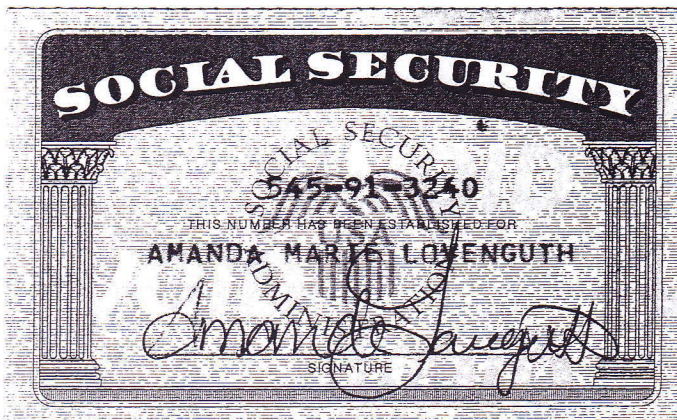


## YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.

CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
DO NOT CARRY THIS CARD WITH YOU.  
Do not laminate.



Quarter/ Year :	2 / 2011
Period Range :	04/01/2011 to 06/30/2011

Bekker, Amanda - 1123 - 91-3240		21501 Circle Drive Tehachapi, CA, 93561		Hire Term Salary Pay Freq	06/20/2005 1212.50 1212.50 Semi-Monthly	Federal State Marital Status	S 0 SM 0	Scheduled EDs	Calculation	Amount	Target	Balance
Gender	Female											
Payroll history	04/15/2011	04/29/2011	05/13/2011	05/31/2011	06/15/2011	06/30/2011						
E02 Overtime	10.49						04/2011	05/2011	06/2011	Q2/2011	YTD/2011	
E07 Salary	1212.50	1212.50	1212.50	1212.50	1212.50	1212.50	10.49	2425.00	2425.00	2425.00	7275.00	14435.00
Total Earnings	1212.50	1222.99	1212.50	1212.50	1212.50	1212.50	2435.49	2425.00	2425.00	7285.49	14455.98	
T01 Federal	151.04	152.62	151.04	151.04	151.04	151.04	303.66	302.08	302.08	907.82	1798.40	
T02 OASDI	50.93	51.37	50.93	50.93	50.93	50.93	102.30	101.86	101.86	306.02	607.20	
T03 Medicare	17.58	17.73	17.58	17.58	17.58	17.58	35.31	35.16	35.16	105.63	209.60	
T06 CA State	27.87	28.34	27.87	27.87	27.87	27.87	56.21	55.74	55.74	167.69	330.32	
T07 CA SDI	14.55	14.68	14.55	14.55	14.55	14.55	29.23	29.10	29.10	87.43	173.48	
Total Taxes	261.97	264.74	261.97	261.97	261.97	261.97	526.71	523.94	523.94	1574.59	3119.00	

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Payroll People Inc.  
phone: 559-251-9060  
fax: 559-251-1431  
e-mail:

Date Printed: 06/30/2011 10:57:59 AM  
Printed by: Juanita Gomez

**RECORDING REQUESTED BY**  
First American Title Company

**AND WHEN RECORDED MAIL DOCUMENT TO:**  
Amanda Lovenguth  
21501 Circle Drive  
Tehachapi, CA 93561

**James W. Fitch, Assessor - Recorder**  
Kern County Official Records  
Recorded at the request of  
**Public**

**SO FIR**  
**5/09/2011**  
**12:34 PM**

DOC#: **0211060144**



Stat Types: 1 Pages: **3**

Fees	15.00
Taxes	0.00
Others	4.00
PAID	<b>\$19.00</b>

Space Above This Line for Recorder's Use Only

A.P.N.: 467-022-11-00-5

File No.: 1504-3717422 (TB)

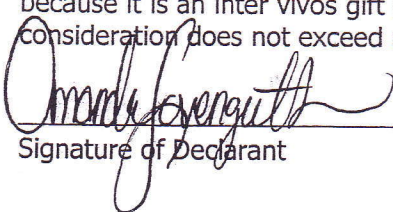
### **INTERSPOUSAL TRANSFER GRANT DEED**

This is an Interspousal Transfer and not a change in ownership under Section 63 of the Revenue and Taxation Code, and transfer by Grantor(s) is excluded from reappraisal as a creation, transfer, or termination, solely between the spouses of any co-owner's interest.

SURVEY MONUMENT FEE \$

The Undersigned Grantor(s) declare(s): DOCUMENTARY TRANSFER TAX **\$0**; CITY TRANSFER TAX **\$0**;

This conveyance is solely between spouses and is EXEMPT from the imposition of Documentary Transfer Tax because it is an inter vivos gift pursuant to Section 11930 of the Revenue and Taxation Code and therefore consideration does not exceed \$100 pursuant to 11911 of the Revenue and Taxation Code.

