

- |    |                  |              |           |       |
|----|------------------|--------------|-----------|-------|
| a. | Date: 06/25/2024 | Time: 9:00AM | Dept.: F1 | Room: |
|----|------------------|--------------|-----------|-------|

(Telephone): 760-999-2095

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ESTATE OF (Name): <b>Rungrat Prukhatthapong</b>	CASE NUMBER: <b>PROVA2400388</b>
DECEDENT	

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
  2. My residence or business address is (*specify*): **57382 29 Palms Hwy  
Yucca Valley, CA 92284**
  3. I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
    - a. ☒ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
    - b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's 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.
  4. a. Date mailed: 05/09/2024                      b. Place mailed (*city, state*): Yucca Valley, CA
  5. ☒ I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 05/09/2024

Krystal Christmas

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	<b>Varisa Prukhatthapong</b>	<b>PO BOX 1677 29 Palms, CA 92277</b>
2.		
3.		
4.		
5.		
6.		

☐ Continued on an attachment. (*You may use form DE-121(MA) to show additional persons served.*)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)

