

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i> TELEPHONE NO: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN
 STREET ADDRESS: 315 W. ELM STREET
 MAILING ADDRESS: 315 W. ELM STREET
 CITY AND ZIP CODE: LODI, CA 95240
 BRANCH OF NAME: LODI

In the Estate Trust Conservatorship Guardianship Other
 of (Name): _____

Decedent Conservatee Minor Other

CASE NUMBER: _____

NUNC PRO TUNC ORDER CORRECTING ORDER

(NAME OF ORDER TO BE CORRECTED)

Upon consideration of the application of: *(Name of Applicant)* _____

To correct a clerical error, the _____
(Title of Order to be Corrected)

Issued by this Court on _____ is corrected by striking the following:
(Date of Order to be Corrected)

and by inserting in lieu thereof the following: _____

Date: _____ Judge of the Superior Court