  
Signature of Declarant

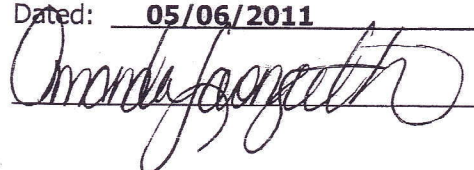
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Amanda Lovenguth, a married woman as her sole and separate property**

hereby GRANTS to **Amanda Marie Lovenguth Bekker and Stefan J. Bekker, wife and husband, as joint tenants**

the following described property in the unincorporated area of **Tehachapi**, County of **Kern**, State of **California**:

**See Exhibit A attached hereto for legal description.**

Dated: **05/06/2011**



Mail Tax Statements To: **SAME AS ABOVE**

STATE OF California )SS  
COUNTY OF Kern )

On May 6, 2011, before me, L. M. Fischer-Mazie, Notary  
Public, personally appeared Amanda Lovenguth \*\*\*\*\* (aka Amanda Marie Lovenguth Bekker)

\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to  
be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that  
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on  
the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is  
true and correct.

WITNESS my hand and official seal.

Signature

*L. M. Fischer-Mazie*



My Commission Expires: 10/4/2011

*This area for official notarial seal*

Notary  
Name: L. M. Fischer-Mazie  
Notary Registration  
Number: \_\_\_\_\_

Notary  
Phone: 661-823-1630  
County of Principal Place of  
Business: Kern

**EXHIBIT A**

**LOT 93 OF TRACT 3005, IN THE UNINCORPORATED AREA, COUNTY OF KERN, STATE OF CALIFORNIA, AS PER MAP RECORDED AUGUST 8, 1966 IN BOOK 15 PAGE 24 TO 25 INCLUSIVE OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.**

**~~ALSO EXCEPTING THEREFROM ALL WATER IN AND UNDER SAID LAND AND WATER RIGHTS APPURTENANT THERETO.~~**

**EXCEPTING THEREFROM ALL OIL, GAS, MINERALS, AND OTHER HYDROCARBON SUBSTANCES, WITHIN OR UNDERLYING SAID LAND, AS RESERVED IN DEED OF RECORDS.**



ACCOUNT NUMBER 186 218 5283 1  
SERVICE FOR  
AMANDA M BEKKER  
21501 CIRCLE DR  
TEHACHAPI CA 93561-8766

DATE MAILED May 23, 2011 Page 1 of 5  
24 Hour Service  
1-800-427-2200 English  
1-800-342-4545 Español  
1-800-252-0259 TTY  
www.socalgas.com

## OPENING BILL

We would like to welcome you as a SoCalGas customer. Whenever you need assistance with your energy needs, please don't hesitate to call anytime, 24 hours a day.

## Account Summary

Opening Balance	.00
Payment Received	- .00
Current Charges	+ 200.14
<b>Total Amount Due</b>	<b>\$200.14</b>

## Current Charges

Rate: GR - Residential Climate Zone: 2 Baseline Allowance: 36 Therms  
Meter Number: 04298814 (Next scheduled read date Jun 20 2011) Cycle: 13

Billing Period	Days	Current Reading	Previous Reading	= Difference	x Billing Factor	= Total Therms
5/15/11 - 05/19/11	34	6297	6260	37	0.930	34

## AS CHARGES

Customer Charge	34 Days x \$.16438	Amount(\$)	5.59
-----------------	--------------------	------------	------

Gas Service (Details below) 34 Therms

Baseline	
Therms used	34
Rate/Therm	\$.79176
Charge	\$26.92
	= 26.92

**Total Gas Charges \$32.51**

## TAXES & FEES ON GAS CHARGES

State Regulatory Fee	34 Therms x \$.00068	Amount(\$)	.02
Public Purpose Surcharge	34 Therms x \$.07687		2.61

**Total Taxes and Fees on Gas Charges \$2.63**

(Continued on next page)

The Gas Company's gas commodity cost per therm for your billing period:  
May ..... \$.45454 Apr. .... \$.46017

DATE DUE	Jun 13, 2011
AMOUNT DUE	\$200.14

Please enter amount enclosed.

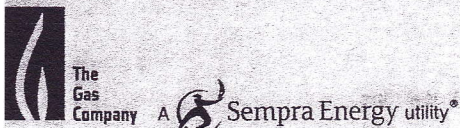
\$

Write account number on check and make payable to The Gas Company.

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. (FAVOR DE GUARDAR ESTA PARTE PARA SUS REGISTROS.)  
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. (FAVOR DE DEVOLVER ESTA PARTE CON SU PAGO.)

Save Paper & Postage  
PAY ONLINE  
www.socalgas.com

ACCOUNT NUMBER  
186 218 5283 1



7478.20.631.197932 2 AV 0.465 oz 1.050  
AMANDA M BEKKER  
STEFAN BEKKER  
21501 CIRCLE DR  
TEHACHAPI CA 93561-8766

THE GAS COMPANY  
PO BOX C  
MONTEREY PARK CA 91756-5111

80 1862185283 00020014 18

1862185283 0002001418

CV 13 4418 6230





SOUTHERN CALIFORNIA  
**EDISON®**

An EDISON INTERNATIONAL® Company

P.O. Box 600  
Rosemead, CA  
91771-0001  
www.sce.com

# Your electricity bill

BEKKER, AMANDA / Page 1 of 6

For billing and service inquiries call 1-800-684-8123,  
24 hrs a day, 7 days a week

Date bill prepared: Aug 27 '11

**Customer account** 2-27-948-0339  
STEFAN & AMANDA BEKKER

**Service account** 3-037-0013-23  
21501 CIRCLE DR # 93  
TEHACHAPI, CA 93561

**Rotating outage** Group N001

## Your account summary

Amount of your last bill	\$31.55
Payment we received on Aug 15 '11 - thank you	-\$35.00
Credit balance	-\$3.45
Your new charges	\$44.34
<b>Total amount you owe by Sep 15 '11</b>	<b>\$40.89</b>

