

ABSTRACT FOR APPLICATION FOR PROBATE ACTION

I, the undersigned, being the Clerk of the Court having probate jurisdiction for Ector County, do hereby certify that the following person was of legal voting age and a resident of this State at the time of his death. An application for probate of will or administration of the decedent's estate was filed in the court.

Name of Decedent: DIAZ, ANITA TORRES

Address: No Known Address

Date of Birth:

Sex:

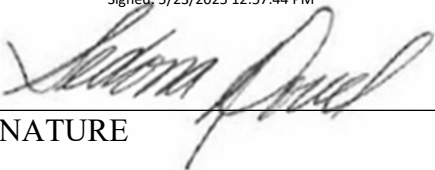
Social Security 000-00-0435

Date of Application: 05/23/2025

Supplemental Identification: DECEDENT DIED IN ODESSA, ECTOR, TEXAS AT THE AGE OF
70YRS

JENNIFER MARTIN, COUNTY CLERK
ECTOR COUNTY, TEXAS

BY: Signed: 5/23/2025 12:57:44 PM



SIGNATURE

DEPUTY

May 23, 2025