

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> _____	
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 <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Other of (Name): _____ <div style="text-align: right;"> <input type="checkbox"/> Decedent <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor <input type="checkbox"/> Other </div>	CASE NUMBER: _____
NUNC PRO TUNC ORDER CORRECTING ORDER <hr style="width: 80%; margin: auto;"/> (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