## Compare the electricity you are using

Your current read for meter E702-022252 - Aug 26 '11	25795
Your previous read - Jul 28 '11	- 25447
<b>Total electricity you used this month in kWh</b>	<b>348</b>

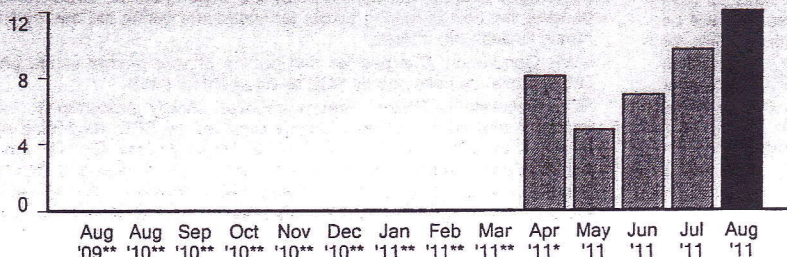
Your next meter read will be on or about Sep 27 '11.

## Your daily average electricity usage (kWh)

2 Years ago: N/A

Last year: N/A

This year: 12.00



\* Irregular billing period  
\*\* No data available

Please return the payment stub below with your payment and make your check payable to Southern California Edison.  
If you want to pay in person, call 1-800-747-8908 for locations, or you can pay online at www.sce.com.

(14-574)

Tear here

Tear here



SOUTHERN CALIFORNIA  
**EDISON®**  
an EDISON INTERNATIONAL® Company

**Customer account** 2-27-948-0339  
Please write this number on your check. Make your  
check payable to Southern California Edison.

**Amount due by Sep 15 '11**

**\$40.89**

Amount enclosed \$



BEKKER, AMANDA  
STEFAN & AMANDA BEKKER  
STEFAN & AMANDA BEKKER  
21501 CIRCLE DR  
TEHACHAPI, CA 93561-8766

P.O. BOX 600  
ROSEMEAD, CA 91771-0001

27 948 0339 00000015 0000000000000040890000004089

## 2204395080

Aug 17, 2011

Pg 1 of 2

4

Expedited Funds Availability Disclosure - Effective July 21, 2011

\*\*\*\*\*  
 VIP Free + Interest Checking

----- Deposits/Other Credits -----		
07/25/2011	Deposit	160.00
07/27/2011	Deposit	20.00
07/29/2011	Deposit	100.00

----- Checks listed in numerical order; (\*) indicates gap in sequence

Check	Date	Amount	Check	Date	Amount
534	08/04	111.66			

142



# PERSONAL AUTO POLICY DECLARATION

AMEND - POLICY CHANGE  
EFFECTIVE 05/17/11

**Account:**

21ST CENTURY INSURANCE

**Customer Service Center:**

21st CENTURY INSURANCE

21ST CENTURY PLAZA

P.O. BOX 15510

WILMINGTON, DE 19850-5510

Named Insured and Mailing Address

AMANDA BEKKER  
STEFAN BEKKER  
21501 CIRCLE DR  
TEHACHAPI, CA 93561-8766

Policy No: **2015 96 39**

Policy Period: From **03/15/11**

To: **09/15/11 12:01 AM Standard Time**

Vehicle(s) and Driver(s)							
Veh	Year	Make/Model	Vehicle ID Number	Use	Vehicle Discounts/Comments	Zip	Mileage
1	95	HONDA CIVIC EX	2HGEJ1224SH562376	P	MCDIGD	93561	2,000
Veh	Rated Driver		Years Licensed	Tickets	Chargeable Accidents	Driver Discounts	
1	AMANDA LOVENGUTH		09	0		SD5	

COVERAGE IS PROVIDED WHERE A PREMIUM AND A LIMIT OF LIABILITY ARE SHOWN FOR THE COVERAGE

Coverage	Limit of Liability		Premium	
			Veh 1	
A. Bodily Injury Liability includes \$0.90 per vehicle fraud fee	\$50,000 \$100,000	each person each accident	\$ 107.00	
B. Property Damage Liability	\$50,000	each accident	\$ 48.00	
C. Medical Payments	\$5,000	each person	\$ 34.00	
D. Uninsured Motorist Bodily Injury	\$50,000 \$100,000	each person each accident	\$ 24.00	
<b>DAMAGE TO YOUR VEHICLE</b>	Veh 1			
<b>Actual Cash Value Less Deductible</b>	Ded.			
E. Comprehensive	\$1,000		\$ 28.00	
F. Collision	\$1,000		\$ 74.00	
Uninsured Motorist D1. Property Damage 21st Century				
G. Security Advantage	each disablement			
H. Rental Reimbursement	Per day max			
J. Additional Equipment The first \$1000 is automatically included with coverage E or F. Additional coverage is optional.	Included \$1,000 Additional Total \$1,000		\$ 0.00	
<b>Total Premium Per Vehicle</b>			\$ 315.00	
If the installment bill plan is used, a service charge may apply.			<b>Total Premium</b>	<b>\$ 315.00</b>

Endorsement(s)/Agreement(s) Applicable:

TCU-1 (01/09)r

TCU511CA (02/11)

TCU531 (01/10)

Loss Payee (LP), Additional Insured (AI)

Veh 1 LP SAFE ONE CREDIT U

Drivers Not Rated

**THE FOLLOWING FEE(S) MAY APPLY:**

LATE: \$5.00 PAYMENT RETURNED (NSF): \$10.00  
CANCEL: \$50.00 INSTALLMENT BILL PLAN SERVICE CHARGE: \$4.00

143

*AMROYD*

Vice President

05/17/11

WHEN ATTACHED TO THE PERSONAL AUTO POLICY, THESE DECLARATIONS COMPLETE THE POLICY AND REPRESENT THE CURRENT STATUS OF YOUR COVERAGES AND LIMITS OF LIABILITY.

