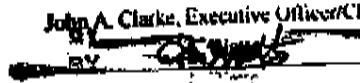


LE RUE GRIM, Esq. Attorney for Claimant 877 Bryant Street, Suite 200 San Francisco, CA 94103 (415) 621 8071, cell (415) 939 3350 fax (415) 621 2129 ATTORNEY FOR (Name):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY FILED Los Angeles Superior Court AUG 25 2009 John A. Clarke, Executive Officer/Clerk BY: 
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: Los Angeles, CA 90012 CITY AND ZIP CODE: BRANCH NAME:			
ESTATE OF (Name): Michael Joseph Jackson		DECEDENT	
CREDITOR'S CLAIM		CASE NUMBER: BP117321	

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.

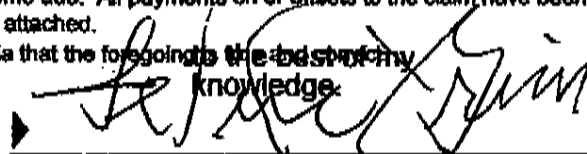
- Total amount of the claim: \$ **unknown**
- Claimant (name): **Prince Michael Malachi Jet Jackson through his attorney**
 - an individual
 - an individual or entity doing business under the fictitious name of (specify):
 - a partnership. The person signing has authority to sign on behalf of the partnership.
 - a corporation. The person signing has authority to sign on behalf of the corporation.
 - other (specify): **Claimant is biological son of decedent Michael J. Jackson**
- Address of claimant (specify):
c/o LeRue Grim, Esq., 877 Bryant Street, Suite 200, San Francisco, CA 94103
- Claimant is the creditor a person acting on behalf of creditor (state reason):

Claimant Prince Michael Malachi Jet Jackson is the biological son of decedent.

- 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 the best of my knowledge.

Date: **8-26-09**
LeRue Grim, Esq



(TYPE OR PRINT NAME AND TITLE)

(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

DECEDENT

CASE NUMBER:
BP117321

FACTS SUPPORTING THE CREDITOR'S CLAIM

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

Date of item	Item and supporting facts	Amount claimed
Sept. 23, 1984	On September 23, 1984 a son was born to Zerline LaVette Dixon, in the Holy Cross Hospital, 15031 Rinaldi Street, Mission Hills, Los Angeles, CA whose biological father was decedent Michael Joseph Jackson. Attached hereto as Exhibit "A" is a Birth Certificate concerning said birth. The mother of claimant states decedent is the biological father of claimant. Decedent Michael Jackson admitted to members of claimant's family that claimant's mother was a friend of his. Claimant very closely resembles decedent. Attached hereto as Exhibit "B" is a recent photo of claimant. Decedent's family aggressively pressured claimant's family to not bring the claimant forward to public attention. Claimant seeks DNA comparisons. For farther information call (415) 939 3350.	
TOTAL:		\$

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 mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):
877 Bryant Street, Suite 200, San Francisco, CA 94103 (415) 939 3350
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 this 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:
 - (a) Name of personal representative served: **John G. Branca, Esq**
 - (b) Address on envelope:
1801 Century Park West, Los Angeles, CA 90067
 - (c) Date of mailing: **August 24th, 2009**
 - (d) Place of mailing (city and state) **San Francisco, 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:

to the best of
my knowledge.

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

Date: **8-24-09**
LeRue Grim, Esq

(TYPE OR PRINT NAME OF CLAIMANT)

(SIGNATURE OF CLAIMANT)

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES



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TIME OF BIRTH	1A. NAME OF CHILD Prince Michael		1B. SEX Male		1C. YEAR OF BIRTH 1982
PLACE OF BIRTH	1D. PLACE OF BIRTH Holy Cross Hospital		1E. CITY OF BIRTH Mission Hills		1F. STATE OF BIRTH California
FATHER OF CHILD	1G. NAME OF FATHER Michael	1H. STATE OF BIRTH Indiana	1I. AGE OF FATHER 27		
MOTHER OF CHILD	1J. NAME OF MOTHER Zerline	1K. STATE OF BIRTH California	1L. AGE OF MOTHER 30		
PARENTS' CERTIFICATION	1M. STATE OF BIRTH California		1N. DATE ISSUED 9-27-84		
ATTENDING PHYSICIAN'S CERTIFICATION	1O. SIGNATURE AND ADDRESS OF PHYSICIAN Martin Cooper, 11435 Highland Street, Mission Hills, CA 91348		1P. SIGNATURE AND ADDRESS OF REGISTRAR Jana Marie Fielding, 10805 C. L.		
LOCAL REGISTRAR	1Q. DEATH - DATE OF DEATH		1R. DATE ACCEPTED FOR REGISTRATION OCT 19 1984		

109006169

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services. It bears the Registrar's signature in purple ink.

Jana Marie Fielding, REGISTRAR

Director of Health Services and Registrar

AUG 18 2009

This copy not valid unless prepared on original order displaying seal and signature of Registrar.