Visit 21st.com to make policy changes, pay your premium, and more. Register online today! For Customer Care call 1-800-241-1188.



# PERSONAL AUTO POLICY DECLARATION

RENEWAL  
EFFECTIVE 09/15/11

Account:  
21ST CENTURY INSURANCE

Customer Service Center:  
21st CENTURY INSURANCE  
21ST CENTURY PLAZA  
P.O. BOX 15510  
WILMINGTON, DE 19850-5510

Named Insured and Mailing Address

AMANDA BEKKER  
STEFAN BEKKER  
21501 CIRCLE DR  
TEHACHAPI, CA 93561-8766

Policy No: **2015 96 39**  
Policy Period: From **09/15/11**  
To: **03/15/12** 12:01 AM Standard Time

Vehicle(s) and Driver(s)							
Veh	Year	Make/Model	Vehicle ID Number	Use	Vehicle Discounts/Comments	Zip	Mileage
1	95	HONDA CIVIC EX	2HGEJ1224SH562376	P	MCD\GD	93561	2,000
Veh	Rated Driver		Years Licensed	Tickets	Chargeable Accidents	Driver Discounts	
1	AMANDA LOVENGUTH		09	0		SD5	

COVERAGE IS PROVIDED WHERE A PREMIUM AND A LIMIT OF LIABILITY ARE SHOWN FOR THE COVERAGE

Coverage	Limit of Liability		Premium		
			Veh 1		
A. Bodily Injury Liability includes \$0.90 per vehicle fraud fee	\$50,000 \$100,000	each person each accident	\$ 107.00		
B. Property Damage Liability	\$50,000	each accident	\$ 48.00		
C. Medical Payments	\$5,000	each person	\$ 34.00		
Uninsured Motorist	\$50,000	each person			
D. Bodily Injury	\$100,000	each accident	\$ 24.00		
<b>DAMAGE TO YOUR VEHICLE</b>	Veh 1				
<b>Actual Cash Value Less Deductible</b>	Ded.				
E. Comprehensive	\$500		\$ 31.00		
F. Collision	\$500		\$ 88.00		
Uninsured Motorist					
D1. Property Damage	DED WAIVE		\$ 5.00		
G. Security Advantage	each disablement				
H. Rental Reimbursement	Per day max				
J. Additional Equipment The first \$1000 is automatically included with coverage E or F. Additional coverage is optional.	Included \$1,000 Additional Total \$1,000		\$ 0.00		
<b>Total Premium Per Vehicle</b>			\$ 337.00		
			<b>Total Premium</b>	\$ 337.00	

If the installment bill plan is used, a service charge may apply.

**Total Premium** \$ 337.00

Endorsement(s)/Agreement(s) Applicable:

FPN-a 1009 TCU-1 (01/09)r  
TCU511CA (02/11) TCU531 (01/10)

Loss Payee (LP), Additional Insured (AI)  
Veh 1 LP SAFE ONE CREDIT U

Drivers Not Rated

**THE FOLLOWING FEE(S) MAY APPLY:**

LATE: \$5.00 PAYMENT RETURNED (NSF): \$10.00  
CANCEL: \$50.00 INSTALLMENT BILL PLAN SERVICE CHARGE: \$4.00

144 *Amroyd*  
Vice President

08/09/11

WHEN ATTACHED TO THE PERSONAL AUTO POLICY, THESE DECLARATIONS COMPLETE THE POLICY AND REPRESENT THE CURRENT STATUS OF YOUR COVERAGES AND LIMITS OF LIABILITY.

Visit 21st.com to make policy changes, pay your premium, and more. Register online today! For Customer Care call 1-800-244-4488

Aug 17, 2011

Pg 2 of 2

Stefan J Bekker

07/28/2011 Check Card Purchase	7.19
SHELL OIL 930040061QPS TEHACHAPI CA	
07/28/2011 Check Card Purchase	15.62
SUBWAY 00041269 TEHACHAPI CA	
07/29/2011 Check Card Purchase	10.00
TEHACHAPI MOUNTAIN PUB TEHACHAPI CA	
08/01/2011 ATM Withdrawal	20.00
BANK OF THE SIERRA TEHACHAPI CA	
08/01/2011 Check Card Purchase	12.15
EXXONMOBIL 96516398 TEHACHAPI CA	
08/01/2011 Check Card Purchase	7.00
H DOMINGOS MEXICAN SEA TEHACHAPI CA	
08/02/2011 Check Card Purchase	3.20
SHELL OIL 574427135QPS TEHACHAPI CA	
08/02/2011 Check Card Purchase	9.18
MCDONALDS F15749 TEHACHAPI CA	
08/02/2011 Check Card Purchase	10.00
SHELL OIL 574427135QPS TEHACHAPI CA	
08/02/2011 Check Card Purchase	21.19
KELLEYS CAFE TEHACHAPI CA	
08/02/2011 Check Card Purchase	34.08
OLD TOWNE MARKET TEHACHAPI CA	

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	.00	.00
Total Return Item Fees	.00	.00

----- Daily Ending Balance -----					
07/21	3.61	07/28	141.68	08/02	114.88
07/25	163.61	07/29	231.68	08/04	3.22
07/27	171.55	08/01	192.53		

145  
166

Account 2204395080

Bank of the Sierra

STEFAN BEKKER 21831 BROOK DR TEHACHA, CA 93561 H:(661) 364-9720		0534
DATE 07/31/2011		
Pay To The Order Of	GC Services Ltd. Partnership	\$111.68
One Hundred Eleven Dollars and Sixty Six Cents		
BANK OF THE SIERRA - PORTERVILLE CA 93257-1712		
OTHER5819050 84 7378 050		GC Services L.P. by GC Services Ltd. Partnership as authorized signatory for STEFAN BEKKER Copyright 1992 - 2005 by Autoscribe Corporation
⑆121137027⑆ 2204395080⑆ 0534 ⑆0000011166⑆		

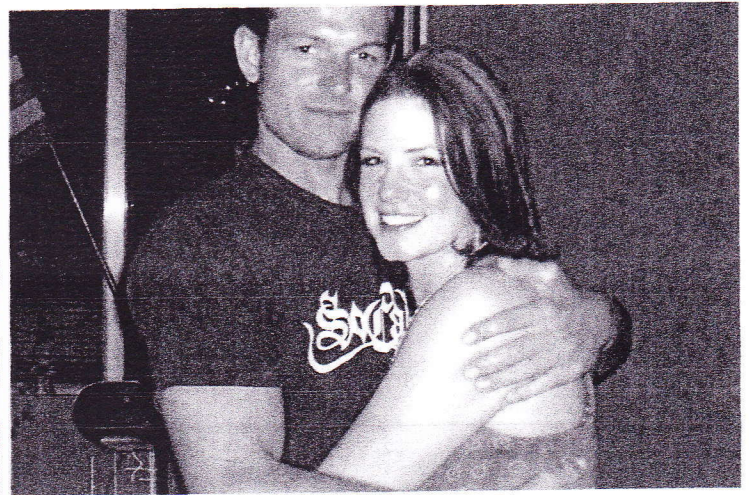
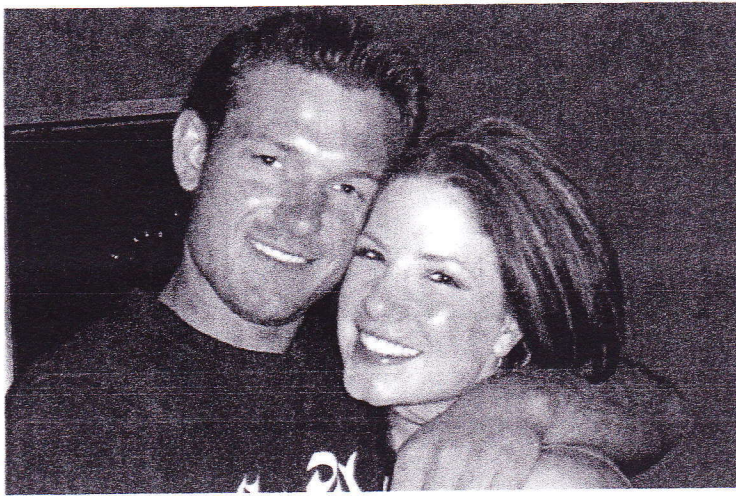
Preauthorized Check \$111.66  
by  
Autoscribe Corporation

BANK OF AMERICA, N.A.  
P122006614 1234 98712  
07/31/11  
75064002  
1590-2662  
DUTY AUTHORIZED AGENT  
GC SERVICES, L.P.  
FOR DEPOSIT ONLY  
158 Pay to the order of 1458  
NATIONAL TRUST AND SAVINGS  
ASSOCIATION  
BANK OF AMERICA

Check 534 Amount \$111.66 8/4/2011



196  
167



Beneficiary and Petitioner at Ben.'s stepmother's birthday party. 08/19/2011, Tehachapi, CA



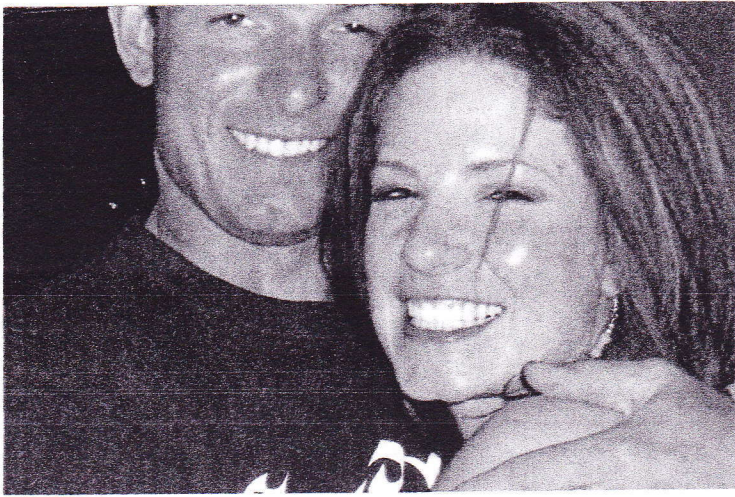
Petitioner with Ben.'s uncle, Dr. Paul Moll, 08/19/2011, Tehachapi, CA



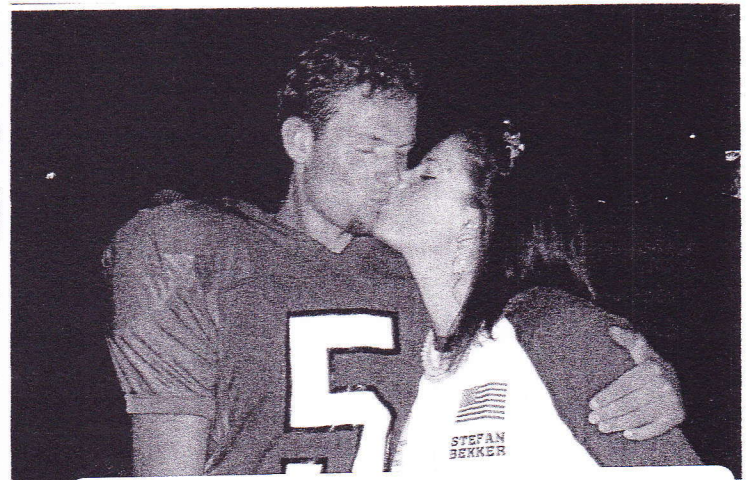
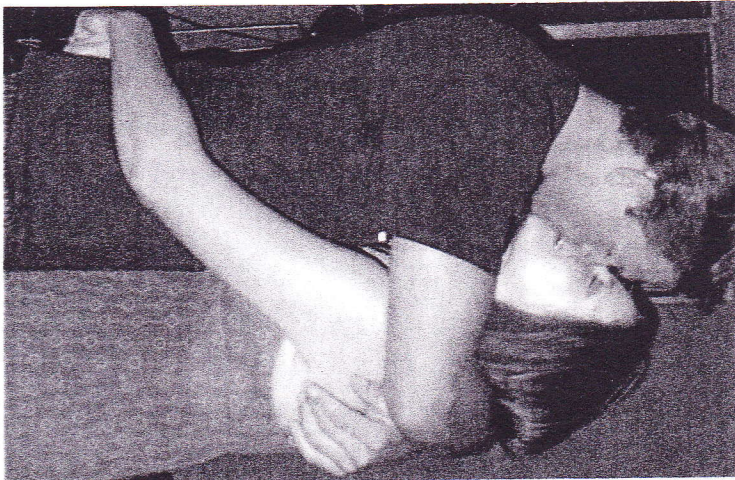
Beneficiary and Petitioner at a football match in August 2010. Tehachapi, CA



Petitioner and Beneficiary at Horse Thief Country Club 09/2011, Tehachapi, CA



Beneficiary and Petitioner at Ben.'s stepmother's birthday party. 08/19/2011, Tehachapi, CA



Beneficiary and Petitioner at a football match in August 2010. Tehachapi, CA



Petitioner and Beneficiary at Ben.'s father's art show in Tehachapi, CA 09/2010

# G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

## Part 1. Notice of Appearance as Attorney or Accredited Representative

### A. This appearance is in regard to immigration matters before:

☒ USCIS - List the form number(s): I-485; I-765
☐ CBP - List the specific matter in which appearance is entered: \_\_\_\_\_

☐ ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

### B. I hereby enter my appearance as attorney or accredited representative at the request of:

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and **not** the address of the attorney or accredited representative, except when filed under VAWA.

#### Principal Petitioner, Applicant, or Respondent

Name: Last <b>Bekker</b>			First <b>Stefan</b>	Middle <b>Jaques</b>	A Number or Receipt Number, if any  <b>A200321236</b>	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Address: Street Number and Street Name <b>21501 Circle Drive</b>			Apt. No.	City <b>Tehachapi</b>		

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

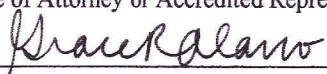


## Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)

- A. ☒ I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: CA
- I am not ☒ or ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B. ☐ I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:
- C. ☐ I am associated with \_\_\_\_\_
- The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

## Part 3. Name and 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 the Department of Homeland Security. 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.

Name of Attorney or Accredited Representative <b>Grace R. Alano</b>		Attorney Bar Number(s), if any <b>209268</b>
Signature of Attorney or Accredited Representative 		Date <b>11/3/11</b>
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code) <b>The Law Offices of Grace R. Alano, 598 Bosworth St., Ste. 3, San Francisco, CA 94131</b>		
Phone Number (Include area code) <b>(415) 413-8472</b>	Fax Number, if any (Include area code)	E-Mail Address, if any <b>grace@alanoimmigrationlaw.com</b>

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

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). _____ (Date).		
Subject to the following conditions: _____ Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment.  
☐ Replacement (of lost employment authorization document).  
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)	Which USCIS Office?	Date(s)
<b>BEKKER STEFAN JAQUES</b>	<b>NBC</b>	<b>07/15/2009</b>
2. Other Names Used (include Maiden Name)	Results (Granted or Denied - attach all documentation)	
<b>N/A</b>	<b>DENIED</b>	
3. Address in the United States (Number and Street) (Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
<b>21501 CIRCLE DRIVE</b>	<b>08/27/1998</b>	
(Town or City) (State/Country) (ZIP Code)	13. Place of Last Entry into the U.S.	
<b>TEHACHAPI CA 93561</b>	<b>U.S. IMMIGRATION 160 LOS 5227</b>	
4. Country of Citizenship/Nationality	14. Manner of Last Entry (Visitor, Student, etc.)	
<b>SOUTH AFRICA</b>	<b>M2</b>	
5. Place of Birth (Town or City) (State/Province) (Country)	15. Current Immigration Status (Visitor, Student, etc.)	
<b>PRETORIA PRETORIA SOUTH AFRICA</b>	<b>Adjustment Applicant</b>	
6. Date of Birth (mm/dd/yyyy)	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).	
<b>10/07/1988</b>	Eligibility under 8 CFR 274a.12 ( c ) ( 9 ) ( )	
7. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Degree: _____	
9. Social Security Number (include all numbers you have ever used) (if any)	Employer's Name as listed in E-Verify: _____	
<b>623 79 6950</b>	Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)		
<b>A200321236</b>		
11. Have you ever before applied for employment authorization from USCIS? <input checked="" type="checkbox"/> Yes (If "Yes," complete below) <input type="checkbox"/> No		

**Certification**

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature Stefan Bekker Telephone Number (661) 364-9720 Date 8/30/11

**Signature of Person Preparing Form, If Other Than Above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name GRACER, ALANO Address 598 BOSWORTH ST, STE 3, SF CA 94131 Signature Gracer Alano Date 11/3/2011

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned





REPUBLIC OF  
SOUTH AFRICA



REPUBLIQUE  
D'AFRIQUE DU SUD

TEMPORARY PASSPORT  
PASSEPORT TEMPORAIRE

DESCRIPTION OF BEARER — SIGNALEMENT DU TITULAIRE

Surname  
Nom

BEKKER

Given names  
Prénoms

STEFAN JAKUES

Nationality  
Nationalité

SOUTH AFRICAN

Date of birth  
Date de naissance

1988.10.07

Place of birth  
Lieu de naissance

PRETORIA  
R.S.A.

Sex  
Sexe

M

Identity No.  
No. d'Identité

8810075251086

Date of issue  
Date de délivrance

23 Jul. 2009

Date of expiry  
Date d'expiration

22 Jul. 2010

Issued at  
Délivré à

SA CONS. GENL. - LOS ANGELES

Photograph of bearer  
Photographie du titulaire



BH01786465



Director-General  
Directeur-général

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO  
BIG BEAR DISTRICT  
MINUTE ORDER

CASE NO: TBV700079

DATE: 06/21/07

CASE TITLE: PEOPLE OF THE STATE OF CALIFORNIA  
vs.  
STEFAN JAKUES BEKKER

-----  
DEPT: H1A 06/21/07 TIME: 8:00 am ARRAIGNMENT  
-----

CHARGES: 1) 20002(A) VC-M

ROBERT E LAW  
Clerk TERRI WHITE  
Defendant present.

-  
PROCEEDINGS

Advisal of rights signed by Defendant and filed.  
Defendant Arraigned.

-  
PLEA INFORMATION

Defendant pleads GUILTY as to Count(s) 1.

-  
DISMISSALS

Count(s) 2 dismissed in the interest of justice.

-  
FINDINGS/ADVISALS:

The Court, after readvisement of each of these rights, finds that the Defendant understands the charge(s), the possible penalties, right against self-incrimination, to confront and cross examine witnesses, to a public and speedy trial, to Jury trial, to have an attorney present at all stages of the proceedings and to the Public Defender if indigent and to the compulsory process of the court to subpoena witnesses.

Court finds plea is based on fact.

See findings in file.

Defendant waives formal arraignment for pronouncement of judgment and states there is no legal cause why judgment should not now be pronounced.

-  
SENTENCING INFORMATION

For all charges.

Pronouncement of Judgment is ordered withheld and Conditional and Revocable Release is GRANTED for a period of 36 month(s) on the following Terms and Conditions:

01) Violate no law other than minor traffic.

02) Pay \$110.00 to Victim Restitution Fund to the Court by

--- 09/05/2007; includes 10% admin fee.

Surcharge of \$20.00 imposed pursuant to PC1465.8(a).

Pay fine/fee to the Court.

by 09/05/2007.

134

Case Number : TBV700079 People vs. STEFAN BEKKER

03) Serve 3 days in a San Bernardino County Jail Facility.

--- With credit for time served of 0 day(s).

Defendant surrenders forthwith into custody to commence jail commitment for 3 days. Credit 0 days.

00) Pay restitution in an amount to be determined

--- by the DA's Office.

The People are to investigate the issue of restitution.

Probation Revocation Restitution Fine imposed in the sum of \$110.00 pursuant to 1202.44 PC; stayed pending successful completion of Probation.

Defendant accepts probation and is given a copy of the Terms and Conditions.

HEARINGS

Restitution Hearing set for 09/05/2007 at 8:30 in Department H1.  
Defendant ordered to appear on hearing date.

CUSTODY STATUS

Case custody - Probation.

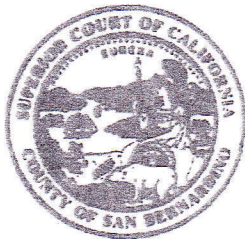
District Attorney notified.

Copy of Minute Order given to defendant.

===== MINUTE ORDER END =====

21 OCT 2007 10:00 AM  
NO. 1000 (100000) DIA JURY JUL 1 A 21 OCT 2007  
THE ORIGINAL SHALL BE FILED IN THE OFFICE  
OF THE CLERK OF THE COURT  
ATTEST  
Clerk of the Superior Court of the State of  
California, in and for the County of  
San Bernardino  
Date: 10/19/11  
By: [Signature]





THE DOCUMENT TO WHICH THIS CERTIFICATION IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST Stephen Nash

Clerk of the Superior Court of the State of California, in and for the County of San Bernardino.

Date OCT 19 2011

By [Signature] Deputy

J2411H1  
KERN CJIS  
ORGANIZATION: EM

SUPERIOR COURT, EAST DIVISION, MOJAVE BRANCH  
IN AND FOR THE COUNTY OF KERN

10/20/11  
13:39

CASE NO. MM065848 A      DATE: 08/02/11      TIME: 01:30 PM      DEPT.: A

PEOPLE VS. BEKKER, STEFAN J  
BOOKED AS:

JUDGE:      BARRY HAMMER, JUDGE  
REPORTER: VIQ RECORDING  
NATURE OF PROCEEDINGS:  
PRE-REVOCATION.

CLERK:      YOHANY NAVARRETE  
BAILIFF: GREG RUTTER

---

CHARGES: 2. VC 23152(B) PN

---

DEPUTY DISTRICT ATTORNEY RON TAYLOR APPEARED.

DEFENDANT APPEARED WITH DEPUTY PUBLIC DEFENDER RUSSELL  
MANGAN.

DEFENDANT WAIVES FORMAL HEARING.

PROBATION VIOLATION ADMITTED, AND THE COURT ACCEPTS  
ADMISSION OF VIOLATION OF THE TERMS OF PROBATION AS  
ENTERED BY DEFENDANT.

PROBATION IS REINSTATED.

ALL PREVIOUSLY ORDERED TERMS AND CONDITIONS OF PROBATION  
TO REMAIN IN EFFECT.

ENTERED ON CJIS BY P. RAMIREZ - SCMOJ, ON 08/02/2011.



SUPERIOR COURT OF CALIFORNIA  
COUNTY OF KERN, EAST DIVISION  
MOJAVE BRANCH

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND  
CORRECT COPY OF THE ORIGINAL DOCUMENT ON  
FILE IN THE OFFICE OF THE CLERK OF THIS COURT.

DATED: 10-20-11

TERRY McNALLY, CLERK

BY: Tadama DEPUTY

J2411H1  
KERN CJIS  
ORGANIZATION: EM

SUPERIOR COURT, EAST DIVISION, MOJAVE BRANCH  
IN AND FOR THE COUNTY OF KERN

10/20/11  
13:44

CASE NO. MM065848 A      DATE: 07/27/09      TIME: 01:30 PM      DEPT.: A

PEOPLE VS. BEKKER, STEFAN J  
BOOKED AS:

JUDGE: CORY J WOODWARD, JUDGE  
REPORTER: NONE  
NATURE OF PROCEEDINGS:  
PRETRIAL.

CLERK: YOHANY NAVARRETE  
BAILIFF: GREG RUTTER

---

CHARGES: 1. VC 23152(A) DISMA  
2. VC 23152(B) PN  
3. VC 12500(A) DISMA  
4. PC 1320(A) DISMA

---

DEPUTY DISTRICT ATTORNEY RON TAYLOR APPEARED.

DEFENDANT APPEARED WITH DEPUTY PUBLIC DEFENDER CRAIG  
ELKIN.

DEFENDANT REQUESTS AND IS GRANTED PERMISSION TO WITHDRAW  
PREVIOUS NOT GUILTY PLEA AND PLEADS NOLO CONTENDERE TO  
COUNT 2, A VIOLATION OF VC 23152(B), AS A MISDEMEANOR.  
DEFENDANT FOUND GUILTY BY COURT.

COUNT 1 DISMISSED ON MOTION OF THE DISTRICT ATTORNEY.  
REASON FOR DISMISSAL OR DISCHARGE: FURTHERANCE OF  
JUSTICE (PC 1385).

COUNT 3 DISMISSED ON MOTION OF THE DISTRICT ATTORNEY.  
REASON FOR DISMISSAL OR DISCHARGE: FURTHERANCE OF  
JUSTICE (PC 1385).

COUNT 4 DISMISSED ON MOTION OF THE DISTRICT ATTORNEY.  
REASON FOR DISMISSAL OR DISCHARGE: FURTHERANCE OF  
JUSTICE (PC 1385).

DEFENDANT ACKNOWLEDGES UNDERSTANDING OF WAIVER OF RIGHTS  
, AND BEING SPECIFICALLY QUERIED, VOLUNTARILY AND  
INTELLIGENTLY WAIVES: RIGHT TO TRIAL BY COURT OR JURY,  
RIGHT TO CONFRONT WITNESSES AGAINST HIM AND TO CROSS-  
EXAMINE THEM; RIGHT TO REMAIN SILENT AND RIGHT AGAINST  
SELF-INCRIMINATION.

MINUTE ORDER

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